# What You Need to Know About Your Job Search Work Activity Assignment

## Scheduling details (to be completed by worker)

| Your next  | iob sea | rch appo  | ointment | is sched  | luled for: |
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- Date (MM/DD/YY):
- Time:
- Location:
- With (name of the worker):

If you can't come to this appointment, call your worker right away.

• Phone number of the worker:

### \*\*\* Important! \*\*\*

If you do not show up for your appointment or call to reschedule it, your Supplemental Nutrition Assistance Program (SNAP) and/or Public Assistance (PA) benefits may go down or stop.

#### Job Search Activity Expectations (to be filled out by worker)

• How many employers do you need to contact or file applications with each week?

At least:

How many hours do you need to spend on job activities each week?

At least:

#### **Instructions for You**

- Fill out the Employer Contact Log (pages 1 to 5 of LDSS-5294B) whenever you contact employers or file a job application.
- Fill out the Job Search Activity Log (page 6 of LDSS-5294B) when you complete other job search activities.