



# Office of Temporary and Disability Assistance

**ANDREW M. CUOMO**  
Governor

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Commissioner

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Executive Deputy Commissioner

## Administrative Directive Memorandum

### Section 1

<b>Transmittal:</b>	18-ADM-07
<b>To:</b>	Social Services District Commissioners
<b>Issuing Division/Office:</b>	Integrated Family Assistance Programs / Employment and Income Support Programs
<b>Date:</b>	November 15, 2018
<b>Subject:</b>	Able-Bodied Adults Without Dependents (ABAWD) Work Activity Letter
<b>Suggested Distribution:</b>	Employment Coordinators Temporary Assistance Directors SNAP Directors Staff Development Coordinators WMS Coordinators
<b>Contact Person(s):</b>	Employment Services Advisor or Employment and Advancement Services: (518) 486-6106 for questions regarding the ABAWD requirement SNAP Policy Liaison (518) 473-1469 for questions regarding SNAP eligibility and reporting
<b>Attachments:</b>	<a href="#">LDSS-5127 Able-Bodied Adults Without Dependents (ABAWD) Work Activity Letter</a>
<b>Attachment Available Online:</b>	<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 16-INF-09		18 NYCRR 385.3	PRWORA of 1996 (P.L. 104-193) Sec. 6 of Food Stamp Act		7 CFR 273.7 7 CFR 273.24

### Section 2

#### I. Summary

This Administrative Directive (ADM) informs social service districts (districts) of policies and procedures associated with the implementation of federal requirements for Able Bodied Adults Without Dependents (ABAWDs) and the requirement to offer and provide a qualifying work or training opportunity to all ABAWDs who are subject to the ABAWD requirements to maintain or re-establish eligibility for Supplemental Nutrition Assistance Program (SNAP) benefits. This ADM provides a work activity referral letter template that must be provided to all ABAWDs at

certification, recertification, and, anytime thereafter when the ABAWD needs assistance from the district to obtain a qualifying work activity.

## II. Purpose

This ADM outlines policies and procedures associated with providing a qualifying work activity to ABAWDs who are not meeting the ABAWD work requirement and are at risk of losing their SNAP benefits. The New York State Office of Temporary and Disability Assistance (OTDA) has developed the [LDSS-5127 Able-Bodied Adults Without Dependents \(ABAWD\) Work Activity Letter](#). This form provides ABAWDs with a scheduled appointment to meet with a district staff member or contracted employment vendor for the purpose of offering the ABAWD the opportunity to engage in a qualifying work activity assignment. The LDSS-5127 *Able-Bodied Adults Without Dependents (ABAWD) Work Activity Letter* does not replace the [LDSS-5072 Informational Letter Regarding Able-Bodied Adults Without Dependents \(ABAWD\) Requirements](#). Districts are strongly encouraged to continue to issue the LDSS-5072 in addition to the mandatory LDSS-5127 to reinforce ABAWD requirements and the offer of assistance with meeting the requirements.

## III. 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 has an approved ABAWD waiver; the ABAWD is granted an exclusion from the ABAWD requirement for the calendar month consistent with the exclusion policy established by the district; or, is meeting the ABAWD requirement each month. The current 36-month period for New York State is a fixed period that started on January 1, 2016 and will expire December 31, 2018. A new 36-month fixed period will begin on January 1, 2019 and will expire December 31, 2021.

## IV. Program Implications

All districts, including those that qualify for a waiver of the federal ABAWD requirement, must evaluate each SNAP applicant or recipient's employability and ABAWD status and enter the appropriate SNAP employability and ABAWD codes on the Welfare Management System (WMS). Districts that do not have an approved ABAWD waiver for all residents of the district are required to **offer and provide** an ABAWD qualifying work or training opportunity to all ABAWDs who are subject to the ABAWD requirements. The offer of a qualifying work or training opportunity must be provided at certification, recertification, and anytime during the certification period when the district becomes aware of an individual's status change and the individual is subject to the ABAWD time limit.

Districts that do not have an approved ABAWD waiver for all residents of the district must monitor each ABAWD's compliance with the ABAWD requirement on a monthly basis, offer and provide an ABAWD qualifying work activity for an ABAWD to maintain SNAP eligibility, and issue a Notice of Adverse Action (NOAA) in a timely manner to a SNAP household to prevent the issuance of a fourth month of SNAP benefits for any ABAWD not eligible to participate in the SNAP due to not meeting the ABAWD work requirements.

Districts that do not have a full county ABAWD waiver must provide the LDSS-5127 *Able-Bodied Adults Without Dependent (ABAWD) Work Activity Letter* (or locally developed equivalent approved by OTDA) to each ABAWD subject to the ABAWD requirements, who resides in a SNAP applicant or recipient household to offer the ABAWD the opportunity to meet with a district staff member or contracted employment vendor for assistance in obtaining a qualifying work activity assignment so that the ABAWD might continue to retain eligibility for SNAP benefits beyond the three-month federal time limit.

OTDA will issue a revised version of the LDSS-5127 *Able-Bodied Adults Without Dependents (ABAWD) Work Activity Letter (Rev. 9/18)* near the end of December 2018 to reflect the start of the new 36-month fixed period which begins on January 1, 2019.

## V. Required Action

Districts are responsible for informing existing and potential ABAWD households at certification, periodic report, and recertification of the ABAWD time limit, exemption criteria, and how to fulfill the ABAWD work requirement. Eligibility workers in districts that do not have a full county ABAWD waiver must provide the [LDSS- 5127 Able-Bodied Adults Without Dependent \(ABAWD\) Work Activity Letter](#) (or locally developed equivalent approved by OTDA), to each ABAWD who is subject to the ABAWD requirements in the following situations:

- At the time of application/certification and/or at recertification.
- Anytime during the certification period when an individual's status changes and the individual becomes subject to the ABAWD time limit. For example: an individual is exempt from the ABAWD time limit solely because of a child under the age of 18 in the SNAP household, and during the certification period the youngest child turns 18.
- When an ABAWD previously engaged in work or a work activity and meeting the ABAWD requirement is no longer engaged at least 20 hours weekly/80 hours monthly.

The LDSS-5127 *Able-Bodied Adults Without Dependents (ABAWD) Work Activity Letter* provides the ABAWD with an appointment with the district to receive the offer of enrollment in a qualifying ABAWD work activity assignment. Districts may provide the ABAWD qualifying work activity or training opportunity through a SNAP Employment and Training (E&T) program such as SNAP Venture, or other local work, educational, or training program for which the individual is eligible that will meet the ABAWD requirement.

A copy of the completed LDSS-5127 *Able-Bodied Adults Without Dependents (ABAWD) Work Activity Letter* must be retained in the case record, along with an entry in case record notes, to document that the district offered the ABAWD the opportunity to meet with the district for assignment to an ABAWD qualifying work activity. The ABAWD's compliance with the work activity appointment is not mandatory as a matter of eligibility, and failure to appear will not result in the offer of conciliation or imposition of a SNAP sanction. The appointment for the offer of engagement in an ABAWD qualifying work activity is separate and apart from any other mandatory work activity appointments or assignments given as part of the individual's Temporary Assistance (TA) work assignment or SNAP E&T work assignment.

When an ABAWD responds to the work activity appointment and requests the district's assistance with providing an ABAWD qualifying work activity, staff from the district's employment unit or contracted employment vendor must meet with the ABAWD to assign an appropriate activity that will meet the ABAWD work requirements. An ABAWD may meet the ABAWD work requirement for a calendar month through any one of the following methods:

- Working (including "in-kind" work and volunteer work) for at least 80 hours per month,
- Participating in a qualifying work/training program approved by the district for at least 80 hours per month,
- Complying with a Work Experience Program (WEP) assignment for the number of hours per month equal to the SNAP benefit, divided by the higher of the federal or State minimum wage,

- Participating in a program under the Workforce Innovation and Opportunity Act (WIOA), which may include job search, job readiness, occupational skills training, and education activities or the Trade Act for at least 80 hours per month, or
- Participation in a combination of work or qualifying work programs for at least 80 hours per month.

Note: According to federal rules, participation in stand-alone job search or job readiness training provided under TA or SNAP E&T does not meet the ABAWD work requirement. In order for the ABAWD to participate in job search or job readiness **and** meet the ABAWD work requirement, the job search or job readiness training must be a secondary component and equal less than half of the total monthly hours. For example, in order to meet the 80 hours per month ABAWD work requirement, an ABAWD would be able to participate in 39 hours of job search or job readiness training as long as they also participated in at least 41 hours of paid employment or volunteer work.

When meeting with individuals to discuss work activity assignments, individuals should be informed of the availability of and assessed for the need for supportive services. Districts should provide for reasonable expenses that are necessary and directly related to participation in the SNAP E&T and/or ABAWD activity.

Districts must establish procedures for obtaining documentation to verify an ABAWD's participation in work activities each month. Districts are required to monitor compliance with the ABAWD requirement on a monthly basis and take timely action in those instances where the district has determined that the ABAWD has received SNAP benefits for 3 months in a 36-month period, is otherwise subject to the ABAWD requirement and, based on the information available to the district at the time that the case record is reviewed is not meeting the ABAWD requirement.

Additional information on ABAWD work requirements can be found in [17-ADM-01](#), *Requirements for Able-Bodied Adults Without Dependents (ABAWD)*.

## **VI. Systems Implications**

Districts must report activity assignments in the Welfare to Work Caseload Management System (WTWCMS) and/or New York City Human Resource Administration (NYC HRA) systems in a timely manner. Districts must obtain information necessary to document the actual hours of participation in unpaid activities each month. Documentation to verify hours of paid work is required at application, recertification, and whenever an ABAWD's hours of work fall below 80 hours per month. (This must be reported within 10 days after the end of the month). Documentation of paid work hours must be maintained in the case record and should be entered on the Automated Budgeting Eligibility Logic (ABEL) and WTWCMS/NYC HRA systems on a timely basis.

## VII. Forms Ordering Information

- The [LDSS-5127](#) “Able-Bodied Adults Without Dependents (ABAWD) Work Activity Letter” is a Web Only form. The form is available on the OTDA Intranet website in the following languages: Arabic, Chinese, Haitian-Creole, Italian, Korean, Russian and Spanish.
- To access the English and other than English languages go to the OTDA Intranet website at: [http://otda.state.nyenet/ldss\\_eforms/default.htm](http://otda.state.nyenet/ldss_eforms/default.htm).
- The above referenced document has been posted on the OTDA Intranet website at: [http://otda.state.nyenet/ldss\\_eforms/default.htm](http://otda.state.nyenet/ldss_eforms/default.htm) and is available for downloading by local districts for reproduction locally.
- This document is a Web posted only form, therefore, it is only available online and is not available in hard copy from the New York State Office of Temporary and Disability Assistance (OTDA).
- Questions concerning Web posted only forms should be directed to BMS Document Services at: (518) 474-9522.
- Requests for a Local Equivalent of this form should be submitted to the email or mailing address below for review and approval.

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

[otda.sm.Local.Equivalent.Requests@otda.ny.gov](mailto:otda.sm.Local.Equivalent.Requests@otda.ny.gov)

## VIII. Effective Date

This administrative directive is effective immediately

### Issued By

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