Name: _____ Date: _____

Social Program Training

T A D M R G U Q K F F G W B O M E
Y S P Y Y T O N V A N F D K P P U
U O E E Y B N D X I H V P A D N D
L C H V O B T E N R S G X A E W G
T I O C A D B I M X C I J M Z M V
Q A N S Y L A T Z N G I P I I A N
I L B T F R U D S J R L D P R N M
E S O I T T Z A P T O E X H V D E
Z E A F F N I W T Y A E V O M A D
K C R E Q L L K M I M T L O K T I
F U D N T Q Q E G P O U E Q G O C
U R I E S P N E L A N N Z E V R A
X I N B L T C O R T L M T A V Y R
C T G S E F Y H A S Z U H O A Y E
H Y L A X E P R L A C O L T O V Z
G C M Y R O Y X P Z D S D O R L N
G E H R I I F Y L S X Z C A I C Z

SOCIAL SECURITY
ONBOARDING
MANDATORY
EMPLOYER
LOCAL
EVALUATION TOOL
GOVERNMENT
TRAINING
BENEFITS
UNEMPLOYMENT
VOLUNTARY
MEDICARE
STATE