



Office of Temporary and Disability Assistance

ANDREW M. CUOMO
Governor

SAMUEL D. ROBERTS
Commissioner

BARBARA C. GUINN
Executive Deputy Commissioner

Informational Letter

Section 1

Transmittal:	17-INF-13
To:	Social Services District Commissioners
Issuing Division/Office:	Integrated Family Assistance Programs / Employment and Income Support Programs
Date:	December 13, 2017
Subject:	Revisions to the Informational Letter Regarding Able-Bodied Adults Without Dependents (ABAWD) Requirements (LDSS-5072)
Suggested Distribution:	Employment Coordinators Temporary Assistance Directors SNAP Directors Staff Development Coordinators
Contact Person(s):	OTDA Employment Services Advisor or Employment and Advancement Services, Policy and Operations Bureau (518) 486-6106
Attachments:	Attachment 1 - LDSS-5072 ENG Informational Letter Regarding Able-Bodied Adults Without Dependents (ABAWD) Requirements Attachment 2 - LDSS-5072 SP Informational Letter Regarding Able-Bodied Adults Without Dependents (ABAWD) Requirements
Attachment Available Online:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
17 ADM-01		18 NYCRR 385.3(d)		Temporary Assistance and SNAP Employment Policy Manual Section 385.3	7 CFR 273.24 GIS 16 TA/DC026

Section 2

I. Purpose

The purpose of this informational letter is to inform social services districts (districts) of revisions to the Informational Letter Regarding Able-Bodied Adult Without Dependents (ABAWD) Requirements ([LDSS-5072](#)) that is available to districts to inform Supplemental Nutrition Assistance Program (SNAP) households that include an ABAWD of the work based eligibility requirements and of the consequences for failing to meet these requirements. The most

significant operational change for districts is the addition of a section for districts to identify the names of the SNAP household members who are ABAWDs at the time that the letter is generated.

II. Background

Federal statute and regulations limit an ABAWD's eligibility for SNAP benefits to three months in a 36-month period, unless the individual resides in an area that is waived from meeting ABAWD requirements, the individual is granted an exclusion from ABAWD requirements for the month consistent with the exclusion policy established by the district, or is meeting ABAWD work requirements each month as described below. The ABAWD must also otherwise be eligible for SNAP benefits.

III. Program Implications

Districts are required to correctly assign the SNAP employability and ABAWD code of each individual applying for or receiving SNAP benefits, including those individuals who are concurrently applying for or receiving Temporary Assistance (TA). The SNAP employability code identifies whether the individual is subject to or exempt from SNAP work requirements consistent with 18 NYCRR §385.3. The ABAWD code identifies whether the individual is subject to, exempt, excluded (consistent with the district's local ABAWD exclusion policy) or waived from the ABAWD requirements (ABAWD lives in an area with a federally approved ABAWD waiver) for the calendar month. Districts must ensure that the correct SNAP employability and ABAWD codes are entered on the Welfare Management System (WMS) at the time of opening and recertification for SNAP benefits. The SNAP employability and ABAWD code must also be updated in a timely manner whenever a change in the individual's SNAP employability and/or ABAWD status is reported and documented.

Consistent with federal SNAP regulations, individuals who claim, but refuse or fail to provide documentation of the exemption from SNAP and/or ABAWD work requirements are subject to SNAP work and/or ABAWD requirements, unless exempt for another reason consistent with 18 NYCRR §385.3. Individuals who are subject to SNAP work requirements (do not meet any of the exemptions from SNAP work requirements as listed in 18 NYCRR §385.3) may be assigned to SNAP E&T activities, but may or may not be subject to ABAWD requirements.

SNAP Households are informed of ABAWD requirements through the "*What You Should Know About Your Rights and Responsibilities*" ([LDSS-4148A](#)), "*How to Complete the Supplemental Nutrition Assistance Program (SNAP) Application/Recertification and Applicant/Recipient Rights and Responsibilities for SNAP*" ([LDSS 4826A](#)) and as part of the SNAP Opening and SNAP Recertification Letter issued through the Client Notices System (CNS). These forms/letters also inform SNAP households of the availability of an ABAWD qualifying activity by contacting the district and requesting an activity, the conditions that may exempt an individual from SNAP work and/or ABAWD requirements and the consequence for not meeting these requirements.

Districts should also verbally relay information on ABAWD status and requirements to SNAP households that include an ABAWD during the application and recertification interview and are encouraged to use the "*Informational Letter Regarding ABAWD Requirements*" ([LDSS-5072](#)) to augment the information that is provided to such households to inform them of the ABAWD requirement. Households that can reasonably be anticipated to include an ABAWD during the certification period should also be informed of these requirements (e.g., a household where the youngest household member is 17). Districts should include a case note in the case record or on the Welfare-To-Work Caseload Management System (WTWCMS) to document when the SNAP household was verbally informed of ABAWD status and requirements.

Summary of Changes:

The “*Informational Letter Regarding ABAWD Requirements*” ([LDSS-5072](#)) has been updated to reflect the following information:

- Language was added to the opening paragraph clarifying that SNAP households that receive the letter do not reside in an area that has an approved ABAWD waiver;
- The following paragraph was added to summarize the information included in the letter:

“This letter provides information to explain an individual’s federal ABAWD requirement, identifies the conditions that may exempt an individual from the ABAWD requirement and provides examples of good cause reasons for not meeting the ABAWD requirement. The letter also informs individual ABAWDs that are included as part of your SNAP household that an ABAWD qualifying work activity will be made available upon the ABAWD’s request to help him/her meet the federal ABAWD requirement”;
- The word “federal” was added before ABAWD work requirement in the opening paragraph as well as the third paragraph;
- A new section and table were added titled “**Which individuals in your SNAP household are ABAWD?**” Districts are directed to use the table to list the names of SNAP household members who are ABAWD at the time that the [LDSS-5072](#) is generated;
- The phrase “per month” was added to clarify that a work experience assignment for the purpose of determining compliance with ABAWD requirements is based on the number of hours **per month** equal to the SNAP benefit divided by the higher of the federal or State minimum wage;
- The reference to the Workforce Investment and Opportunity Act was changed to the “Workforce Innovation and Opportunity Act”;
- A note was added clarifying that the work requirements listed apply to each ABAWD in the SNAP household;
- The fifth paragraph was updated with the following bolded language:

“Failure to comply with these requirements without good cause may result in the ABAWD being ineligible for SNAP benefits. If the ABAWD is meeting any of the requirements listed above, **but has not notified the social services district**, the individual should **immediately** contact the social services district at the District Contact Number provided above **to avoid becoming ineligible for SNAP benefits**”;
- The phrase “for at least 80 hours per month” and the word “immediately” were added to the sentence “If the ABAWD is not participating in work or qualifying activities **for at least 80 hours per month** and he/she wants to continue to receive SNAP beyond the three-month time limit, he/she should **immediately** contact the social services district at the District Contact Number provided above to discuss the work or work programs that are available to permit the ABAWD to meet this federal work requirement”;
- The phrase “the ABAWD must” in the sixth paragraph was changed to “it is the ABAWDs responsibility to”;

- The seventh paragraph was updated with the language bolded below:
 “If an ABAWD fails to meet the federal ABAWD work requirements and as a result loses eligibility for SNAP, he/she may be able to regain eligibility and resume participation in the SNAP program again, if otherwise eligible, and should immediately contact the social services district to **reapply for SNAP benefits. The social services district will explain** what he/she needs to do to regain SNAP eligibility”;
- The phrase “any of the” was added to the heading “Do you think **any of the** adults in your SNAP household are exempt from ABAWD requirements?”;
- The words “you or someone” were added to the sentence “Please contact the social services district through the District Contact Number provided above immediately if you believe that **you or someone** in your SNAP household...”;
- The following language was added/revised to the exemptions that are listed on the “*Informational Letter Regarding ABAWD Requirements*” ([LDSS-5072](#)):
 - “Full-time” was added to the exemption “A **full-time** caretaker of an incapacitated person.
 - “At least” was added to the exemption “Physically or mentally unable to work **at least** 80 hours a month.
 - The exemption “Participating in a drug/alcohol treatment or rehabilitation program and deemed unable to work” was changed to “**Determined to be unable to work due to substance abuse**”.
- The following ABAWD exemptions have been added based on clarification from USDA:
 - “A recipient of Veterans Affairs (VA) disability compensation.”
 - “A recipient of disability benefits from a public or private source, such as Social Security Disability Insurance (SSDI) or NYS disability benefits.”
- The following note was added “Note: Only the individual who meets one or more of the conditions listed above would be exempt from ABAWD requirements. Other ABAWDs in the SNAP household would still be required to comply with ABAWD requirements to continue to receive SNAP benefits for more than 3 months in the 36-month period”;
- Language was added on page 2 to explain and provide examples of good cause; and,
- The sentence in the last paragraph which advises an ABAWD to contact the district if ABAWD believes he/she has good cause, believes he/she should be exempt from ABAWD requirements or resides in an area with a federally approved ABAWD waiver was revised to read, “If an ABAWD believes that he/she has good cause for not meeting the ABAWD requirement, believes that he/she should be exempt from the ABAWD requirement because he/she meets one of the conditions identified above or lives in an area with an approved ABAWD waiver, the ABAWD should immediately contact the social services district at the District Contact Number provided above and provide documentation to the social services district”.

IV. Forms Ordering Information

An electronic copy of the “*Informational Letter Regarding ABAWD Requirements*” (LDSS-5072) in English and Spanish has been included as an attachment to this INF. Additional information regarding the availability of the “*Informational Letter Regarding ABAWD Requirements*” (LDSS-5072) is provided below:

- The English and Spanish versions of the [LDSS-5072](#): “*Informational Letter Regarding ABAWD Requirements*” are Web Posting Only forms.
- The LDSS-5072 has also been translated into Arabic, Chinese, Haitian-Creole, Italian, Korean, and Russian.
- The above referenced documents have been posted on the OTDA Intranet website at: http://otda.state.ny.net/ldss_eforms/default.htm and are available for downloading by local districts for reproduction locally.
- The “*Informational Letter Regarding ABAWD Requirements*” (LDSS-5072) is available in Intelligent Auto Fill (IAF). A copy of the LDSS-5072 when generated through IAF will be stored in the Imaging and Enterprise Document Repository (IEDR) for those districts who use IEDR for electronic case files.
- Upon the release of this INF all previous versions of the LDSS-5072: “*Informational Letter Regarding ABAWD Requirements*” **must immediately be destroyed** and replaced with the LDSS-5072 revision date of 8/17.
- Any future requests for master camera ready copies of the English version, should be submitted to the New York State Office of Temporary and Disability Assistance (OTDA) using either the OTDA 876EL (DOC) or OTDA 876 EL (PDF) available at the link above and either mail, fax or e-mail it to:

Office of Temporary and Disability Assistance
BMS Document Services and Operational Support
PO Box 1990
Albany, NY 12201

E-mail: forms.orders@otda.ny.gov
Districts online forms ordering system: <http://formorders/>
Fax: (518) 402-0084

- Questions concerning ordering forms should be directed to BMS Document Services at: (518) 474-9522.

Issued By

Name: Nancy P. Maney
Title: Deputy Commissioner
Division/Office: Integrated Family Assistance Programs