

SNAP E&T PROGRAM
ABAWD PROGRAM NEXT STEPS**Participant Name:** _____ **JSID:** _____**Week(s) of:** _____

Training/Employment Activity	Completion Date

Date	Notes

By signing below, I understand each assigned activity and the importance of completing them in the designated time frame.

Participant: _____ **Date:** _____**ABAWD Coach Name:** _____**ABAWD Coach Contact:** _____

Next Appointment:	
Date: _____	Time: _____

The Oregon Employment Department (OED) is an equal opportunity agency. OED provides free help so you can use our services. Some examples are sign language and spoken-language interpreters, written materials in other languages, large print, audio, and other formats. To get help, please call 503-947-1444. TTY users call 711. You can also send an email to communications@employ.oregon.gov.



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