

<b>Office of Administrative Hearings (OAH) Procedures Transmittal</b>		<b>Transmittal Number:</b> 13-004
<b>Distribution:</b>		<b>Date:</b> September 6, 2013
		<b>Page:</b> 1 of 1
ALB OAH Staff <input checked="" type="checkbox"/>	UPS ALJs <input checked="" type="checkbox"/>	Upstate LDSS <input checked="" type="checkbox"/>
	SUP ALJs <input checked="" type="checkbox"/>	
NYC OAH Staff <input checked="" type="checkbox"/>	NYC ALJs <input checked="" type="checkbox"/>	NYC Agencies <input checked="" type="checkbox"/>
	SUP ALJs <input checked="" type="checkbox"/>	
		<b>Subject:</b> Reactivated Issue Code: Able Bodied Adult Without Dependents (Issue Code 463) (Amended 01-03)

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) limits the receipt of SNAP benefits to 3 months in a 3-year period for able-bodied adults without dependents (ABAWD) who are not working, participating in, and complying with the requirements of a work program for 20 hours or more each week, or a workfare program.

Effective September 10, 2013, the issue code established for use Statewide when coding fair hearing requests regarding failure to comply with ABAWD Work Requirements will be reactivated. Issue code 416 (EMPLOYMENT RULES RELATED ISSUES) should no longer be used for this issue. This transmittal replaces Transmittal 01-03. Coding for these fair hearing requests is as follows:

Agency: SSD or New York City Agency  
Category: SNA or SNAP  
Subcategory: None  
Action: REDU, DENY, DISC, or INAD  
Issue Code: 463 FAILURE TO COMPLY WITH ABAWD

A sample of the Notice of Intent to Change SNAP benefits and a revised page for the Desk Reference is attached. Online codes have been updated.

If you have any questions regarding this transmittal, you may contact your supervisor or Victoria A. Fiorino at (518) 473-4717 or at [victoria.fiorino@otda.ny.gov](mailto:victoria.fiorino@otda.ny.gov).



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