



**OFFICE OF POLICY, PROCEDURES, AND TRAINING**

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Office of Procedures

**POLICY BULLETIN #21-45-ELI**

**WAIVER OF THE ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWD) TIME LIMITS**  
*(This Policy Bulletin Replaces PB #20-65-ELI)*

<p><b>Date:</b> July 16, 2021</p>	<p><b>Subtopic(s):</b> ABAWD</p>
<p>Use the <b>LDSS-5062A</b> 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, 2021 through September 30, 2022.</p> <p>New York State currently has a statewide waiver of the ABAWD time limits for the period October 1, 2020 through September 30, 2021.</p> <p>As a result of the statewide waiver, the Agency is not required to mail individuals who are determined to be ABAWD's, the Notice of Able-Bodied Adult Without Dependents (ABAWD) Status (<b>FIA-1021</b>).</p> <p>In addition, the Agency is not 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. All individuals who are determined to be ABAWDs must be assigned ABAWD Indicator Code <b>A</b> (ABAWD), while those who are not ABAWDs must be assigned ABAWD Indicator Code <b>N</b> (non-ABAWD). No individuals are to be assigned ABAWD Indicator Code <b>W</b> (Waived) at this time.</p> <p>Staff must also continue to read the General SNAP Work Requirements Script and the ABAWD Script as described in PB #20-05-OPE.</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

NCA SNAP Only

**Note:** During such time that COVID related interview adjustments are in place, the scripts are not required if no interview is being conducted.

*Effective October 1, 2021*

**References:**

GIS 21 TA/DC049  
GIS 20 TA/DC082  
GIS 20 TA/DC021

**Related Item:**

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

**Attachment:**

**LDSS-5062A** SNAP Employability / ABAWD Code Desk Guide (Rev. 4/21)

## 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 <b>OR</b> 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 <b>OR</b> 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 <b>OR</b> 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**