ABAWD 5D Rev. 04/17 02/17 Issue Obsolete

Louisiana Department of Children and Family Services

ABAWD Re-Referral To Louisiana Workforce Commission (LWC) After Disqualification

	Worker #	
		Worker Office #
SECTION I - TO CLIENT: (Ide	ntifying Information)	
Name of Head of Household: SNAP Case ID#: Name of ABAWD Participant: Participant SSN:		
You have stated that you want to participate in person with programs offered by the Louisiana Workforce Commission (LWC) Business and Career Solutions Center to regain eligibility for Supplemental Nutrition Assistance Program (SNAP) benefits. The LWC Business and Career Solutions Center provides basic job skill assessments, training, and employment assistance. You must call your local Business and Career Solutions Center to make an appointment for services. Take this form to the LWC Business and Career Solutions Center closest to you. If you failed to attend the orientation, take this form with you to attend the orientation on Monday, Thursday, or Friday at the following times: individuals ages 18 - 24 years old report at 9:30 am and individuals 25 - 49 years old report at 1:30 pm. Go to www.laworks.net and click on the <i>Business & Career Solutions Ctr</i> link for the contact information of the center closest to you.		
programs offered by LWC Busin Section III below and FAX to the workday when the individual cor	to regain eligibility for SNA ness and Career Solutions of Document Processing Co	IAP benefits and participate in person with s Center. Please advise DCFS by completing Center (DPC), 1-225-663-3164, the following
Agency Representative		Date
SECTION III – FOR LWC BUSI	NESS AND CAREER SO	DLUTIONS CENTER USE ONLY:
TO:	Parish	h DCFS
The ABAWD participant listed a	bove complied on	
		(Date)
LWC Business and Career Solution	ons Center Signature	Date
DCFS LOCAL OFFICE FINAL Case reinstated effective: Individual included effective:		
Indicate other action (if necessar	ıry):	