Refugee Employment Program Participation Verification
Erie County Department of Social Services
Division of Family Independence| CED
B-5754 (6/2020)

☐ Comprehensive Employment Division
158 Pearl St. Rm. 210 Buffalo 14202
Fax: 858-6852

☐ Comprehensive Employment Division
290 Main St. 5th Floor Buffalo 14202
Fax: 858-1012

☐ Comprehensive Employment Division
290 Main St. 10th Floor Buffalo 14202
Fax: 858-1065

This letter is to verify that the refugee identified below is participating, at least half-time, in federally recognized employability services and/or training programs that are approved by, funded or operated by the Office of Refugee Resettlement (ORR).

Client Name	Alien Number	DOB
Address	City	State Zip Code
Date of Arrival	Agency Case Number, if applicable	Name of ORR approved/funded program
Participation Start Date		
Date Participation Reduced to Less than Half Time, if applicable		
Participation End Date		

I, the Authorized Signatory of this agency, hereby verify that the refugee named above participates at least half-time (at least 50% of the total hours required per week by the program) in employability services and/or training programs approved by, funded or operated by the federal Office of Refugee Resettlement and based on this participation is exempt from SNAP work requirements and the ABAWD time limit because they are considered students enrolled half-time in a federally recognized training program.

Signature	Date
Printed Name of Authorized Signatory	Title
Telephone Number	E-mail