

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

### **Able-Bodied Adults Without Dependents (ABAWD) Work Activity Letter**

You are receiving this letter because you are applying for or receiving Supplemental Nutrition Assistance Program (SNAP) benefits either individually or as a part of a household, and you are an Able-Bodied Adult Without Dependents (ABAWD) as defined by federal SNAP rules.

ABAWDs are only eligible to receive SNAP benefits for three (3) months in a 3-year period unless they meet certain special work requirements, or are excused. In New York State, this 3-year period began January 1, 2016. For each month that you receive a full month of SNAP benefits and do not meet your ABAWD work requirement, without a good reason, you will use up a countable month. Your SNAP eligibility worker keeps track of your countable months. Unless you are satisfying your ABAWD work requirement, you will be ineligible to receive SNAP benefits after your third countable month.

To assist you in meeting the ABAWD work requirements so that you might continue to receive your SNAP benefit without interruption, we have scheduled the following appointment for you. During this appointment, you will be offered a qualifying work activity that will enable you to meet the ABAWD work requirement, should you not be otherwise already engaged in a qualifying ABAWD work activity for a minimum of 80 hours a month.

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Appointment Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If you are unable to keep the appointment, please contact us at the above number before your reporting time to arrange for a new appointment.

More information regarding ABAWD work requirements and qualifying exemptions is included on the next page.

If you believe you are exempt from the ABAWD work requirements for any reason; live in an area of the State covered by a full or partial federal ABAWD waiver; or, if you believe you are already meeting the ABAWD work requirements by working or participating in an ABAWD qualifying work activity, please contact us immediately and we will explain how you can verify your status.

**FAILURE TO MEET THE ABAWD WORK REQUIREMENTS WITHOUT GOOD CAUSE FOR MORE THAN THREE MONTHS IN A 3 YEAR PERIOD WILL RESULT IN THE REDUCTION OR TERMINATION OF YOUR SNAP BENEFITS.**

## ABAWD Work Requirements

To maintain eligibility for SNAP benefits for more than three (3) months in the 3-year period starting January 1, 2016, each ABAWD must complete and document one of the following each month:

- Work (including “in-kind” work and volunteer work) for at least 20 hours weekly/80 hours monthly;
- Participate in a qualifying work/training program approved by the social services district for at least 80 hours per month;
- Comply with a Work Experience Program (WEP) assignment for the number of hours per month equal to your household’s SNAP benefit divided by the higher of the federal or State minimum wage;
- Participate in a program under the Workforce Innovation and Opportunity Act or Trade Act (WIOA) which may include job search, job readiness, occupational skills training and education activities for at least 80 hours per month; or
- Participate in a combination of work or qualifying work programs for at least 80 hours per month.

If you believe that you are meeting the ABAWD work requirements by working or participating in one of the above ABAWD qualifying work activities for at least 80 hours per month, please contact us at the above number to discuss this information and the documentation/verification necessary to show you are meeting the ABAWD work requirements.

## ABAWD Exemptions

**The ABAWD time limit may not apply to you if you are:**

- Under 18 or 50 years of age or older
- Physically or mentally unable to work at least 80 hours a month
- A member of a SNAP household with someone under the age of 18
- Pregnant
- A recipient of Veterans Affairs (VA) disability compensation
- Excused from the General work requirements. Some examples are:
  - You comply with work requirements for another program
  - You are responsible for the care of a child under 6 or an incapacitated person
  - You regularly participate in an alcohol or drug treatment program
  - You are applying for or receiving unemployment compensation
  - You are receiving a disability benefit from a public or private source, such as Social Security Disability Insurance (SSDI) or NYS disability benefit
  - You already work at least 30 hours a week
  - You are a student in school at least half-time (although students may be subject to other work rules)

If you believe that you are exempt from the ABAWD work requirements, please contact us at the above number to discuss this information and the documentation/verification necessary to show that you qualify for an ABAWD exemption.