

SNAP Employability / ABAWD Code Desk Guide

Case Name: _____

Case Number: _____

Today's Date: _____

Worker Name: _____

Instructions: Read down the Employability Status list. Select the most appropriate SNAP Employability Code for each member of the household and record in the Household Assignment Chart on the second page. All selections must be supported by appropriate documentation.

Employability Status List

SNAP Emp.
Code

EXEMPT	
<i>If an exempt SNAP employability code is assigned, the ABAWD code is "N."</i>	
Younger than age 16 - <i>Exempt</i>	30
60 years of age or older - <i>Exempt</i>	32
A parent or household member who is responsible for care of a child under age 6 in the household - <i>Exempt</i> Note: The SNAP caretaker of a child under the age of 6 who is also receiving TANF 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 multiple children under the age of 6 and childcare needs of the household are identified and documented.	29
Exemption claimed pending medical documentation - <i>Exempt</i>	70
Incapacitated/disabled (In Receipt of SSI) - <i>Exempt</i>	44
In receipt of Social Security Disability Insurance (SSDI) - <i>Exempt</i>	54
Incapacitated/disabled SSI applicant OR SSI applicant/pending SSI recipient that has applied for SNAP benefits through joint processing at the SSA office - <i>Exempt</i>	43
Incapacitated/disabled (more than 6 months) - <i>Exempt</i>	36
Temporary illness or incapacity (1-3 months exemption) - <i>Exempt</i>	41
Temporary illness or incapacity (4-6 months exemption) - <i>Exempt</i>	42
A regular participant in drug or alcohol treatment or rehabilitation - <i>Exempt</i>	63
A person, age 16 or 17, who is not the head of household OR who is attending school or an employment training program on at least a half time basis - <i>Exempt</i>	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 NYCRR 387.1) - <i>Exempt</i>	72
Responsible for the care of an incapacitated person (the incapacitated person does NOT need to live in the household) - <i>Exempt</i>	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) - <i>Exempt</i>	28
Receiving or pending receipt of Unemployment Insurance Benefits (UIB) - <i>Exempt</i>	52
NON-EXEMPT	
<i>If a non-exempt employability code is assigned, continue to the ABAWD section.</i>	
<i>All households that contain at least one non-exempt member must be provided the LDSS-5193 or LDSS-5193A and an oral explanation of the SNAP Work Rules.</i>	
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) - <i>Non-exempt</i>	27
Has a documented medical condition that limits individual's ability to work - <i>Non-exempt</i>	16
Required to work - <i>Non-exempt</i>	20

Instructions: Read down the ABAWD Status list. Select the most appropriate ABAWD code for each member of the household and record in the Household Assignment chart below.

ABAWD Status List

ABAWD EXEMPT <i>Assign ABAWD code "N" if any of the following conditions apply or if the client has been assigned an exempt SNAP employability code.</i>
Resides in a SNAP household with a child under 18 years old
Under age 18 OR over age 52
Pregnant
24 years of age or younger and who was in foster care on 18 th birthday
Homeless
Served in the US Armed Forces or Reserve Component of the US Armed Forces
In receipt of disability benefits from a public or private source, such as NYS disability benefits
Obviously mentally or physically unfit for employment (at each recertification review and notate the basis for this status in case record)
Unable to work at least 80 hours per month due to physical or mental health limitation (medical statement or other documentation required)
ABAWD NON-EXEMPT <i>Assign ABAWD code "A" if the following condition applies.</i>
No exemption
ABAWD EXCLUDED <i>Assign ABAWD code "X" if the following condition applies.</i>
Client is excluded based on the district exclusion policy.
ABAWD WAIVED <i>Assign ABAWD code "W" if the following condition applies.</i>
District has been granted a jurisdictional ABAWD waiver by OTDA. Assign code "W" to individuals who reside within the area covered by the jurisdictional waiver. Statewide waivers do not apply.

Household Assignment Chart

Client Name	SNAP Emp. Code	ABAWD Code	Explanation of SNAP Work Rules? (<i>Check below</i>)		
			Written Notice	Oral Explanation	
			<input type="checkbox"/> LDSS-5193A <input type="checkbox"/> LDSS-5193	<input type="checkbox"/> General SNAP Work Rules <input type="checkbox"/> Mandatory SNAP E&T <input type="checkbox"/> ABAWD Work Rules	<input type="checkbox"/> N/A
			<input type="checkbox"/> LDSS-5193A <input type="checkbox"/> LDSS-5193	<input type="checkbox"/> General SNAP Work Rules <input type="checkbox"/> Mandatory SNAP E&T <input type="checkbox"/> ABAWD Work Rules	<input type="checkbox"/> N/A
			<input type="checkbox"/> LDSS-5193A <input type="checkbox"/> LDSS-5193	<input type="checkbox"/> General SNAP Work Rules <input type="checkbox"/> Mandatory SNAP E&T <input type="checkbox"/> ABAWD Work Rules	<input type="checkbox"/> N/A
			<input type="checkbox"/> LDSS-5193A <input type="checkbox"/> LDSS-5193	<input type="checkbox"/> General SNAP Work Rules <input type="checkbox"/> Mandatory SNAP E&T <input type="checkbox"/> ABAWD Work Rules	<input type="checkbox"/> N/A
			<input type="checkbox"/> LDSS-5193A <input type="checkbox"/> LDSS-5193	<input type="checkbox"/> General SNAP Work Rules <input type="checkbox"/> Mandatory SNAP E&T <input type="checkbox"/> ABAWD Work Rules	<input type="checkbox"/> N/A