



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY BULLETIN #20-65-ELI

WAIVER OF THE ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWD) TIME LIMITS

Date: October 21, 2020	Subtopic(s): ABAWD
<p>Use the LDSS-5062A for help in determining an individual's SNAP Employability Code and ABAWD Indicator Code.</p>	<p>The purpose of this policy bulletin is to inform Job Center, HIV/AIDS Services Administration (HASA) and Non-Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Center staff that the New York State Office of Temporary and Disability Assistance (OTDA) has obtained a statewide waiver from the United States Department of Agriculture (USDA) of the Able-Bodied Adults Without Dependents (ABAWD) time limits for the period October 1, 2020 through September 30, 2021.</p> <p>The ABAWD time limits on SNAP benefit eligibility have been suspended nationwide as a result of the Families First Coronavirus Response Act. The nationwide suspension became effective April 1, 2020 and will continue until the month following the month in which the public health emergency declaration due to COVID-19 is lifted.</p> <p>As a result of the statewide waiver, the Agency is no longer required to mail individuals who are determined to be ABAWD's, the Notice of Able-Bodied Adult Without Dependents (ABAWD) Status (FIA-1021).</p> <p>In addition, the Agency is no longer required to offer and provide an ABAWD qualifying work activity to those ABAWDs who were not independently meeting the ABAWD work requirements.</p> <p>Staff must continue to determine an individual's SNAP employability status code and ABAWD Indicator code as required before the statewide ABAWD waiver went into effect. All individuals who are determined to be ABAWDs must be assigned ABAWD Indicator Code A (ABAWD), while those who are not ABAWDs must be assigned ABAWD Indicator Code N (non-ABAWD). No individuals are to be assigned ABAWD Indicator Code W (Waived) at this time.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

Staff must also continue to read the General SNAP Work Requirements Script and the ABAWD Script as described in PB #20-05-OPE.

Effective October 1, 2020

References:

GIS 20 TA/DC082
GIS 20 TA/DC021

Related Item:

PB #20-05-OPE Introduction to the Able-Bodied Bodied Adults Without Dependents (ABAWD) Script and the General SNAP Work Requirements Script.

Attachment:

LDSS-5062A SNAP Employability / ABAWD Code Desk Guide (Rev. 06/19)

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 first 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
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
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 TANF funded assistance and fails to comply with a work experience assignment without good cause is subject to a SNAP sanction. * In most instances, only one adult per household may be coded 29.	29
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**