

## SNAP Employability Code/ABAWD Determination

Client Name: \_\_\_\_\_ Case Name (if different): \_\_\_\_\_

Case #: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_ Today's Date: \_\_\_\_\_

Worker Name: \_\_\_\_\_

**Instructions: Read down the Employability Status list. Select the first appropriate SNAP Emp. Code. All determinations must be supported by appropriate documentation.**

| Employability Status  | SNAP Emp. Code |
|---|----------------|
| Younger than age 16 - Exempt  | 30             |
| 60 Years of age or older - Exempt   | 32             |
| Pregnant (within 30 days of medically verified date of delivery) - Exempt   | 24             |
| Exemption claimed pending medical documentation - Exempt  | 70             |
| Incapacitated/Disabled (In Receipt of SSI) - Exempt   | 44             |
| In receipt of Social Security Disability Income (SSDI) - Exempt   | 54             |
| Incapacitated/disabled SSI applicant <b>OR</b> SSI applicant/pending SSI recipient that has applied for SNAP benefits through joint processing at the SSA office - Exempt   | 43             |
| Incapacitated/disabled (more than 6 months) - Exempt  | 36             |
| Temporary illness or incapacity (1-3 months exemption) - Exempt   | 41             |
| Temporary illness or incapacity (4-6 months exemption) - Exempt   | 42             |
| Regularly participating in an approved alcohol/substance abuse rehabilitation program and determined unable to work - Exempt  | 63             |
| A person age 16 or 17 who is not the head of household <b>OR</b> 16 or 17 who is attending school or an employment training program on at least a half time basis - Exempt  | 35             |
| A student enrolled in a recognized school ( <u>not</u> high school), job skills training or institution of higher education at least half-time (meets student eligibility requirements in 18 NYCRR387.1) - Exempt   | 72             |
| Parent or Caretaker Relative of a child in the household under 12 months of age - Exempt  | 31             |
| Responsible for the care of an incapacitated person full-time (the incapacitated person does NOT need to live in the household) - Exempt  | 38             |
| A parent or household member who is responsible for care of a child under age 6 in the household – Exempt Note: The caretaker of a child under the age of 6 who is also receiving TANF funded assistance and fails to comply with a <u>work experience</u> assignment without good cause is subject to a SNAP sanction. | 29             |
| Employed or self-employed 30 or more hours per week <b>OR</b> earning at least the equivalent of 30 times the federal minimum wage on a weekly basis (Currently \$217.50 per week or higher) - Exempt   | 28             |
| Receiving or pending receipt of Unemployment Insurance Benefits (UIB) - Exempt  | 52             |

**If any of the above, record SNAP Emp. Code selected: \_\_\_\_\_. The ABAWD indicator is "N".**

**STOP HERE!**

**If none of the above, select the appropriate SNAP Emp. Code:**

| Employability Status   | SNAP Emp. Code |
|--|----------------|
| Employed or self-employed less than 30 hours per week and earning less than the equivalent of 30 hours times the federal minimum wage on a weekly basis (currently \$217.50 per week) - Non-exempt | 27             |
| Substance abuser - Non-exempt  | 64             |
| Responsible for the care of an incapacitated person part-time (the incapacitated person does NOT need to live in the household) - Non-exempt   | 40             |
| Has a documented medical condition that limits individuals ability to work - Non-exempt  | 16             |
| Required to work - Non-exempt  | 20             |

**Record SNAP Emp. Code selected \_\_\_\_\_. The ABAWD indicator will vary.**

The ABAWD indicator would be "N" (Non-ABAWD) if any of the following (check below ):

|  |                          |
|--|--------------------------|
| • The parent or other adult residing in a SNAP household with a child under 18 years old   | <input type="checkbox"/> |
| • Under 18 <b>OR</b> 50 years of age or older  | <input type="checkbox"/> |
| • Pregnant   | <input type="checkbox"/> |
| • Unable to work in competitive employment at least 80 hours per month due to physical or mental limitation (medical statement or documentation required). | <input type="checkbox"/> |

All other recipients would be "A" (ABAWD) unless:

- "X" Excluded, based on the district exclusion policy; or
- "W" Waiver granted from OTDA to the district from ABAWD work requirements; or
- "G" Grace Period, ABAWD who has reinstated SNAP eligibility but is in the 3 month grace period because they are not meeting ABAWD requirements.

Select ABAWD Indicator chosen:     **A**     **N**     **X**     **W**     **G**