



Local Commissioners Memorandum

Section 1

Transmittal:	25-LCM-14
To:	Social Services District Commissioners
Issuing Division/Office:	Employment and Income Support Programs
Date:	October 21, 2025
Subject:	Revisions to Documents Consistent with H.R. 1 and Plain Language Standards
Contact Person(s):	Employment and Advancement Services Bureau 518-486-6106 or EASBureau@otda.ny.gov
Attachments:	Attachment 1 – LDSS-4826C - Employment Requirements for SNAP Applicants and Recipients - Script for Eligibility Workers Attachment 2 – LDSS-5062A - SNAP Employability / ABAWD Status Screening and Code Assignment Desk Guide Attachment 3 – LDSS-5085 - Notice of Intent to Change Benefits for Non-Compliance with Able Bodied Adults Without Dependents (ABAWD) Work Requirements Attachment 4 – LDSS-5085-NYC - Notice of Intent to Change Benefits for Non-Compliance with Able Bodied Adults Without Dependents (ABAWD) Work Requirements (NYC) Attachment 5 – LDSS-5127 - Able-Bodied Adults Without Dependents (ABAWD) Work Activity Letter Attachment 6 – LDSS-5193 - Important Information about SNAP Work Rules (General, Mandatory E&T, and ABAWD)

Section 2

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to inform social services districts (districts) of recent revisions to the following documents:

- LDSS-4826C - Employment Requirements for SNAP Applicants and Recipients - Script for Eligibility Workers
- LDSS-5062A - SNAP Employability / ABAWD Status Screening and Code Assignment Desk Guide
- LDSS-5085 - Notice of Intent to Change Benefits for Non-Compliance with Able-Bodied Adults Without Dependents (ABAWD) Work Requirements

- LDSS-5085-NYC - Notice of Intent to Change Benefits for Non-Compliance with Able-Bodied Adults Without Dependents (ABAWD) Work Requirements (NYC)
- LDSS-5127 - Able-Bodied Adults Without Dependents (ABAWD) Work Activity Letter
- LDSS-5193 - Important Information about SNAP Work Rules (General, Mandatory, E&T, and ABAWD)

This LCM conveys changes made to the documents listed above and informs districts on how to distribute and use these revised documents.

II. Background

On July 4, 2025, the President signed into law H. R. 1, which modified provisions related to the federal Able-Bodied Adults Without Dependents (ABAWD) work rules for applicants and recipients of the Supplemental Nutrition Assistance Program (SNAP). The changes outlined in this LCM were made consistent with H.R. 1 and plain language standards.

III. Program Implications

All documents have been updated to align with the modified ABAWD provisions outlined in H.R. 1. References to the ABAWD age limit have been revised to reflect that the age of those subject to the ABAWD rules has increased to 64. References to the three ABAWD exemptions introduced by the Fiscal Responsibility Act of 2023 (FRA), including the exemptions for homeless individuals, veterans, and youth aging out of foster care, have been removed. A new exemption for “an Indian”, “Urban Indian” and “California Indian” as defined in the Indian Health Care Improvement Act has been added. The ABAWD exemption for adults residing in a SNAP household with a child under 18 has been modified to limit the exemption to those residing with a child under 14. Public-facing documents now use plain language, offer clear information, and explain the steps individuals need to take to keep receiving SNAP benefits.

In addition to some changes in organization and wording, here are updates made to each of the revised documents:

LDSS-4826C – Employment Requirements for SNAP Applicants and Recipients - Script for Eligibility Workers

This worker guide has been updated to reflect the revised ABAWD provisions and to add information about voluntary participation in SNAP E&T. The language and formatting have also been updated to enhance readability and align with plain language standards. The updated script includes:

- 1) a section explaining the general SNAP work requirements,
- 2) a section explaining the mandatory SNAP work requirements,
- 3) a section explaining the ABAWD work requirements, and
- 4) a section about the chance to join the SNAP E&T program voluntarily. This section also explains the district’s role in providing case management and supportive services to SNAP E&T participants.

LDSS-5062A – SNAP Employability / ABAWD Status Screening and Code Assignment Desk Guide

This worker guide has been updated to reflect the revised ABAWD provisions and to reorder the list of SNAP employability codes.

LDSS-5085 – Notice of Intent to Change Benefits for Non-Compliance with Able Bodied Adults Without Dependents (ABAWD) Work Requirements

This notice has been updated to reflect the revised ABAWD provisions. The language has also been updated to enhance readability and align with plain language standards.

LDSS-5085-NYC – Notice of Intent to Change Benefits for Non-Compliance with Able Bodied Adults Without Dependents (ABAWD) Work Requirements (NYC)

This notice has been updated to reflect the revised ABAWD provisions. The language has also been updated to enhance readability and align with plain language standards.

LDSS-5127 – Able-Bodied Adults Without Dependents (ABAWD) Work Activity Letter

This notice has been updated to reflect the revised ABAWD provisions.

LDSS-5193 – Important Information about SNAP Work Rules (General, Mandatory, E&T, and ABAWD)

This notice has been updated to reflect the revised ABAWD provisions. The language has also been updated to enhance readability and align with plain language standards.

IV. Form Ordering Instructions

- The revised versions of all forms discussed in this LCM are posted on the OTDA Intranet website at http://otda.state.ny.net/ldss_eforms/default.htm. Districts are required to print stock of these forms as needed. Orders placed for stock will not be processed.
- Effective November 1, 2025 all previous versions, including other than English languages (if any) must be destroyed and replaced with the revised 10/25 versions.
- Questions concerning Web posted only forms should be directed to BMS Document Services at (518) 474-9522.
- Any previously approved Local Equivalent of the forms should be resubmitted, reflecting the current updates, to Otda.sm.Local.Equivalent.Requests@otda.ny.gov for review and approval.

Issued By:

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Title: Deputy Commissioner

Division/Office: Employment and Income Support Programs/Office of Temporary and Disability Assistance