

**IM-311 MISSOURI EMPLOYMENT AND TRAINING PROGRAM (METP)  
REFERRAL AND RESPONSE FORM**

**PURPOSE:** The IM-311 is used to re-refer food stamp participants who are sanctioned or are in the process of being sanctioned to the Division of Workforce Development (DWD) to end a sanction. It is also used to receive feedback from DWD.

**NUMBER OF COPIES AND DISPOSITION:** The form may be typed or handwritten. Complete one copy. Make a copy of the completed form for the case record. Give the completed form to the participant to take to the Division of Workforce Development.

**MANUAL REFERENCE:** FS MANUAL 1105.025.50.15

**INSTRUCTIONS FOR COMPLETION:**

**REFERRED TO:** To be completed by the caseworker.

Enter the name and address of the Division of Workforce Development Office to which the participant must report. Use the office serving your county.

**INDIVIDUAL REFERRED:** To be completed by the caseworker.

Individual: Enter the name of the EU member sanctioned or being sanctioned.

Telephone Number: Enter the telephone number for the EU member being referred, if available.

Address: Enter the referred individual's address.

DCN: Enter the referred individual's DCN.

Social Security Number: Enter the referred individual's Social Security Number.

Date of Birth: enter the referred individual's date of birth.

**REFERRED FOR:** To be completed by the caseworker.

Preventing Food Stamp Sanction: Check this box when the individual being re-referred to DWD has not yet been sanctioned, but the process has been started.

Ending Food Stamp Sanction: Check this box when the individual being re-referred to DWD is currently sanctioned.

Comments: Enter any comments here.

Caseworker: Enter the name of the caseworker to whom a response should be sent.

Telephone Number: Enter the caseworker's telephone number.

Fax Number: Enter the fax number to which the form should be returned upon completion by DWD.

**RESPONSE:** To be completed by the DWD worker.

Upon completion of this section by the DWD worker, the form is faxed back to the caseworker.

The copy made when the form was sent to DWD may be destroyed upon receipt of the completed form from DWD. Retain the completed form in the case record for 36 months.