



Oregon SNAP Employment and Training Program

Workfare Site Application



OREGON DEPARTMENT OF
Human Services



Thank you for your interest in becoming a Workfare site for Able-Bodied Adults Without Dependents (ABAWD) participants. We appreciate your willingness to support individuals in gaining valuable work experience while contributing to your community.

Before completing this application, please review the general conditions below. These outline the expectations and responsibilities of Workfare sites. To confirm your agreement, please initial next to each condition.

Workfare Site Requirements As a participating Workfare site, your organization must be a public or private nonprofit operating in a public service capacity. By applying, you agree to the following:	Initial below
No Displacement of Employees Workfare participants must not replace regular employees or fill vacant positions caused by layoffs, terminations, or hiring freezes. Their placement must not interfere with promotional opportunities for existing staff.	
Comparable Working Conditions Participants must receive the same working conditions and protections as regular employees in similar roles, including liability insurance or workers' compensation.	
Non-Political Activities Workfare assignments must not involve political or partisan activities.	
Supportive Learning Environment Sites should strive to make placements a positive, skill-building experience.	
Safe and Healthy Workplaces Maintain health and safety standards that meet or exceed industry norms.	
Clear Job Descriptions and Training Provide participants with a current job description and any necessary training.	
Respect for Assigned Hours Participants must not be asked to work more than their assigned monthly hours.	
Confidentiality Participant records must be kept confidential in accordance with federal and state laws.	
Verification and Oversight Allow the Oregon Employment Department and the Department of Human Services to audit and verify reported hours.	
Liability Agreement Your organization agrees to indemnify and hold harmless the Oregon Employment Department and the Oregon Department of Human Services and its staff, as permitted by law.	
Termination of Placement Either the site or the participant may end the placement by notifying the Oregon Employment Department.	

**Employers must comply with the provisions of section 2(a)(3) of the Service Contract Act of 1965 (Public Law 89-286), as it relates to health and safety, apply to the workfare program.*

Please complete the following details

1.	Name of Organization:
	Address:
	Phone number:
2.	Point of contact for organization and Workfare
	Name:
	Position Title:
	Email:
	Phone number:
3.	How many individuals can your organization accept into the Workfare program each month?
4.	Will your organization conduct interviews with prospective Workfare participants?
	Yes ☐ No ☐
5.	Please describe the job duties the participant will complete at the Workfare site.
6.	Do you have a position description available for the Workfare positions?
	Yes ☐ If yes, please attach. No ☐
7.	What skills will participants gain through their Workfare placement at your organization?

8.	What criteria must participants meet to work at your site? Please include any requirements such as a driver's license, certifications, physical abilities (e.g., lifting, standing), or drug testing.
9.	Do you require a background check? Yes ☐ No ☐
10.	Do you offer flexible scheduling or shift lengths, including telework or remote work options? If so, please describe and provide examples of typical shift times.
11.	Is your organization accessible via public transportation? Yes ☐ No ☐
12.	Please describe your ability to meet accommodation requests, as well as provide services in other languages.
13.	Please describe staff availability to supervise and verify completed Workfare hours.
14.	Have you met with your local ODHS and OED partners regarding Workfare? If yes, please include the names of the individuals met with.

Workfare Site Approval and Staff Training Requirements

Approval to serve as a Workfare Site Organization will be determined in coordination with the SSP SNAP E&T Policy Team and local ODHS leadership. **Final approval** is contingent upon:

- Inclusion in the State Plan submission,
- Execution of a Data Sharing Agreement with the Oregon Employment Department (OED), and
- Verification that all staff working with Workfare participants have completed the ODHS required trainings:
 1. **ODHSOHA – HR – Mandatory Reporting of Adult Abuse in Oregon**
This is a required course to be taken at least once for SNAP E&T providers.
 2. **ODHSOHA – HR – Mandatory Reporting of Child Abuse in Oregon**
This is a required course to be taken at least once for SNAP E&T providers.
 3. **ODHSOHA – OEP LET – SNAP Civil Rights**
Required annually.
 4. **ODHS/OHA - ISPO - Information Security and Privacy Awareness Course for Partners/Providers**
Required annually.

Please submit completed Workfare site application to:

SNAP.EmploymentandTraining@odhs.oregon.gov

Name of Applicant and Organization (please print)

Signature of Applicant

Date

SSP SNAP E&T Use Only:		
Action:	Date	Staff Initials
Date request received		
Date approved by local ODHS Leadership		
Date approved by SSP E&T		
Date State Plan submission		
Date Data Sharing Agreement Executed		

Last revision: 9/5/2025

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint:

A Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave SW, Mail Stop 9410, Washington, D.C. 20250-9410; or
2. **Fax:** (833) 256-1665 or (202) 690-7442; or
3. **Email:** program.intake@usda.gov

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