

**WORKFORCE DEVELOPMENT DIVISION**  
**Workforce Service Delivery**  
**Technical Assistance Bulletin #124**

**Program:** Food Stamp Employment and Training

**Topic:** Updated Form: Texas Health and Human Services Commission  
Form H1822

**Date:** June 26, 2006

---

This Technical Assistance (TA) Bulletin provides Local Workforce Development Boards (Boards) with a modified *Work Requirement Verification Form* (Form H1822).

The Texas Health and Human Services Commission (HHSC) has modified Form H1822 and will no longer use it to refer Able-Bodied Adults Without Dependents (ABAWDs) to Boards for Food Stamp Employment and Training services. Boards will receive ABAWD referrals through The Workforce Information System of Texas (TWIST) outreach pool. Additionally, Form H1822 will not contain allotment information.

Attached are two versions of the revised form:

- One for Texas Integrated Eligibility Redesign System (TIERS) customers, which contains the Texas ACCESS Alliance return address
- One for non-TIERS customers, which Boards will need to return to the customer's local HHSC office

Please reference TA Bulletin #110 for information on reporting and verifying participation and obtaining food stamp allotment amounts and the number of ABAWDs in the case.

Inquiries regarding this TA Bulletin can be directed to the senior contract manager for your local workforce development area.

### Work Requirement Verification

Case Name:	Case Number:	Date:
Name of Person:		Social Security Number:

**PART I (to be completed by local workforce staff after initial outreach at application):**

The person named above is participating in a satisfactory manner in the E&T program.

**Part II (to be completed by local workforce staff to verify participation during the recertification process):**

<input type="checkbox"/> <b>WIA Program</b> ; Start Date.....	_____
<input type="checkbox"/> <b>Trade Adjustment Act Program</b> ; Start Date.....	_____
Average Weekly Participation:	
<input type="checkbox"/> <b>20 or More Hours per Week</b>	
<input type="checkbox"/> <b>Less than 20 Hours per Week</b> ; client participates an average of _____ hours per week.	
<input type="checkbox"/> <b>Food Stamp E&amp;T Program</b> ; Start Date.....	_____
<input type="checkbox"/> <b>Workfare</b>	
<input type="checkbox"/> <b>Education or Training 20 or More Hours per Week</b>	
Name (please type or print)	Agency
_____	_____
Signature	Date
Telephone No.	

**HHSC**  
**PO Box 14800**  
**Midland, TX 79711-4800**  
**Fax: 1-877-HHSC-TEX (1-877-447-2839)**

### Work Requirement Verification

Case Name:	Case Number:	Date:
Name of Person:		Social Security Number:

**PART I (to be completed by local workforce staff after initial outreach at application):**

The person named above is participating in a satisfactory manner in the E&T program.

**Part II (to be completed by local workforce staff to verify participation during the recertification process):**

<input type="checkbox"/> <b>WIA Program</b> ; Start Date .....	_____
<input type="checkbox"/> <b>Trade Adjustment Act Program</b> ; Start Date.....	_____
Average Weekly Participation:	
<input type="checkbox"/> <b>20 or More Hours per Week</b>	
<input type="checkbox"/> <b>Less than 20 Hours per Week</b> ; client participates an average of _____ hours per week.	
<input type="checkbox"/> <b>Food Stamp E&amp;T Program</b> ; Start Date .....	_____
<input type="checkbox"/> <b>Workfare</b>	
<input type="checkbox"/> <b>Education or Training 20 or More Hours per Week</b>	
Name (please type or print)	Agency
_____	_____
_____	Telephone No.
_____	_____
Signature	Date

**HHSC Address & Fax Number:**