

FOOD STAMP VOLUNTARY QUIT QUESTIONNAIRE

To be completed if a household member is non-exempt from full-time work registration and quits his/her most recent job.

Name _____ quit a job on _____
Month Day Year

- | | | | |
|----|---------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|
| 1. | S/he was working less than 20 hours or more per week or earning less than \$103.00 per week | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 2. | The quit was caused by a reduction in work hours while working for the same employer | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | The quit was due to termination of self-employment enterprise | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | S/he resigned from the job at employer's demand | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | S/he is on strike (other than a government employee) | <input type="checkbox"/> | <input type="checkbox"/> |

Explain the reason for quitting _____

Signature	Date
Signature of Worker who completed review	Date

For County Use Only

The Worker does **not** have to determine if the household member quit without Good Cause and there is **no** disqualification for Food Stamps if the answer is "Yes" to Questions 1 - 5. (63-408)

If the Worker does have to determine if the household member quit with Good Cause, the Worker should refer to the Voluntary Quit issuance in the Food Stamp Handbook and M.S. 63-408 for more information before determining eligibility.