

SNAP Employability/ABAWD Code Desk Guide

Client Name: _____ Case Name (if different): _____

Case #: _____ SSN: XXX-XX-____ Today's Date: _____

Worker Name: _____

Instructions: Read down the Employability Status list. Select the most 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 |
| A parent or household member who is responsible for care of a child under age 6 in the household - Exempt Note: The SNAP caretaker of a child under the age of 6 who is also receiving TANE funded assistance and fails to comply with a work experience assignment without good cause is subject to a SNAP sanction. *SNAP employability code 29 may be assigned to more than one adult when the household contains more than one child under the age of 6 and child care needs of the household are identified and documented | 29 |
| Exemption claimed pending medical documentation - Exempt | 70 |
| Incapacitated/Disabled (In Receipt of SSI) - Exempt | 44 |
| In receipt of Social Security Disability Insurance (SSDI) - Exempt | 54 |
| Incapacitated/disabled SSI applicant OR 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 |
| A regular participant in drug or alcohol treatment or rehabilitation - Exempt | 63 |
| A person age 16 or 17 who is not the head of household OR 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 (including high school), job skills training or institution of higher education at least half-time (meets student eligibility requirements in 18 NYCRR387.1) - Exempt | 72 |
| Responsible for the care of an incapacitated person (the incapacitated person does NOT need to live in the household) - Exempt | 38 |
| Employed or self-employed 30 or more hours per week OR 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 code 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 |
| 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 code will vary.

The ABAWD code 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 OR 50 years of age or older | <input type="checkbox"/> |
| • Pregnant | <input type="checkbox"/> |
| • In receipt of Veterans Affairs (VA) disability compensation | <input type="checkbox"/> |
| • In receipt of disability benefits from a public or private source, such as NYS disability benefits | <input type="checkbox"/> |
| • Obviously mentally or physically unfit for employment (notate in case record the basis for this status. Review status at recertification) | <input type="checkbox"/> |
| • Unfit for employment at least 80 hours per month due to a physical or mental health limitation (medical statement or other documentations 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

Select ABAWD code chosen: **A** **N** **X** **W**