

 OREGON DEPARTMENT OF
Human Services

ABAWD Work Activity Attendance (SNAP)

Your name:_____Your birth date:_____

iMatchSkills® Job Seeker ID:_____Your phone number:_____

SNAP coach address and email:_____SNAP coach phone number:_____

Print

Reset

Use this form to report Oregon Employment Department (OED) Able-Bodied Adults Without Dependents (ABAWD) case plan activities only. Any work hours (for pay, as a volunteer or bartering) that you reported and verified directly to ODHS are already being counted towards your required 80 monthly hours. Changes to those hours need to be reported to the ODHS ABAWD team at 833-947-1694 or SNAP.ABAWDTeam@odhsola.oregon.gov.

To be completed by the OED SNAP coach:
You have reported to ODHS that you work _____ hours a week. This means for your OED case plan, you must have a total of _____ hours each week, totaling _____ hours each month. Activities for week of: _____

Activity description		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total hours
☐ Job Search Training									0
☐ Supervised Job Search (give details on the next page)									0
☐ Workfare	Hours								0
(Must have worksite provider's signature)	Signature								
Education activities include:									
☐ Work Readiness Training									0
☐ Basic Education Foundational Skills									0
☐ English Language Acquisition									0
☐ Short Term Training									0
☐ Career, Technical or Vocational education									0
☐ WIOA Activities									0
Basic Career									0
Vocational Training									0
Individual Career									0
☐ Follow Up									0
☐ Work Experience									0
☐ Other:									0
Total hours:									0

I was not able to complete all of the hours for this week because:

The information I am giving on all pages of this form is true and complete.

Client's signature:_____Date:_____

Activity description details:

Date:	Employer name, workshop title or work activity site:		
Person you talked with/trainer:		Job title applied for:	
Employer address or website:			Employer phone:
Time spent on work activity contact: ☐ One hour ☐ Half hour ☐ Other or travel time: _____			

Activity description details:

Date:	Employer name, workshop title or work activity site:		
Person you talked with/trainer:		Job title applied for:	
Employer address or website:			Employer phone:
Time spent on work activity contact: ☐ One hour ☐ Half hour ☐ Other or travel time: _____			

Activity description details:

Date:	Employer name, workshop title or work activity site:		
Person you talked with/trainer:		Job title applied for:	
Employer address or website:			Employer phone:
Time spent on work activity contact: ☐ One hour ☐ Half hour ☐ Other or travel time: _____			

Activity description details:

Date:	Employer name, workshop title or work activity site:		
Person you talked with/trainer:		Job title applied for:	
Employer address or website:			Employer phone:
Time spent on work activity contact: ☐ One hour ☐ Half hour ☐ Other or travel time: _____			

Activity description details:

Date:	Employer name, workshop title or work activity site:		
Person you talked with/trainer:		Job title applied for:	
Employer address or website:			Employer phone:
Time spent on work activity contact: ☐ One hour ☐ Half hour ☐ Other or travel time: _____			

Activity description details:

Date:	Employer name, workshop title or work activity site:		
Person you talked with/trainer:		Job title applied for:	
Employer address or website:			Employer phone:
Time spent on work activity contact: ☐ One hour ☐ Half hour ☐ Other or travel time: _____			

Activity description details:

Date:	Employer name, workshop title or work activity site:		
Person you talked with/trainer:		Job title applied for:	
Employer address or website:			Employer phone:
Time spent on work activity contact: ☐ One hour ☐ Half hour ☐ Other or travel time: _____			

Activity description details:

Date:	Employer name, workshop title or work activity site:		
Person you talked with/trainer:		Job title applied for:	
Employer address or website:			Employer phone:
Time spent on work activity contact: ☐ One hour ☐ Half hour ☐ Other or travel time: _____			

Activity description details:

Date:	Employer name, workshop title or work activity site:		
Person you talked with/trainer:		Job title applied for:	
Employer address or website:			Employer phone:
Time spent on work activity contact: ☐ One hour ☐ Half hour ☐ Other or travel time:_____			

Activity description details:

Date:	Employer name, workshop title or work activity site:		
Person you talked with/trainer:		Job title applied for:	
Employer address or website:			Employer phone:
Time spent on work activity contact: ☐ One hour ☐ Half hour ☐ Other or travel time:_____			

Activity description details:

Date:	Employer name, workshop title or work activity site:		
Person you talked with/trainer:		Job title applied for:	
Employer address or website:			Employer phone:
Time spent on work activity contact: ☐ One hour ☐ Half hour ☐ Other or travel time:_____			

Activity description details:

Date:	Employer name, workshop title or work activity site:		
Person you talked with/trainer:		Job title applied for:	
Employer address or website:			Employer phone:
Time spent on work activity contact: ☐ One hour ☐ Half hour ☐ Other or travel time:_____			

Examples of how to use this form:

We will count the total hours for each month from the first to the end of the month. But you must report your hours each week.

Remember to start your weeks on Sunday and end them on Saturday. You must count the whole Sunday through Saturday week.

If the last week of a month ends midweek, report all of the hours for that whole week. For example, see 08/28–09/02 below.

Week: 08/28/22–09/02/22 (In this example, 9 hours will be counted/credited for August and 11 hours for September)

Activity description	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total hours
☒ Job Search Training	0	1	5	3	2	5	4	20.0
☒ Supervised Job Search (Give details on the next page)	0	1	5	3	2	5	4	20.0

Activity description	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total hours
☒ Workfare	0	2.5	0	2.5	0	0	0	5.0
Must have worksite provider's signature	Signature: <i>Maria Smith</i>							Total hours: 5

Example of job search details (Do not ask employer to sign)

Date: 08/28/22	Employer name, workshop title or work activity site: XYZ Company	Person you talked with/trainer: Jane Doe	Job title applied for: Front desk
Employer address or website: 123 Main St. Portland, OR 97203 XYZ.Company@gmail.com			Employer phone: 503-555-5555
Time spent on work activity contact: ☐ One hour ☒ Half hour ☐ Other or travel time: _____			

Example of workshop or work activity details:

Date: 08/29/22	Employer name, workshop title or work activity site: WorkSource – resume writing class	Person you talked with/trainer: Juan Martin	Job title applied for: NA
Employer address or website: 241 SW Edgeway Drive, Beaverton			Employer phone: NA
Time spent on work activity contact: ☐ One hour ☐ Half hour ☒ Other or travel time: 2 hours			

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