

Appendix A - Model Documents and Worker Aids

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Agreement with Worksite Sponsor Agency

Following is a copy of a model agreement districts may use as a guide for establishing worksite agreements with organizations that will provide work experience placements. This model incorporates all statutory and regulatory requirements governing work experience assignments. Any agreement used by the district should ensure that all such requirements are met. Districts may wish to include additional information in their worksite agreement to specify how such requirements are met or to address local concerns.

Agreement with Worksite Sponsor Agency

THIS AGREEMENT, made the ___ day of _____, 20___, by and between _____ in THE COUNTY OF _____, having its offices at _____, hereinafter designated the "social services district", and

(Name and Address of Sponsor)

hereinafter designated the "sponsor."

WHEREAS, the social services district is charged with receiving and administering federal Temporary Assistance for Needy Families (TANF) funds, state Safety Net Assistance funds and Supplemental Nutrition Assistance Program (SNAP) Employment and Training (SNAP E&T) funds to be used for work activities in accordance with State Social Services Law and its implementing regulations. TANF activities must be in accordance with the state plan filed with the U.S. Department of Health and Human Services under Title IV-A of the Social Security Act. The social services district may use federal and state funds for work activities as authorized under the TANF Program, the state- administered Safety Net Assistance Program, and the SNAP E&T program to provide for the establishment of work experience projects, including any work experience that is part of a community service program, for persons in receipt of TANF, Safety Net Assistance and/or SNAP benefits. Such projects may include the performance of work experience activities in the public sector or non-profit sector, including activities associated with refurbishing publicly assisted housing. Work experience projects also may include the operation of an activity of a governmental unit, a non- profit agency, or an institution, pursuant to an agreement with the social services district in accordance with state regulations; and

WHEREAS, the sponsor is a state or federal government institution, a municipality, a public agency, or a public or private nonprofit entity desiring to provide work experience activities for recipients of TANF, Safety Net Assistance, and/or SNAP benefits under an agreement complying with such provision of law and regulations.

NOW, THEREFORE, it is agreed as follows:

- 1) The social services district shall assign to the sponsor recipients of TANF, Safety Net Assistance, and/or SNAP benefits (hereinafter called "participants") to whom the sponsor shall assign work experience activities in accordance with the provisions of this Agreement and applicable law and regulations.
- 2) Work experience activities shall be performed at the sponsor's office or at such other worksite locations as shall be mutually agreed upon between the social services district and the sponsor. The work experience assignment, however, must serve a useful public purpose in fields such as health, social services, environmental protection, education, urban and rural development and re-development, welfare, recreation, operation of public facilities, public safety, or child day care.
- 3) The assignment of a participant to a work experience activity must not result in:
 - a) the displacement of any currently employed employee or loss of job or position, including partial displacement such as a reduction in the hours of non-overtime work, wages or employment benefits, or result in the impairment of existing contracts for services or collective bargaining agreements;
 - b) the assignment of a participant to a work experience activity when an employee is on layoff from the same or any equivalent position, or the employer has terminated the employment of any regular employee or otherwise has reduced its workforce with the effect of filling the resultant functional vacancy with such participant;
 - c) any infringement of the promotional opportunities of the sponsor's employees;
 - d) the performance, by such participant, of a substantial portion of the work ordinarily and actually performed by regular employees; or
 - e) the loss of a bargaining unit position as a result of the work experience participant performing, in part or in whole, the work normally performed by the employee in such position.
- 4) Work experience assignments shall not be made at any worksite at which the regular employees are on a legal strike against the employer or are being subjected to a lock out by the employer.
- 5) No participant shall be assigned to a work experience activity that conflicts with their bona fide religious beliefs.
- 6) The social services district will advise the sponsor as to the number of mandatory hours for which each participant must participate in work experience activities each month. A participant may be assigned to work experience activities for a maximum number of hours calculated by dividing their public assistance grant and allotment of SNAP benefits, if applicable, by the state or federal minimum wage, whichever is higher. The limitation of the number of hours of work experience activities to which a participant may be assigned is only a calculation of allowable hours in work experience activity. In no event may a participant be required to work more than forty hours in any week.
- 7) The social services district will advise the sponsor as to any limitations a participant may have with regards to the nature of work experience activities in which they may participate; participants will be required to perform only those activities that are within their capabilities.
- 8) The sponsor will maintain and provide to the social services district time records with respect to each participant, and shall ensure that such time records are adequate to meet the needs of the social services district. Such time records will include the sponsor's name and address, the participant's name, the hours during which the participant participated in

work experience activities, and the period covered by the report. The sponsor will notify the social services district if a participant refuses and/or fails to perform assigned work experience activities.

- 9) The sponsor warrants that it will not discriminate on the grounds of age, race, color, religion, sex, national origin, or mental or physical disability.
- 10) Participants shall not be required to travel an unreasonable distance from their homes (generally a round trip lasting more than two hours) or to remain away from their homes overnight for the purpose of participating in work experience activities.
- 11) The sponsor shall provide for each participant workers' compensation or equivalent protection for on-the-job injuries and tort claims protection on the same basis, although not necessarily at the same benefit level, as such protections are provided to the sponsor's employees in the same or similar positions.
- 12) The sponsor shall promptly notify the social services district of a participant's absence (whether for illness or otherwise), except when such absence is on a pre-planned basis approved by the social services district. Such notification shall include prompt telephone notice to the social services district followed by written confirmation if requested. Additionally, the sponsor shall report to the social services district any injury to or illness of any participant.
- 13) The sponsor shall provide adequate supervision to the participant. The sponsor will review the performance and attitude of all participants with a representative of the social services district at regular and mutually convenient intervals.
- 14) The sponsor will establish and maintain appropriate standards of health, safety, and other work conditions to ensure that participants are adequately protected against hazards or activities that may affect adversely their health or safety. Such standards shall meet or exceed those required by public employee safety and health standards as established in New York State Labor Law § 27-a.
- 15) The social services district will provide transportation or will meet the cost of transportation, provide necessary allowance for child care and provide other supportive services as may be required by participants.
- 16) The sponsor shall provide any special clothing, specific tools or equipment that may be required for the participants to perform work experience activities.
- 17) Participants may be required to operate a motor vehicle in the course of executing work experience activities. If so, the sponsor shall provide the motor vehicle, and also shall provide adequate liability insurance for such motor vehicle which shall cover the participant who may be operating the vehicle. Only properly licensed participants may be assigned such work experience activities.
- 18) The sponsor may terminate the work experience activities of any participant, provided that the sponsor shall promptly furnish the social services district with a written evaluation of the participant's performance and the reason for the termination.
- 19) The sponsor may offer full-time paid employment to any participant, provided the sponsor furnishes to the social services district written notice of such offer and the participant's acceptance or rejection thereof, including details as to the job description, wages and date of employment.

- 20) The sponsor agrees to indemnify and save harmless the State of New York and the County of _____, their officers, employees and agents from and against all liability, loss or damage they may suffer as a result of any claims, demands, costs, judgments or damage to state or county property in the care, custody or control of the sponsor arising directly or indirectly out of this Agreement, including losses arising out of the negligent acts or omissions of the sponsor. The sponsor further agrees to provide defense for and defend any claims or causes of action of any kind or character directly or indirectly arising out of this Agreement at its sole expense and agrees to bear all other cost and expenses relating thereto. The foregoing provisions shall not be construed to cause the sponsor to indemnify the state and the County, their officers, agents or employees from its or their sole negligence. The sponsor affirms that it will comply in the performance of the Agreement with all applicable provisions of the Labor Law, Workers' Compensation Law, State Employment Insurance Law, State General Obligations Law, federal Social Security Law and any and all rules and regulations promulgated by the U.S. Department of Labor, the U.S. Department of Health and Human Services, the Commissioner of Labor of the State of New York, and any other applicable laws, rules and regulations.
- 21) This Agreement shall take effect as of _____, _____ and may be terminated at any time by either party upon thirty (30) days written notice by registered or certified mail, return receipt requested.
- 22) This agreement shall not be modified except by a further written agreement signed by both parties.

In witness thereof, the parties have executed this agreement on the dates noted below.

By: _____, Commissioner County Department of Social Services

Date: _____

By: _____, (Sponsor Organization)

Date: _____

Sample Warning Letter for Intentional Misrepresentation of a Disability

This is to notify you that your household's public assistance grant may be reduced because we believe _____ may have intentionally misrepresented that they suffer from an impairment that would limit participation in work activities or make them exempt from assignment to work activities.

If we determine, based on medical or other evidence, that _____ intentionally misrepresented that they suffer from an impairment, your household's public assistance benefits would be reduced pro-rata for _____ days and until _____ complies with employment requirements. If so, you will receive another notice that will advise your household of the sanction and the reduction in public assistance benefits. After you receive that notice, you may request a fair hearing if you do not agree with the decision.

If you wish to discuss this matter with us before we make a decision, or if you have any additional information to provide, you may call _____ at _____ no later than _____.

Note to district: As outlined in Part B of Section 385.2 of this manual districts should document in writing in the case record when an individual with a suspected disability refuses to participate with efforts to verify the disability and chooses to participate in work activities without accommodation. The sample waiver below is available for district use that describes the requirements and benefits to the individual and has a place for the individual to sign acknowledging they have been informed and chooses to participate without accommodation. These individuals would be non-exempt and assigned to work activities without applying the disability review procedure.

Waiver of New York State Medical Review Procedure

Instructions: Please read this form carefully. If you do not understand something, or if you have any questions, ask your worker. If you agree with the waiver requirements, please sign and date the form. You will be given a copy and your worker will keep a copy.

The Medical Review Procedure

- The medical review procedure includes all of the things your worker will ask you to do to determine whether or not you have any health-related limitations that affect your ability to work or participate in employment and training programs. For example, you might have to undergo screening and evaluation or have your doctor examine you and fill out a form.
- Participating in the medical review procedure will help you and your worker decide which activities are best for you and if you will need extra help or services.
- If you are evaluated and found to have a disability or health-related limitation, the social services district will arrange for the help and services you need to participate in a work activity assignment made by the district.
- You decide whether or not to participate in the medical review procedure.

If You Decide Not To Participate in the Medical Review Procedure

- If you decide not to participate in the medical review procedure, you will have to participate in work activities and may not have your medical condition accommodated. You may not receive the help and services you need.
- You may change your mind at any time and ask for a medical review of your ability to work. If you cannot successfully participate in work activities without accommodations, and we believe it is because you might have a disability, you may be required to participate in the medical review procedure.

Your Signature

I have read this form and understand it. I do not want to participate in the medical review procedure.

Signature

Date

Worker Signature

Sample Cover Letter to Accompany the Request for Medical Information

Date:

RE: (Name of Applicant/Recipient)

DOB:

Dear Health Care Provider:

The above-named individual has been referred to you for evaluation to help determine the extent to which he/she is able to participate in an employment and training (E&T) program and may include job search, job readiness training, work experience, vocational rehabilitation or training, and educational activities including classroom instruction. Additionally, it is important to determine if participation in treatment or rehabilitation is warranted. We also need your assessment of the expected length of the impairment. If the individual has severe impairments that are expected to last at least 12 months or result in death, it may indicate that it would be most appropriate for the district to refer the individual to apply for federal disability benefits. If the individual is able to participate in an E&T program in any capacity, we are also requesting information regarding the nature of any physical or mental functional limitations so that appropriate accommodations may be provided.

Please complete the enclosed medical form. If additional space or clarification is needed in any area, please attach the additional information. Treatment intensity should correspond to the severity of the condition. If, in your opinion, the individual is completely unable to participate in any E&T activities and would not benefit from rehabilitation or treatment, please indicate that so the individual may be referred to the proper agencies and services.

I can be reached at _____ if you require additional information. Thank you for your time and consideration in this matter.

Sincerely,

Worker Name

Title

LDSS-4826B Interview/Verification Guide for the Supplemental Nutrition Assistance Program (SNA) Application and Recertification

Federal regulation 7 CFR 272.5(b)(1) requires State agencies to inform SNAP participant and applicant households of their program rights and responsibilities. Federal regulation 7 CFR 273.2(e)(1) requires, as part of the eligibility interview, that the interviewer must advise households of their rights and responsibilities, including the appropriate application processing standard and the household's responsibility to report changes.

Federal regulation 7 CFR 273.7(c)(1) states the State agency must explain to the individual the pertinent work requirements, the rights and responsibilities of work registered household members, and the consequences for failure to comply.

Section 6(o)(2) of the Food and Nutrition Act of 2008, as amended, limits the time able-bodied adults without dependents (ABAWDs) can receive SNAP benefits to three months in any 36-month period, unless the individual meets the ABAWD work requirement or is otherwise exempt. State agencies must inform ABAWD and potential ABAWD households of the time limit, exemption criteria (including exemptions from the general work requirements), and how to fulfill the ABAWD work requirements, as these rules and responsibilities are fundamental to their eligibility for SNAP. At a minimum, this must take place during the eligibility interview.

Federal regulation 7 CFR 273.2(f)(6) states case files must be documented to support eligibility, ineligibility, and benefit level determinations.

[The LDSS-4826B Interview/Verification Guide for the LDSS-4826 SNAP Application/Recertification](#) provides district eligibility workers with an optional tool for documenting the information gathered from the household during the eligibility interview, and to document in the case file that the household was informed of their program rights and responsibilities, including the SNAP work requirements and ABAWD requirements, as outlined above. Use of the LDSS-4826B Interview/Verification Guide is not mandatory, however OTDA strongly encourages districts to use this tool to make certain all required information is reviewed with the household during the interview and that the case file clearly supports the eligibility, ineligibility, and benefit level determination made by the eligibility worker.

Part A:

Part A of the [LDSS-4826B](#) Interview/Verification Guide for the [LDSS-4826](#) Supplemental Nutrition Assistance Program (SNAP) Application/Recertification is designed to assist workers to manage SNAP application and recertification processing and comply with all the applicable SNAP eligibility determination requirements. Districts are not required to use the [LDSS-4826B](#) and may incorporate its questions and information into their processes as they determine appropriate. For example, districts may choose to require new workers to use the form when

interviewing as part of their training. Districts may also incorporate elements of the form into local equivalents.

The first section allows the worker to maintain a record of procedural and non-financial elements of the SNAP eligibility determination including, for example, that the worker verified the application/recertification form was signed, and the date the interview was completed. Additionally, the section prompts workers to verify that the household has verified in writing or electronically that an authorized representative is able to act on its behalf for households with authorized representatives.

Part A also includes sections that collect information necessary to accurately determine a household's SNAP eligibility including:

- Household Size: information about who resides in the household and their relationships is necessary to determine the required SNAP household members. The section also includes an area to note any ineligible household members (e.g., students, non-citizens, and non-compliant Able Bodied Adults Without Dependents);
- SNAP Household Income: all household income must be disclosed and verified, including type of income, amount and frequency received, whether the income is ongoing and when the income began if it is not already part of the case record;
- Categorical Eligibility: categorical eligibility must be determined for each household and workers may reference the [LDSS-4943](#) Categorical Eligibility Desk Aid as a resource. Households not categorically eligible are subject to the resource test and must provide verification of all countable resources;
- Participant Characteristics: workers should ask the education level and primary language questions if they have not been completed on the application/recertification form. Workers must also explain that the questions are voluntary and are only used for federal reporting purposes and that the information is reported anonymously;
- Residence-Shelter Type/Expenses: information about the household's current address, shelter type and expenses must be collected and verified if applicable. Workers must also collect information about shared living situations if applicable;
- Heat-Utility/Expense: information about the household's responsibility for heating and/or utility expenses must be collected to determine the household's fuel/utility code and Standard Utility Allowance eligibility;
- Standard Utility Allowance: subsections A and B assist the worker to make the correct Standard Utility Allowance determination for the household and the [LDSS-4902](#) SNAP Utility Allowance Table is available as a reference. Additionally, workers should reference [18 TA-DC012](#) \$21 Nominal HEAP Benefits Advance Payment to determine

whether the household is eligible for the \$21 nominal HEAP benefit to qualify for the Heating/Cooling;

- Standard Utility Allowance (HCSUA). See [16-ADM-07](#) for additional guidance;
- Deductions: information about the household's countable expenses, including child care, child support and out of pocket medical expenses must be collected and verified if applicable;
- Applicants Rights and Responsibilities and Reporting Requirements: As described above, federal regulation 7 CFR 272.5(b)(1) requires State agencies to inform SNAP participant and applicant households of their Program rights and responsibilities and 7 CFR 273.2(e)(1) requires, as part of the eligibility interview, the interviewer to advise households of their rights and responsibilities, including the appropriate application processing standards and the household's responsibility to report changes. Part A includes a summary of the Applicant/Recipient rights and responsibilities and reporting requirements to assist workers to provide accurate information during the interview and determine and record the household's reporting requirements.

Part B: Employment Requirements for SNAP Applicants and Recipients

Section 1: SNAP Work Requirements:

- The district must determine work registration status, (exempt or non-exempt from work requirements), for all members of the SNAP household that are age 16 through 59 at the time of the interview. As part of the work registration process, the worker must explain the rights and responsibilities of work-registered household members, and the consequences for failure to comply. This section of the interview guide provides guidance to prompt the eligibility worker to verbally review SNAP work requirements, including the consequences for failure to comply, with the household during the eligibility interview. This section includes space for the worker to initial and document the date that the household was informed of the SNAP work requirements. In addition to the oral explanation, the appropriate written notice, [LDSS-5193](#) or [LDSS-5193A](#) must be provided to the household at certification, recertification, and when a previously exempt household member or new household member becomes subject to work requirements.
- The exemptions from the SNAP work requirements are listed on the bottom of page 6 and top of page 7 of the [LDSS-4826B](#). During the eligibility interview, the worker must review the exemptions from the SNAP work requirement with the household to identify household members who fit the exemption criteria. If any members of the household claim to be exempt from the SNAP work requirements, the worker will record the individual's name and indicate the documentation requested to satisfy the claimed exemption.

- On the bottom of page 7, the worker will document who in the household is subject to the SNAP work requirements. This section also provides space for the worker to indicate if the non-exempt individual has been referred to a SNAP Employment and Training (E&T) work activity, (or to the district's employment unit or contracted employment vendor), and the supportive services needed by the individual in order to participate in SNAP E&T activities.
- In the table on the top of page 8, the worker will identify any household members who are in sanction status for SNAP at the time of the interview. For household members with a durational sanction at the time of the interview, the eligibility worker must explain the remaining time period of the durational sanction, ask if the sanctioned household member may now qualify for an exemption from the SNAP work requirements, and inform the household of what the sanctioned member must do to comply at the end of the durational sanction period. Section 2: Additional Work Requirements for SNAP Recipients who are Able Bodied Adults Without Dependents (ABAWD):
- For each household member who is subject to the SNAP work requirements, the eligibility worker must determine if the individual qualifies for an exemption from the ABAWD time limits. The eligibility worker must discuss the exemptions from the ABAWD time limit, listed on page 8 of the [LDSS-4826B](#), with the household representative to identify all household members between the age of 18 through 49, who are subject to SNAP work requirements, but who may be exempt from the ABAWD time limit. If documentation is needed to support an exemption from the ABAWD time limit, the worker will record the documentation that was requested. Individuals identified with "yes" to any of the exemptions listed on the bottom of page 8, are not subject to the ABAWD time limit.
- After reviewing the exemptions from the ABAWD time limit, on the top of page 9 the eligibility worker will record the name of any household members who are subject to the ABAWD time limit. If the ABAWD individual is engaged in work or a work activity at the time of the interview, the activity should be identified in the table on page 9, along with the documentation requested to verify engagement in the ABAWD qualifying work activity.
- In all districts that do not have a federally approved ABAWD waiver for the full county, the worker must verbally review the ABAWD requirements during the eligibility interview. The information bulleted in the middle of page 9 of the [LDSS-4826B](#) must be reviewed with the household representative during the eligibility interview. In addition to verbally informing the household of the ABAWD requirements, the appropriate written notice, the [LDSS-5193](#) Important Information about SNAP Work Rules (General, Mandatory E&T, and ABAWD) must be provided to the household. The worker should date and initial at the bottom of page 9 to document in the case record that the household was informed of the ABAWD requirements.

- In all districts that do not have a federally approved ABAWD waiver for all residents of the district, the district must offer and provide an ABAWD qualifying work activity for an ABAWD to maintain SNAP eligibility. As a reminder to the worker, a confirmation statement is located on the bottom of page 9 for the worker to indicate the date that the [LDSS-5127](#) ABAWD Work Activity Letter was sent to the ABAWD member of the household.
- During the eligibility interview the worker must determine whether or not the ABAWD has received SNAP benefits in any other county in New York, and/or if the ABAWD has received SNAP benefits in any other State during the fixed 36-month period. The information on the top of page 10 of the LDSS-4826B reflects the dates of the fixed 36-month period and prompts the worker to review ABAWD countable months the ABAWD individual may have received in another State or county during the fixed 36-month period. Districts should refer to [GIS 18 TA/DC020](#) Out-of-State SNAP Participation for Able-Bodied Adults Without Dependents (ABAWD) Tracking for additional guidance on this requirement.
- In the table on the bottom of page 10, the worker will identify any ABAWDs in the SNAP household who are currently ineligible for SNAP benefits because of noncompliance with ABAWD requirements. For each ineligible ABAWD, the worker must explain to the household how the ineligible ABAWD can re-establish eligibility for SNAP benefits, and document the offer of an ABAWD qualifying activity to the individual to re-establish eligibility for SNAP. Providing the ineligible ABAWD with the [LDSS-5127](#) ABAWD Work Activity Letter will support the assistance the district offered to the individual to re-establish eligibility for SNAP. Please note: An ABAWD who was previously determined ineligible for SNAP benefits because of noncompliance with ABAWD requirements and does not re-establish eligibility by complying with the ABAWD requirement to the satisfaction of the district remains ineligible for SNAP benefits.

LDSS-4958 TA Sanction and Denial Policy/Participation Rate Impact Desk Guide

The [LDSS-4958](#) TA Sanction and Denial Policy/Participation Rate Impact Desk Guide is a comprehensive desk guide highlighting the correct usage of sanction “reason codes”, the appropriate individual disposition “status codes” to be applied when imposing sanctions for noncompliance with work requirements, and the impact of such sanctions on the participation rate calculation. District staff are encourage to use the LDSS-4958 as a guide to properly monitor and report sanctions in a manner consistent with federal and State regulations.

LDSS-5122 Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) Sanction Desk Guide

The SNAP durational sanction periods imposed when a non-exempt SNAP recipient has failed without good cause to comply with work requirements, has voluntarily quit employment, or has voluntarily reduced earnings/work effort as described in 18 NYCRR 385.12(e)(2) are outlined in the [LDSS-5122](#).

LDSS-4923 NYS OTDA TANF and SNA MOE Work Activities Countability Desk Guide (Households with Dependent Children)

LDSS-4924 SNAP non-MOE Work Activities Countability Desk Guide (Households without Dependent Children)

The [LDSS-4923](#) and the [LDSS-4924](#) desk guides provide district workers with a summary of work activity definitions and information on how the hours of participation in each work activity apply toward the federal participation rate for families *with* dependent children receiving TANF funded assistance or Safety Net funded assistance that is counted toward the TANF Maintenance of Effort (MOE) requirement, and for the State participation rate that applies to households *without* dependent children receiving SNA that is not counted toward the TANF MOE requirement. These desk guides also provide district workers with a summary of employability codes that are used to identify a TA applicant’s or recipient’s employability status based on the district’s review of specific case circumstances, and to identify the potential effect that the employability code may have on the federal or State participation rate calculation.

LDSS-4925 Employability Code Desk Guide TANF and SNA MOE (Households with Dependent Children)

LDSS-4926 Employability Code Desk Guide SNA non-MOE (Household with Dependent Children)

The [LDSS-4925](#) provides a summary of the employability codes that apply to TA households with dependent children and the [LDSS-4926](#) provides a summary of the employability codes that apply to TA households without dependent children.

LDSS-5062 SNAP Employability/ABAWD Code Desk Guide

Districts are required to correctly determine the employability status of each individual applying for or receiving SNAP benefits, including those individuals who are concurrently applying for or receiving temporary assistance. Each individual's employability status and proper ABAWD coding must also be reviewed at recertification and any time there is a reason to believe that the employability and/or ABAWD status may have changed. The criteria that would render an individual exempt from SNAP work requirements and the criteria with respect to who is subject to ABAWD work requirements is listed in 18 NYCRR 385.3.

OTDA strongly recommends that districts use the [LDSS-5062A](#) or a similar document as a tool to assist staff with making correct SNAP employability determinations and so as to properly code individual ABAWD status.

The [LDSS-5062A](#) may be completed by TA/SNAP and NTA/SNAP eligibility workers during the interview with the household to, among other purposes, screen the household for an exemption from the SNAP work requirements and ABAWD requirements, and to identify the most appropriate SNAP employability code and ABAWD status code.

Sample Conciliation Summary Template

Following is a copy of a model conciliation summary template districts may use as a guide for documenting the outcome of the conciliation process for TA and SNAP purposes. This sample template incorporates necessary steps the district must take to determine whether an individual's failure to comply with work requirements was both willful and without good cause. In addition, the template includes a section to document the required process to provide SNAP recipients who fail or refuse to comply with a SNAP E&T requirement an opportunity to demonstrate compliance to avoid a SNAP employment sanction. Districts can modify this template to meet the specific needs of the district and incorporate changes to reflect the the district's local procedures for the conciliation/sanction process. Districts outside of New York City are reminded that workers must update the Noncompliance Tab in WTCMS to reflect the current status at each step of the noncompliance process. (For New York City, the conciliation/sanction process is automated in NYCWAY).

CONCILIATION SUMMARY

CASE#:

CLIENT NAME:

DATE OF CONCILIATION NOTICE:

DATE OF OCCURRENCE:

ALLEGED ACT OF NONCOMPLIANCE:

TYPE OF CONCILIATION: TA/SNAP TA only SNAP only

CONCILIATION RESPONSE DUE DATE:

Did the client respond to conciliation? YES Date of response:
 NO

CONCILIATION CONDUCTED: YES NO

SUMMARY OF THE CONCILIATION:

DETERMINATION:

- Resolved (explain below), NO SANCTION
- Not willful and without good cause, NO SANCTION
- Willful and without good cause, SANCTION IMPOSED
- No response to conciliation, no evidence of good cause, SANCTION IMPOSED

The client is subject to SNAP conciliation and was informed of the option to avoid a SNAP employment sanction through demonstrated compliance (for TA/SNAP and SNAP only conciliations).

Activity assigned: _____

If the client's failure to comply was both willful and without good cause, and the client is subject to a SNAP employment sanction did they demonstrate compliance to avoid the SNAP sanction?

- The client demonstrated compliance, NO SNAP SANCTION
- The client did not to demonstrate compliance, SNAP SANCTION IMPOSED

COMMENTS (details of determination including client responses, how district determined the client was both willful and without good cause, if the client was determined to not be willful or had good cause please provide details as to steps the client can take to avoid future noncompliance):

DETERMINATION MADE BY _____
_____ Name of worker _____ Date

Cc: Client
Client case record

*Please update the Non-Compliance tab in WTWCMS with the outcome of the conciliation.