



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #13-05-ELI

(This Policy Directive Replaces PD #99-40R, PB #02-160-EMP, PB #03-01-EMP, PB #05-75-EMP, and PB #06-120-OPE)

ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWD)

Date: March 11, 2013	Subtopic(s): SNAP Eligibility
AUDIENCE	The instructions in this policy directive are for Non Cash Assistance (NCA) Supplemental Nutrition Assistance Program (SNAP) Center staff, and are informational for all others.
POLICY See PB #11-23-OPE for exemptions from the SNAP work rules.	Able-Bodied Adults Without Dependents (ABAWDs) are individuals who are subject to SNAP work rules and are: <ul style="list-style-type: none"> • 18 years of age or older, but under 50 years of age; • not pregnant; • not residing in a SNAP household that contains a child under 18 years of age; • physically and mentally able to work for at least 80 hours per month. <p>ABAWDs are required to meet the ABAWD requirements to remain eligible to receive SNAP benefits for more than three months in any 36 month period. The ABAWD requirements are listed below:</p> <p>ABAWD requirements</p> <ul style="list-style-type: none"> • working (including in-kind and volunteer work) for at least 80 hours per month. There is no hourly wage requirement, but the work must not violate any state or federal law; • participating in a work/training program approved by the Agency for at least 80 hours per month; or • participating in a Work Experience Program (WEP) assignment for the number of hours equal to his/her monthly SNAP grant divided by the higher of the state or federal minimum wage.

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

36 month look back period

The 36 month period is a look back from the current point in time when eligibility is being determined. It is necessary to look back over the 36 month period to determine the number of months an ABAWD was subject to the ABAWD requirements and received SNAP benefits without meeting the ABAWD requirements.

All months prior to October 2010 are disregarded.

Note: The American Recovery and Reinvestment Act of 2009 (ARRA) required that all months prior to October 2010, be disregarded when determining how many countable months in the look back period an ABAWD was receiving SNAP benefits while not meeting the ABAWD requirements. Therefore, the 36 month look back period cannot go back any further than October 2010.

When determining the number of months in the 36 month look back period that an ABAWD has not met the ABAWD requirements, the following months cannot count as one of those months:

Non-countable months

- a month during which the ABAWD did not receive a SNAP benefit for the full month;
- a month during which the individual was exempt from the ABAWD requirements for all or any part of the month;
- a month during which the ABAWD had good cause for missing work or a work assignment, as long as the absence was temporary and the ABAWD retained his/her employment or resumed participation in a work activity.

Under the ABAWD rules, districts have the option to exclude a portion of ABAWDs from the ABAWD requirements. The Human Resources Administration (HRA) has opted to exclude the following ABAWDs from the ABAWD requirements:

Excluded ABAWDs

- homeless individuals (shelter type codes **06**, **23**, and **35**);
- individuals who are 49 years of age;
- individuals who are employed, but are working less than 80 hours per month;
- individuals in receipt of unearned income; and
- individuals who are not the head of the household.

ABAWDs who currently meet any of the exclusion categories are not subject to the ABAWD requirements. ABAWDs who met any of the exclusion categories for any months retroactive to January 2013, are not subject to the ABAWD requirements for those months.

Districts are required to notify all ABAWDs (including those excluded by the Agency) of his/her ABAWD status, the ABAWD requirements, and the consequences for failure to meet the ABAWD requirements.

Notifying ABAWDs

In order to meet this requirement, all individuals who are determined to be ABAWDs, are mailed the Notice of Able-Bodied Adult Without Dependents (ABAWD) Status (**FIA-1021**) whenever an ABAWD has been accepted to receive recurring SNAP benefits, recertified to receive continued SNAP benefits, and whenever a SNAP participant has become an ABAWD outside of application and recertification.

See [PB #13-14-ELI](#) for more information on the **FIA-1021**.

Districts are also required to track ABAWD compliance to determine SNAP eligibility. To assist in the tracking of ABAWD compliance, the Management Information Systems (MIS) has developed the ABAWD Work Requirement Compliance Tracking Calendar which captures information from various sources to assist Workers in determining SNAP eligibility for ABAWDs. The ABAWD Work Requirement Compliance Tracking Calendar has been added to the application and recertification workflow in SNAP POS, for SNAP households that contain an ABAWD.

In addition to appearing as part of the application and recertification workflow, the ABAWD Work Requirement Compliance Tracking Calendar can be retrieved by Workers at any time from the Tools Menu by selecting ABAWD.

Re-establishing ABAWD eligibility

A non-excluded ABAWD who has lost eligibility for SNAP benefits because he/she has already received at least three months of SNAP benefits in the last 36 months without meeting the ABAWD requirements, may reestablish SNAP eligibility when reapplying by:

Working includes in-kind and volunteer work.

- verifying that he/she will work (including in-kind and volunteer work) or participate in a work/training program for at least 80 hours in the 30 day period following the date he/she filed an application for SNAP benefits;
- verifying that he/she has worked (including in-kind and volunteer work) or participated in a work/training program for at least 80 hours within a consecutive 30 day period since losing SNAP eligibility; or
- performing job search for a minimum of 12 hours in a 30 day period followed by a work experience program (WEP) placement in the next month if he/she does not find employment during the 30 day job search period.

Ineligible for E-SNAP issuance until verification of reestablishment has been provided.

A non-excluded ABAWD who has lost eligibility for SNAP benefits under the ABAWD eligibility rules is ineligible to receive SNAP benefits upon re-application until he/she has verified meeting one of the reestablishment methods. These individuals are also ineligible to receive SNAP benefits under the SNAP expedited processing rules unless they are able to verify reestablishment within the expedited processing timeframes.

Additional three month grace period due to loss of a job or work/training program activity.

An ABAWD has a three month grace period due to loss of a job or a work/training program activity. For example, if an ABAWD loses eligibility under the ABAWD eligibility rules, the ABAWD may reestablish SNAP eligibility during a 30 day period as listed above. Subsequently they lose their job or work/training program activity and are failing to meet the ABAWD requirements. In this instance, the ABAWD is eligible to receive SNAP benefits for an additional three month grace period during the time the ABAWD does not work or participate in a work/training program activity.

The grace period begins the month following the month that the ABAWD informed the Agency that he/she is no longer meeting the ABAWD requirement due to the loss of a job or the loss of a work/training program activity. The three month grace period must be used consecutively. An ABAWD is eligible for a grace period only one time in a 36 month period.

Participant prospective compliance.

ABAWDs who are in receipt of SNAP benefits but have already received at least three countable months of SNAP benefits in the last 36 months without meeting the ABAWD requirements can continue to receive SNAP benefits if the ABAWD can verify to the Agency's satisfaction (before the effective date of an adverse notice) that he/she will meet the ABAWD requirements in the next benefit month.

REQUIRED ACTION

SNAP Workers are responsible for determining the employability status for each individual in the SNAP household as a function of SNAP eligibility at application, recertification, when reviewing a Periodic Report (**LDSS-4310**), and any time there is a reason to believe that a previous determination may have to be changed.

There are three employability codes for SNAP household members:

- **WE** (NPA SNAP Work Registration Exempt);
- **WA** (NPA SNAP Work Registration Required ABAWD Exempt); and
- **WR** (NPA SNAP Work Registration Required and ABAWD Required).

See [PB #11-23-OPE](#) for a list of the exemptions from the SNAP work requirements.

Individuals in the SNAP household who are exempt from the SNAP work rules are to be assigned employability code **WE**.

Individuals in the SNAP household who are subject to the SNAP work rules but are exempt from the ABAWD requirements are to be assigned employability code **WA**. These are individuals who are subject to the SNAP work rules but are:

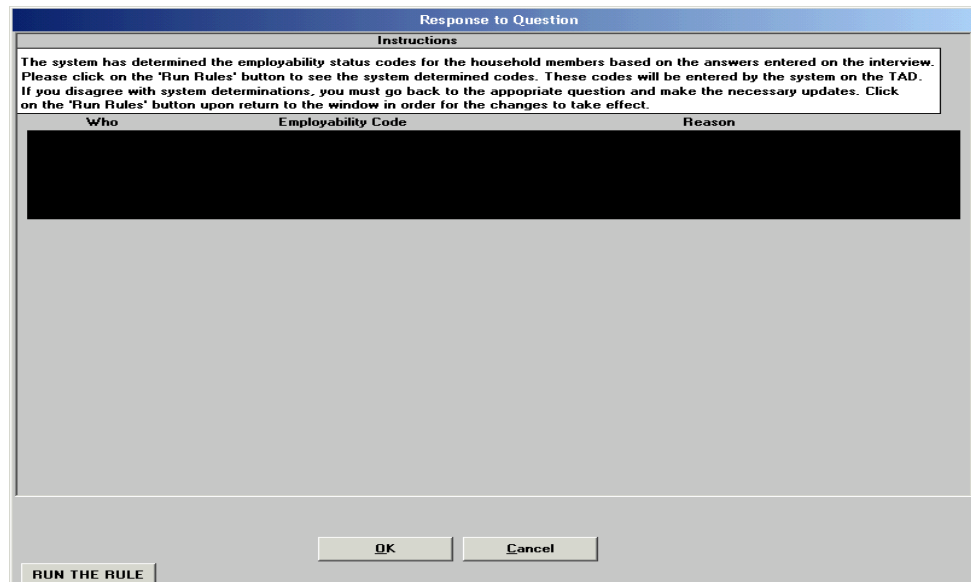
- under age 18 or 50 years of age or older;
- pregnant (regardless of the month of pregnancy);
- residing in a SNAP household that contains an individual under 18 years of age (regardless of responsibility); or
- physically or mentally unable to work at least 80 hours per month.

Individuals in the SNAP household who are subject to both the SNAP work rules and the ABAWD requirements are to be assigned employability code **WR** and are classified as ABAWDs.

See [PB #13-11-SYS](#) Appendix A for the SNAP POS Release notes on the ABAWD process.

To help ensure that the correct employability code is chosen for each individual in the SNAP household, a window was added to the application and recertification interview workflow in SNAP POS to automate the determination of each household member’s employability code. The window appears in the Education and Training window below the Education Information question. After the SNAP Worker clicks on the Run The Rule button, the window lists the name of the each household member, the system determined employability code (**WE**, **WA**, or **WR**) based on the information entered during the interview, and the reason the system selected each individual’s employability code.

Automated employability code determination in SNAP POS.



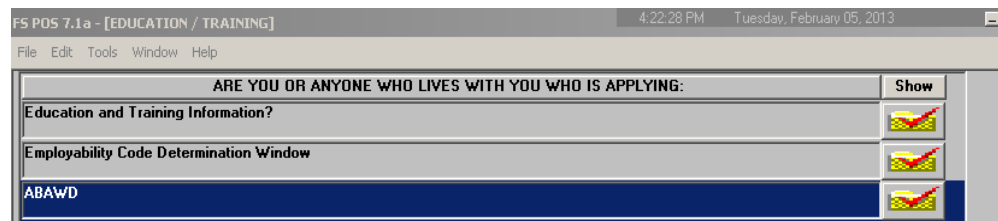
If the employability code listed for each household member in the window is correct, click OK. If the employability code listed for any individual is incorrect, go back to the relevant question that caused the incorrect employability code determination and make the necessary updates. After making the necessary updates, return to this window and click the **Run The Rule** button for the change to take effect. If the employability code is now correct, click **OK**.

If any individual in the household has been determined to be an ABAWD (employability code **WR**), the SNAP Worker is required to inform the household of that determination, and of the following :

- ABAWDs can only receive SNAP benefits for three months within the most recent 36 month period without meeting the ABAWD requirements;
- the ABAWD requirements (listed on page 1 of the procedure);
- the Agency will provide a qualifying work/training opportunity to allow ABAWDs to meet the ABAWD requirements;
- if an ABAWD in the household is determined eligible to receive recurring SNAP benefits at application or determined eligible to continue to receive SNAP benefits at recertification, the ABAWD will be mailed the **FIA-1021** which informs the ABAWD:
 - why the individual is an ABAWD;
 - of the ABAWD requirements;
 - to contact the SNAP Center if he/she believes that he/she is exempt from the ABAWD requirements; and
 - how to reestablish eligibility if he/she become ineligible after failing to meet the ABAWD requirements;
- the household is required to notify the Agency when an ABAWD in the household does not meet the ABAWD requirements for any month. The ABAWDs failure to meet the ABAWD requirements for any month must be reported by the household by the tenth day of the month following the month that the ABAWD did not meet the ABAWD requirements; and
- how ABAWDs who lose their SNAP eligibility after failing to meet the ABAWD requirements can reestablish eligibility.

After informing the household of the ABAWD information listed above, click on the **Show** button of the newly added ABAWD question in the Education/Training window for that individual.

ABAWD question



If the ABAWD has three or more months of not meeting the ABAWD requirements, the ABAWD Work Requirement Compliance Tracking Calendar will appear when the **Show** button is selected.

ABAWD Work Requirement Compliance Tracking Calendar

ABAWD Work Requirement Compliance Tracking Calendar

Each Work Required Individual in the SNAP household is listed below. If an individual has received benefits in any three months during the past thirty six months without meeting the SNAP ABAWD engagement requirements, the ABAWD Eligibility re-establish process must be followed.

Client Name: _____ CIN: _____ SSN: _____

Current Employment Code: ES Date:

Compliance Review Date:

Months Non-Compliant:

Grace Period in Effect?

Eligibility Re-established

Last 1-12 Months							Last 13-36 Months						
Month #	Period	WR	Employment Hrs	Vendor Hrs	Benefit	Non-Compliant	Month #	Period	WR	Employment Hrs	Vendor Hrs	Benefit	Non-Compliant
1	JAN-13	Y	0		200	X	13	JAN-12	N				NA
2	DEC-12	Y	0		200	X	14	DEC-11	N				NA
3	NOV-12	Y	0		200	X	15	NOV-11	N				NA
4	OCT-12	Y	0		200	X	16	OCT-11	N				NA
5	SEP-12	Y	0		200	X	17	SEP-11	N				NA
6	AUG-12	N				NA	18	AUG-11	Y	0		200	X
7	JUL-12	N				NA	19	JUL-11	Y	0		200	X
8	JUN-12	N				NA	20	JUN-11	Y	0		200	X
9	MAY-12	N				NA	21	MAY-11	Y	0		200	X
10	APR-12	N				NA	22	APR-11	Y	0		200	X
11	MAR-12	N				NA	23	MAR-11	Y	0		200	X
12	FEB-12	N				NA	24	FEB-11	N				NA
							25	JAN-11	Y	0		200	X
							26	DEC-10	Y	0		200	X
							27	NOV-10	Y	0		200	X
							28	OCT-10	Y	0		200	X

CIN :- 1 of Total 1

Close

The ABAWD Work Requirement Compliance Tracking Calendar will show:

- the ABAWDs Name, CIN, Social Security Number, and Employability Code;
- the total number of months that the ABAWD failed to meet the ABAWD requirements in the look back period;
- if a grace period is in effect;
- if the ABAWD has reestablished eligibility;
- a listing of the actual months in the look back period;
- if the individual had an employability code of **WR** for each month;
- the number of monthly employment hours that the individual was listed as having worked from the **HW** field on the individual’s line in the WMS budget in effect for that month;
- the number of hours that the individual participated in a work/training program activity;
- the household’s SNAP benefit for the month; and
- the calendar determination of whether or not the ABAWD met the ABAWD requirements for each month he/she was subject to the ABAWD requirements.

The Worker should have a conversation with the applicant/participant during the application/recertification interview to address any months that the individual was listed in the calendar as not having met the ABAWD requirements. The applicant/participant should be offered the opportunity to provide documentation that would verify for any of those months that he/she:

- met the ABAWD requirements (e.g. volunteered in a church for at least 80 hours that month) ;
- should have been excluded from the ABAWD requirements (for any month(s) retroactive to January 2013); or
- should have been exempt from the ABAWD requirements.

If the applicant/participant verifies any of the above occurrences that would change the number of non-compliant months, the Worker must enter the details of the change and the manual recalculation of the number of non-compliant months in the comments section of SNAP POS. The documentation must be scanned into the viewer.

For example, the ABAWD Work Requirement Compliance Tracking Calendar listed an individual as having received four months of SNAP benefits in the look back period while not employed or participating in a work/training program. During recertification, the SNAP household provided documentation that verified that for two of those months (January 2013 and February 2013) the ABAWD was employed for 60 hours. Individuals who are employed, but are working less than 80 hours per month are excluded from the ABAWD requirements (retroactive to January 2013). Therefore, the number of months that the individual failed to comply with the ABAWD requirements is reduced from four to two.

Once the Worker has completed his/her review of the ABAWD Work Requirement Compliance Tracking Calendar, he/she must click the **Close** button at the bottom of the calendar and the ABAWD Eligibility Reestablishment window will appear.

ABAWD Eligibility Reestablishment Response window

Response to Question

Instructions
 The individual below has been disqualified for failing to meet ABAWD requirements. The individual may re-establish eligibility for SNAP benefits if he/she agrees to provide documentation of future engagement or documentation of past engagement since the case closed/lost ABAWD eligibility. Applicants may also re-establish eligibility by agreeing to do independent job search for the 30 days. If proof of engagement is not submitted then job search should be assigned for applicants. Active individuals who cannot document engagement or ABAWD exemption will be closed and must re-apply for SNAP.

Existing Information
 Name: _____
 Employment Code: **WR**
 Reason: **Mandated to participate in work activities**

Who: _____ **ABAWD Compliance Calendar**

Have you worked at least 80 hours in a consecutive 30 day period since your case closed/you lost eligibility? Yes No

Will you be working 80 hours or more in the next 30 days? Yes No

Can you perform a job search for the next 30 days [while application is pending]? Yes No

Document... Scan Comment... _____

OK **Cancel**

Re-application process for non-excluded ABAWDs with three or more months of not meeting the ABAWD requirements

The Worker must select the name of the non-excluded ABAWD from the “WHO” dropdown list box and inform the ABAWD of the following three methods (also listed on the ABAWD Response window shown above) by which the reapplying ABAWD can reestablish SNAP eligibility.

- 1- verifying that he/she has worked or participated in a work/training program for at least 80 hours within a consecutive 30 day period since losing SNAP eligibility; or
- 2- verifying that he/she will work or participate in a work/training program for at least 80 hours within the 30 days from when he/she reapplied for SNAP benefits; or
- 3- performing job search for a minimum of 12 hours in a 30 day period followed by a work experience program placement in the next month if he/she does not find employment during the 30 day job search period.

If the re-applying ABAWD provides documentation that verifies that he/she has reestablished SNAP eligibility by method 1 or 2 above, the Worker must scan and index the documentation that has been submitted and select **OK** at the bottom of the window.

If the re-applying ABAWD states that he/she has met or will meet reestablishment method 1 or 2 but still needs to provide verification, SNAP POS will pre-fill the required ABAWD reestablishment documentation on the Documentation Requirements and/or Assessment Follow-Up (**W-113K**) that is given (or mailed) to the re-applying ABAWD.

If the re-applying ABAWD needs to provide documentation to verify that he/she has met or will meet method 1 or 2 or states that he/she would like to reestablish SNAP eligibility by method 3, the Worker must give (or mail) the re-applying ABAWD the newly created Notice of Need to Reestablish Able-Bodied Adult Without Dependents (ABAWD) Eligibility (**FIA-1021a**) which informs the ABAWD:

- why he/she is an ABAWD;
- of the ABAWD requirements;
- that he/she has already received at least three months of SNAP benefits in the most recent 36 months while not complying with the ABAWD requirements;
- that he/she is ineligible to receive SNAP benefits unless he/she re-establishes eligibility.

ABAWDs who need to reestablish SNAP eligibility are not eligible to receive SNAP benefits under the expedited processing rules until they are able to provide verification of meeting any of the reestablishment methods.

If the ABAWD states that he/she is unable to reestablish SNAP eligibility by method 1 or 2 but agrees to reestablish SNAP eligibility by method 3, the Worker must select **Yes** to the question in SNAP POS regarding reestablishing SNAP eligibility by performing job search. SNAP POS will prompt the Worker to give (or mail) the ABAWD the newly created Declaration of Job Search Activities (**FIA-1021b**). The Worker must inform the ABAWD that he/she must:

- perform at least 12 hours of self directed job search;
- record the activities on the **FIA-1021b**; and
- submit the completed **FIA-1021b** to the Agency as soon as he/she has performed at least 12 hours of self directed job search but no later than the due date listed on the form.

If the ABAWD returns a completed **FIA-1021b** in a timely manner (no later than 30 days from the date the ABAWD reapplied) that attests to a minimum of 12 hours of job search activity in a 30 day period, the Worker must scan and index the **FIA-1021b**. If the ABAWD is activated in WMS and the ABAWD has not reported that he/she has obtained employment during the job search period, SNAP POS will mail the ABAWD the Appointment Notice to Work Experience Program Orientation (**FIA-1021c**) which will inform the ABAWD of his/her mandatory WEP orientation appointment which will be in the month following the 30 day job search period.

If a non-excluded ABAWD who has already received at least three months of SNAP benefits while not meeting the ABAWD requirements fails to reestablish SNAP eligibility in a timely manner, the Worker must:

- reject the case using case reason rejection code **F94**, if the household contains one person (WMS has been programmed to place the **F94** denial in a clock down status until 30 days from the date of application);
- reject the ABAWDs line using individual rejection code **F94**, if another member of the SNAP household is determined eligible for SNAP benefits.

Recertification process for non-excluded ABAWDs with three or more months of not meeting the ABAWD requirements

Determine if the non-excluded ABAWD is currently meeting or will meet the ABAWD requirements in the next 30 days.

If the non-excluded ABAWD verifies that he/she is currently meeting or will meet the ABAWD requirements in the next 30 days, the Worker must select **Yes** to that method of reestablishment in the ABAWD Response window and scan the documentation into the record. If the household is determined otherwise eligible, recertify the household for continued benefits.

If the non-excluded ABAWD states that he/she is currently meeting or will meet the ABAWD requirements in the next 30 days, but still needs to submit documentation, SNAP POS will pre-fill the required ABAWD reestablishment documentation on the **W-113K** that is given (or mailed) to the ABAWD.

If the non-excluded ABAWD does not provide documentation to verify that he/she is currently meeting or will meet the ABAWD requirements in the next 30 days, the Worker must:

- close the case using case reason closing code **F94**, if the household contains one person;
- close the ABAWDs line using individual closing code **F94**, if another member of the SNAP household is determined eligible to continue to receive SNAP benefits.

Note: If the non-excluded ABAWD does not verify that he/she is currently meeting or will meet the ABAWD requirements in the next 30 days and the household contains one person, do not recertify the individual for continued benefits.

Periodic Reporting process for households that contain an ABAWD

See [PD #12-16-ELI](#) for the processing of Periodic Reports.

NCA SNAP households in six month reporting that have been assigned certification periods of seven months or more are sent the Periodic Report (**LDSS-4310**) at the end of the fifth month of the household's certification period.

Revised **LDSS-4310**.

The **LDSS-4310** has been revised to add a checkbox regarding whether an ABAWD in the household did not work/participate in a work activity for at least 80 hours in each month.

The ICP Web Service will identify cases in which anyone in a household that has returned a Periodic Report has an employment status code of **WR** or if the household annotated the new ABAWD checkbox on the Periodic Report that someone in the household did not meet the ABAWD requirements for any month. SNAP POS will put the case in an ABAWD queue that will require an ABAWD eligibility review by Workers at the Special Projects SNAP Change Center (SNAP 25).

SNAP 25 Workers are required to access the ABAWD Work Requirement Compliance Tracking Calendar in SNAP POS for any cases in the ABAWD queue to determine if the information in the calendar is consistent with the information listed on the Periodic Report (or documentation submitted with the Periodic Report). The SNAP Worker must determine if an individual met the ABAWD requirements for any month that he/she was subject to them and whether the ABAWD should have been excluded for any months retroactive to January 2013. If there is a discrepancy, the Worker should enter a case comment in SNAP POS when processing the Periodic Report.

If any non-excluded ABAWD has three or more months of not meeting the ABAWD requirements and is not meeting the ABAWD requirements in the current month, the Worker must:

- close the case using case reason closing code **F94**, if the household contains one person;
- close the ABAWDs line using individual closing code **F94**, if the household contains more than one person.

**PROGRAM
IMPLICATIONS**

Paperless Office
System (POS)
Implications

SNAP POS instructions are addressed in the procedure.

Medicaid
Implications

There are no Medicaid implications.

**LIMITED ENGLISH
PROFICIENT (LEP)
AND HEARING
IMPAIRED
IMPLICATIONS**

For Limited English Proficient (LEP) and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #11-33-OPE](#) and [PD #08-20-OPE](#).

**FAIR HEARING
IMPLICATIONS**

Avoidance/
Resolution

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up-to-date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken on their case. Make every effort to ensure that an adverse action is appropriate and that the SNAP household is given an opportunity for a conference.

Conferences at
SNAP Centers

If an applicant/participant comes to the SNAP Center requesting a conference, the Receptionist must alert the SNAP Center Director's Designee that he/she is to be seen. If the applicant/participant contacts the Worker directly, advise him/her to call the Designee.

The Designee will listen to and evaluate any material presented by the applicant/participant, and explain the reason for the Agency's action to him/her. If the applicant/participant has shown that the Agency's action needs to be withdrawn, the Designee will SIC the adverse action. If the determination is that the Agency action is correct, the Designee will explain the reason for the determination to the applicant/participant. If the explanation is accepted, no further action is necessary.


Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing, the Designee must ensure that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

Evidence Packets For Fair Hearing purposes, all relevant evidence must be included in the electronic case record.

REFERENCE NYS TA and SNAP Employment Policy Manual

RELATED ITEMS [PB #13-14-ELI](#)
[PB #13-11-SYS](#)
[PD #12-16-ELI](#)
[PB #11-23-OPE](#)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

- FIA-1021 (E)** Notice of Able-Bodied Adult Without Dependents (ABAWD) Status (Rev. 2/22/2013)
- FIA-1021 (S)** Notice of Able-Bodied Adult Without Dependents (ABAWD) Status (Spanish) (Rev. 2/22/2013)
- FIA-1021a (E)** Notice of Need to Reestablish Able-Bodied Adult Without Dependents (ABAWD) Eligibility
- FIA-1021a (S)** Notice of Need to Reestablish Able-Bodied Adult Without Dependents (ABAWD) Eligibility (Spanish)
- FIA-1021b (E)** Declaration of Job Search Activities
- FIA-1021b (S)** Declaration of Job Search Activities (Spanish)
- FIA-1021c (E)** Appointment Notice to Work Experience Program Orientation
- FIA-1021c (S)** Appointment Notice to Work Experience Program Orientation

Date: _____
Case Number: _____
Center: _____
Applicant/
Participant Name: _____

Notice of Able-Bodied Adult Without Dependents (ABAWD) Status

The Human Resources Administration (HRA) has determined that you are an Able-Bodied Adult without Dependents (ABAWD) because you are subject to Supplemental Nutrition Assistance Program (SNAP) work rules and you are:

- 18 years of age or older, but under 50 years of age;
- not pregnant;
- not residing in a SNAP household that contains a child under 18 years of age; and
- physically and mentally able to work for at least 80 hours per month.

What does this mean you have to do?

As a condition of SNAP eligibility, you must comply with the requirements listed below. Failure to comply with these requirements without good cause may result in the loss of SNAP benefits until eligibility has been re-established. As an ABAWD, you will lose eligibility for SNAP if for more than three (3) months in the last thirty-six (36) months you did not perform one of the following:

- Work (including "in-kind" work and volunteer work) for a total of at least 80 hours per month. There is no hourly wage requirement, but the work performed must not violate any State or Federal law(s) and/or regulation(s).
- Participate in a work/training program approved by the Human Resources Administration for at least 80 hours per month.
- Comply with a Work Experience Program (WEP) assignment for the number of hours equal to your SNAP grant divided by the minimum wage.

In addition to complying with the requirements listed above, you must report to us if your work hours go below 80 hours a month within 10 days after the end of that month.

Do you think you are exempt from the ABAWD status?

Please contact your SNAP Center if you believe that you are exempt from these requirements because you are:

- A person under 18 years of age, or 50 years of age or older; or
- An adult in a SNAP household with a child under 18 years of age; or
- A caretaker of incapacitated persons; or
- A pregnant woman; or
- Physically or mentally unfit for employment; or
- Participating in a drug/alcohol treatment or rehabilitation program and deemed unable to work; or
- A recipient of Unemployment Insurance Benefits (UIB), or applicant for unemployment compensation and required to register for work as part of the application process; or
- A student enrolled at least half-time in any recognized school, training program, or institution of higher education, provided you have met the student eligibility criteria for SNAP or
- An applicant for SSI and SNAP until deemed eligible or ineligible for SSI; or
- Employed or self-employed and working a minimum of 30 hours per week or receiving weekly earnings at least equal to the Federal minimum wage times 30.

What happens if you become ineligible?

If you become ineligible for SNAP benefits after failing to meet the ABAWD eligibility requirements, you may re-establish eligibility by doing any one of the following:

- Verifying that you will work or participate in a work/training program for at least 80 hours within the 30 days following the date you applied for SNAP benefits;
- Verifying that you have worked or participated in a work/training program for at least 80 hours within a consecutive 30-day period since losing your eligibility for SNAP benefits; or
- Performing job search for a minimum of 12 hours in the 30-day period following the date you applied for SNAP benefits. The 30-day job search period must be followed by a work experience program assignment in the following month if you are unable to find employment after your 30-day period of job search.

If you have re-established eligibility, you will be required to meet the ABAWD eligibility requirements in order to continue to receive SNAP benefits.

However, if you have re-established eligibility and subsequently lose a job or a work program assignment, you may be eligible to receive SNAP benefits for a grace period of three consecutive months beginning with the month following the month that you notify us that you lost a job or a work program assignment.

If you are currently receiving SNAP benefits and have not met the ABAWD requirements for 3 months in the last 36 months, but can verify that you will meet the ABAWD requirements in the next month, you will continue to receive SNAP benefits as long as you meet the ABAWD eligibility requirements.

HRA will make a qualifying work activity available to you, so that you may remain eligible for SNAP benefits beyond the 3-month limit.

SAMPLE

Fecha: _____
Número del Caso: _____
Centro: _____
Nombre del Solicitante/
Participante: _____

Aviso de Estado de Adulto Sano Sin Dependientes (ABAWD)

La Administración de Recursos Humanos (HRA) ha determinado que usted es un Adulto Sano sin Dependientes (ABAWD) porque está sujeto a los reglamentos de empleo del Programa de Asistencia de Nutrición Suplementaria (SNAP), y usted:

- tiene 18 años de edad o más, pero menos de 50 años de edad;
- no está embarazada;
- no reside en un hogar de SNAP con un niño menor de 18 años de edad; y
- apto física y mentalmente para trabajar por lo menos 80 horas al mes.

¿Qué tiene que hacer usted?

Como condición de elegibilidad de SNAP, usted tiene que cumplir los requisitos citados abajo. El incumplimiento de estos requisitos sin causa válida puede resultar en la pérdida de beneficios de SNAP hasta que la elegibilidad sea establecida de nuevo. Como ABAWD, usted perderá la elegibilidad de SNAP si por más de tres (3) meses en cada treinta y seis (36) meses usted no realiza uno de los siguientes:

- Trabajar (incluidos trabajo "a cambio de servicios" y trabajo voluntario) por un total de por lo menos 80 horas al mes. No existe ningún requisito de sueldo por ahora, pero el trabajo realizado no debe desacatar las leyes o reglas Estatales o Federales y/o reglamento(s).
- Participar en un programa de trabajo/capacitación aprobado por la Administración de Recursos Humanos por lo menos 80 horas al mes.
- Cumplir con la asignación del Programa de Experiencia Laboral (WEP) por el número de horas que equivalgan a su asignación mensual de SNAP dividida por el salario mínimo.

Además de cumplir los requisitos listados más arriba, usted debe informarnos, dentro de 10 días del fin de ese mes, cuando sus horas de trabajo se reducen a menos de 80 horas al mes.

¿Cree usted que está exento(a) del estado de ABAWD?

Por favor comuníquese con su Centro de SNAP si cree que usted está exento de estos requisitos porque usted es:

- Una persona de 18 años o de 50 años de edad o mayor; o
- Un adulto de un hogar que recibe beneficios de SNAP con un niño menos de 18 años de edad; o
- Un proveedor de cuidado a personas incapacitadas; o
- Una mujer embarazada; o
- Una persona no apta física o mentalmente para trabajar; o
- Participa en algún tratamiento de droga/alcohol o programa de rehabilitación y que se determine que no esté en condiciones para trabajar; o
- Un beneficiario de Seguro de Desempleo (UIB), o solicitante de compensación de desempleo a quien se requiere se registre para trabajar como parte del proceso de solicitud; o
- Un(a) estudiante inscrito(a) por lo menos a tiempo parcial en cualquier centro educativo reconocido, programa de capacitación, o universidades, siempre que haya reunido los requisitos de elegibilidad para SNAP; o
- Un solicitante de SSI y SNAP hasta que sea considerado elegible o inelegible para recibir SSI; o
- Está empleado o trabaja por cuenta propia un mínimo de 30 horas por semana o esté recibiendo ingresos semanales que por lo menos equivalgan el salario mínimo Federal por 30.

¿Qué pasa si usted pierde su elegibilidad?

Si después de no cumplir los requisitos de elegibilidad de ABAWD, usted pierde la elegibilidad para beneficios de SNAP, puede restablecer la elegibilidad tomando cualquier de los siguientes pasos:

- Confirmando que usted trabajará o participará en un programa de trabajo/capacitación por lo menos 80 horas dentro de los 30 días a partir de la fecha en que usted presentó solicitud para beneficios de SNAP;
- Confirmando que usted ha trabajado o participado en un programa de trabajo/capacitación por lo menos 80 horas dentro de un período de 30 días consecutivos, desde haber perdido su elegibilidad de beneficios de SNAP; o
- Llevando a cabo una búsqueda de trabajo por un mínimo de 12 horas durante el período de 30 días a partir de la fecha en que usted presentó solicitud para beneficios de SNAP. A la búsqueda de trabajo de 30 días le debe seguir una asignación a un programa de experiencia laboral el mes siguiente, si usted no puede conseguir empleo después de su período de 30 días de búsqueda de trabajo.

Si usted ha restablecido su elegibilidad, tendrá que cumplir los requisitos de elegibilidad de ABAWD para que pueda seguir recibiendo beneficios de SNAP.

Sin embargo, si usted ha restablecido elegibilidad y posteriormente pierde un trabajo o asignación del programa de trabajo, usted puede ser elegible para recibir beneficios de SNAP por un período de gracia de tres meses consecutivos a partir del mes siguiente al mes en el cual nos notifique que ha perdido su trabajo o asignación del programa de trabajo.

Si usted actualmente está recibiendo beneficios de SNAP y no ha cumplido los requisitos de ABAWD por 3 meses dentro de los últimos 36 meses, pero puede comprobar que cumplirá los requisitos de ABAWD en el mes siguiente, seguirá recibiendo beneficios de SNAP, siempre que cumpla los requisitos de elegibilidad de ABAWD.

La HRA le brindará una actividad de trabajo que le cualifique, de manera que usted pueda seguir elegible para beneficios de SNAP, más allá del límite de 3 meses.

SAMPLE

Date: _____
Case Number: _____
Center: _____
Name: _____

**Notice of Need to Reestablish
Able-Bodied Adult Without Dependents (ABAWD) Eligibility
(For Non Cash Assistance [NCA] Supplemental Nutrition
Assistance Program [SNAP] Applicants Only)**

The Human Resources Administration (HRA) has determined that you are an Able-Bodied Adult Without Dependents (ABAWD) because you are subject to the Supplemental Nutrition Assistance Program (SNAP) work rules and you are:

- 18 years of age or older but under 50 years of age;
- Not pregnant;
- Not residing in a SNAP household that contains a child under 18 years of age; and
- Physically and mentally able to work for at least 80 hours per month

As an ABAWD, in order to be eligible to receive SNAP benefits for more than three months in a 36 month period, you are required to:

- Work (including in-kind work and volunteer work) for at least 80 hours a month;
- Participate in a work/training program approved by HRA for at least 80 hours a month; or
- Participate in a work experience program (WEP) assignment for the number of hours equal to your monthly SNAP grant divided by the minimum wage.

HRA has also determined that you have already received at least three months of SNAP benefits in the most recent 36 months while not complying with any of the above requirements. You are currently ineligible to receive SNAP benefits unless you reestablish eligibility under the ABAWD eligibility rules. You may reestablish eligibility by:

- Verifying that you will work or participate in a work/training program for at least 80 hours within the 30 day period following the date you filed your SNAP application;
- Verifying that you have worked or participated in a work/training program for at least 80 hours within a consecutive 30 day period since losing your eligibility for SNAP benefits; or
- Performing job search for a minimum of 12 hours in the 30 day period following the date you filed your SNAP application. If you are unable to find employment by the end of the 30 day job search period, you must be enrolled in a work experience program assignment as soon as you are determined eligible to receive SNAP benefits.

If you are reestablishing SNAP eligibility by performing job search for a minimum of 12 hours in the 30 day period following the date you filed your SNAP application, please use the Declaration of Job Search Activities (**FIA-1021b**) to record your job search activities.

Fecha: _____

Número del Caso: _____

Centro: _____

Nombre: _____

Aviso de la Necesidad de Restablecer Elegibilidad de los Adultos Sanos Sin Dependientes (ABAWD)

(Sólo para los Solicitantes del Programa de Asistencia de Nutrición Suplementaria [SNAP] de No Asistencia en Efectivo [NCA])

La Administración de Recursos Humanos (HRA) ha determinado que usted es un Adulto Sano Sin Dependientes (ABAWD) porque usted está sujeto a las reglas de trabajo del Programa de Asistencia de Nutrición Suplementaria (SNAP), y además usted:

- tiene 18 años de edad o más, pero tiene menos de 50 años de edad;
- no está embarazada;
- no reside en un hogar de SNAP que consista de un niño menor de 18 años de edad; y
- es apto(a) física y mentalmente para trabajar por lo menos 80 horas al mes.

Como ABAWD, a fin de ser elegible para recibir beneficios de SNAP por más de tres meses durante un período de 36 meses, usted debe:

- trabajar (incluyendo trabajo en especie y de voluntario) por lo menos 80 hrs al mes;
- participar en un programa de trabajo/capacitación aprobado por la HRA por lo menos 80 horas al mes; o
- participar en una asignación del programa de experiencia laboral (WEP) por el número de horas que equivalgan a su asignación mensual de SNAP dividida por el salario mínimo.

Además, la HRA ha determinado que usted ya ha recibido por lo menos tres meses de beneficios de SNAP durante los más recientes 36 meses, mientras que no cumplía ninguno de los requisitos más arriba. Actualmente, usted es inelegible para recibir beneficios de SNAP, a menos que restablezca elegibilidad conforme a las reglas de elegibilidad de ABAWD. Usted puede reestablecer elegibilidad:

- Confirmando que trabajará o participará en un programa de trabajo/capacitación por lo menos 80 horas dentro del período de 30 días a partir de la fecha en que usted presentó su solicitud de SNAP;
- Confirmando que usted ha trabajado o ha participado en un programa de trabajo/capacitación por lo menos 80 horas dentro de un período de 30 días consecutivos, tras haber perdido su elegibilidad para beneficios de SNAP; o
- Realizando una búsqueda de trabajo por un mínimo de 12 horas durante el período de 30 días a partir de la fecha en que usted presentó su solicitud de SNAP. Si usted no puede conseguir empleo para el final del período de 30 días de búsqueda de trabajo, usted debe estar inscrito(a) en una asignación del programa de experiencia laboral, tan pronto se determine que usted es elegible para recibir beneficios de SNAP.

Si usted está restableciendo su elegibilidad para SNAP realizando una búsqueda de trabajo por un mínimo de 12 horas durante el período de 30 días tras la fecha en que usted presentó su solicitud de SNAP, favor de utilizar la Declaración de Actividades de Búsqueda de Trabajo (**FIA-1021b [S]**) para anotar sus actividades de búsqueda de trabajo.

Date: _____
Case Number: _____
Center: _____
Name: _____

Declaration of Job Search Activities

In order to reestablish eligibility for Supplemental Nutrition Assistance Program (SNAP) benefits under the Able-Bodied Adult Without Dependents (ABAWD) eligibility rules, you may perform job search for a minimum of 12 hours in the 30 day period following the filing of your SNAP application. Please use the log below to record your job search activity. To reestablish SNAP eligibility by performing job search, you must complete, sign, and return this form as soon as you have performed a minimum of 12 hours of job search, but no later than: _____.

Note: Use this form only if you are unable to reestablish SNAP eligibility by verifying that you will either work for at least 80 hours within the 30 day period following the date you filed your SNAP application or that you have worked for at least 80 hours within a consecutive 30 day period since losing your eligibility for SNAP benefits.

Date of Contact	Name and Address of Employer	Person Contacted (if applicable)	Telephone number/ e-mail / website (as applicable)	Time spent on contact*

*Include time spent searching for employment on websites, databases, and help wanted ads and any travel time spent for job interviews.

In signing this Declaration of Job Search Activities, I certify that the above information is correct. I understand that if I am unable to find employment during the 30 day job search period, and I am determined otherwise eligible for SNAP benefits, I will be placed in a work experience program assignment in the following month in order to maintain my eligibility to receive SNAP benefits.

Applicant signature

Date

Fecha: _____
 Número del Caso: _____
 Centro: _____
 Nombre: _____

Declaración de Actividades de Búsqueda de Trabajo

Para restablecer elegibilidad para beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP) conforme a las reglas de elegibilidad para Adultos Sanos sin Dependientes (ABAWD), usted puede llevar a cabo su búsqueda de trabajo por un mínimo de 12 horas en el período de 30 días tras presentar su solicitud de SNAP. Favor de utilizar el registro a continuación para anotar sus actividades de búsqueda de trabajo. Para restablecer elegibilidad de SNAP realizando una búsqueda de trabajo, usted debe llenar, firmar, y devolver este formulario tan pronto que haya realizado un mínimo de 12 horas de búsqueda de trabajo, pero no más tardar del: _____.

Aviso: Use este formulario sólo si no puede restablecer elegibilidad para SNAP comprobando que trabajará un mínimo de 80 horas durante el período de 30 días tras la fecha de presentar solicitud para SNAP, o que ha trabajado un mínimo de 80 horas durante un período consecutivo de 30 días tras perder su elegibilidad para beneficios de SNAP.

Fecha de Contacto	Nombre y Dirección del Empleador	Persona Contactada (si corresponde)	Número telefónico/ e-mail / internet (si corresponde)	Tiempo dedicado con el contacto*

*Incluya el tiempo dedicado a búsqueda de trabajo en el Internet, base de datos, y anuncios de trabajo, al igual que cualquier tiempo de transporte debido a entrevistas de trabajo.

Al firmar esta Declaración de Actividades de Búsqueda de Trabajo, yo certifico que la información más arriba es correcta. Entiendo que si no puedo conseguir empleo durante el período de 30 días de búsqueda de trabajo, y que por lo demás se me determina elegible para beneficios de SNAP, se me colocará en una asignación de un programa de experiencia laboral el mes siguiente para mantener mi elegibilidad para beneficios de SNAP.

Firma del Solicitante

Fecha

Date: _____
Case Number: _____
Case Name: _____
Center: _____
Conference: _____
Telephone Number: _____

Appointment Notice to Work Experience Program Orientation (For Newly Accepted ABAWDs)

In order to reestablish your Supplemental Nutrition Assistance Program (SNAP) eligibility under the Able-Bodied Adult Without Dependents (ABAWD) eligibility rules, you recently sent us the Declaration of Job Search Activities (**FIA-1021b**). On the **FIA-1021b**, you attested that you satisfied the eligibility reestablishment requirement of completing a minimum of 12 hours of job search activities in the 30 day period since you filed your application for SNAP benefits.

Since we have accepted your application for SNAP benefits and you have not informed us that you have found employment as a result of your job search activities, you must be enrolled in a work experience program assignment this month.

We have scheduled the following appointment for your work experience program orientation:

Appointment Date: _____ Time: _____
Address: 109 East 16th Street, 9th Floor
City: New York State: NY Zip: 10003
Telephone: _____

For travel information, please call the New York City Transit Authority at **(718) 330-1234** or **511**.

**FAILURE TO KEEP THIS APPOINTMENT MAY RESULT IN THE REDUCTION
OR TERMINATION OF YOUR HOUSEHOLD'S SNAP BENEFITS**

Do you think you are exempt from the ABAWD status?

Please contact your SNAP Center if you believe that you are exempt from these requirements because you are:

- A person under 18 years of age, or 50 years of age or older; or
- An adult in a SNAP household with a child under 18 years of age; or
- A caretaker of incapacitated persons; or
- A pregnant woman; or
- Physically or mentally unfit for employment; or
- Participating in a drug/alcohol treatment or rehabilitation program and deemed unable to work; or
- A refugee participating at least half-time in a program approved or funded by the Federal Office of Refugee Resettlement; or
- A recipient of Unemployment Insurance Benefits (UIB), or applicant for unemployment compensation and required to register for work as part of the application process; or
- A student enrolled at least half-time in any recognized school, training program, or institution of higher education, provided you have met the student eligibility criteria for SNAP or
- An applicant for SSI and SNAP until deemed eligible or ineligible for SSI; or
- Employed or self-employed and working a minimum of 30 hours per week or receiving weekly earnings at least equal to the Federal minimum wage times 30.

What happens if you become ineligible?

If you become ineligible for SNAP benefits after failing to meet the ABAWD eligibility requirements, you may re-establish eligibility by doing any one of the following:

- Verifying that you will work or participate in a work program for at least 80 hours within the 30 days following the date you applied for SNAP benefits; or
- Verifying that you have worked or participated in a work program for at least 80 hours within a consecutive 30-day period since losing your eligibility for SNAP benefits; or
- Performing job search for a minimum of 12 hours in the 30-day period following the date you applied for SNAP benefits. The 30-day job search period must be followed by a work experience program assignment in the following month if you are unable to find employment after your 30-day period of job search.

If you have re-established eligibility, you will be required to meet the ABAWD eligibility requirements in order to continue to receive SNAP benefits.

However, if you have re-established eligibility and subsequently lose a job or a work assignment, you may be eligible to receive SNAP benefits for a grace period of three consecutive months beginning with the month following the month that you notify us that you lost a job or a work assignment.

If you are currently receiving SNAP benefits and have not met the ABAWD requirements for three months in the last 36 months, but can verify that you will meet the ABAWD requirements in the next month, you will continue to receive SNAP benefits as long as you meet the ABAWD eligibility requirements.

HRA will make a qualifying work activity or training opportunity available to you, so that you may remain eligible for SNAP benefits beyond the 3-month limit.

THIS SECTION TELLS YOU WHAT TO DO IF YOU BELIEVE THAT YOU SHOULD NOT WORK OR SHOULD RECEIVE A DIFFERENT ASSIGNMENT BECAUSE OF A MEDICAL PROBLEM, OR YOU CANNOT COME TO WORK FOR ANOTHER REASON.

What if you believe that you should not be required to work because of a medical problem?

If you disagree with the determination that you are able to work, you must provide written documentation on your doctor's stationery that you are unable to work.

What if you think that you should be given a different work assignment?

If you feel that you are able to work but you are physically unable to perform the task assigned to you, you may contest the assignment as medically inappropriate. The proper way to contest an assignment is as follows:

1. Discuss any issues you have about whether the assignment is appropriate with the person who gives you the assignment or your Supervisor at the assignment. Your work site supervisor may change your assignment to another, based on any documentation you provide.
2. During the time you are contesting a work assignment, starting with your complaint to your immediate Supervisor and, if necessary, until a Fair Hearing decision is rendered, you may refuse to perform the work without immediate loss of benefits.

What if your medical condition changes in a way that affects your ability to work?

Discuss any problem related to your medical condition with your work site Supervisor and provide written documentation on your doctor's stationery that includes the doctor's name, the date, your diagnosis and prognosis, and state what work activities your condition prevents you from doing and why. The documentation must be an original, not a photocopy, and must be current.

What if you have a change in your circumstances that makes you exempt from the ABAWD work requirements?

If you have a change in your circumstances that you believe makes you exempt from the ABAWD work requirements, please report the change to your work site Supervisor and your SNAP Center.

When can you be absent from your assignment?

You do not have to report to your assignment on holidays observed by the Agency, on your days of religious observance (must be documented), or when you have "good cause."

What is "good cause" for missing a day or days of work?

"Good cause" includes circumstances beyond your control such as, but not limited to, illness, family emergency, jury duty, appointments at an HRA office, or lack of transportation. "Good cause" also includes employment interviews and temporary or part-time employment.

What if you cannot come to work or you are going to be late?

You must notify your Supervisor by telephone as soon as you know that you are going to be absent or late. Give notice before your scheduled starting time. If you do not do so, you may lose benefits. When you return to your work site, you must bring any documentation that you can reasonably obtain to show why you were absent or late.

What happens when you are absent or late without good cause, fail to notify your Supervisor that you will be absent or late, or fail to provide documentation?

If you are absent or late without good cause, you will receive a notice of failure to comply with your work assignment. You may also receive a notice for failing to notify your Supervisor or failing to provide documentation. You will have the right to request a conference and/or a Fair Hearing within the time limit stated in the notice.

What if you receive a Notice of Intent to discontinue benefits or a Notice of Intent to change benefits?

If you receive a Notice of Intent to discontinue benefits or a Notice of Intent to change benefits because of failure to comply with your work assignment, you have a right to a Fair Hearing. Your benefits will continue unchanged, pending the Fair Hearing decision, as long as you make a request for a Fair Hearing within the time frame stated in the Notice of Intent.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION
SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

Conference and Fair Hearing Section – Do You Think We Are Wrong?

CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (informal meeting with us). To do this, call the conference telephone number on **page 1** of this notice or write to us at the address on **page 1** of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing. If you only ask for a conference, your benefits will not stay the same while you appeal. Your benefits will stay the same only if you ask for a State Fair Hearing. (See the Continuing Your Benefit[s] section.)

STATE FAIR HEARING

How to ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, in writing, fax, in person or online.

- (1) **TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)
- (2) **WRITE:** Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930, Albany, NY 12201
(Please keep a copy for yourself.)
- (3) **FAX:** Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
(518) 473-6735.
- (4) **IN PERSON:** Bring a copy of the entire notice, with the "Fair Hearing Request" section completed, to the
Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance
at: **14 Boerum Place, Brooklyn, NY 11201**
- (5) **ONLINE:** Complete an online request form at: <http://www.oda.ny.gov/oa/forms.asp>

What to Expect at a Fair Hearing: The State will send you a notice that tells you when and where the Fair Hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. To help explain your case, you can bring a lawyer and/or witnesses such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case such as: pay stubs, leases, receipts, bills and/or doctor's statements, etc. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you, your lawyer or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the case.

If you have a disability, and cannot travel, you may appear through a representative, either a friend, relative or lawyer. If your representative is not a lawyer, or an employee of a lawyer, your representative must bring the hearing officer a written letter, signed.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the Yellow Pages under "Lawyers."

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files that we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files that you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call **(718) 722-5012**, fax **(718) 722-5018** or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a Fair Hearing, how to see your file or how to get additional copies of documents, call or write to us at the telephone number/address listed on **page 1** of this notice.

FAIR HEARING REQUEST

Continuing Your Benefit(s): If our decision affects your benefits and you ask for a Fair Hearing within ten (10) days of the date of this notice, we will restore your benefits to the level that they were at before the date of this notice, until a Fair Hearing decision is issued.

Please be reminded that if you ask for a conference only, and not a State Fair Hearing, within the timeframe indicated in the Continuing Your Benefits section, your benefits will not stay the same.

If you lose the Fair Hearing, you will have to pay back any benefits you received, but should not have received, while you were waiting for the decision. If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a Fair Hearing or, if you send back this notice, check the box below:

I do not want to keep my benefits the same until the Fair Hearing decision is issued.

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within ninety (90) days from the date of the notice for work activity assignment issues.

If you cannot reach the New York State Office of Temporary and Disability Assistance by telephone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline.

I want a Fair Hearing. The Agency's decision is wrong because:

SAMPLE

Print Name: _____ Case Number: _____
Name M.I. Last Name

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____
Numero de Teléfono de Conferencia: _____

Aviso de Cita para Asignación del Programa de Experiencia Laboral (Para los ABAWDs recién aceptados)

Para restablecer su elegibilidad del Programa de Asistencia de Nutrición Suplementaria (SNAP) conforme a las reglas de elegibilidad de Adultos Sanos Sin Dependientes (ABAWD), usted recién nos envió la Declaración de Actividades de Búsqueda de Trabajo (**FIA-1021b (S)**). En el **FIA-1021b (S)**, usted atestiguó que satisfizo el requisito del restablecimiento de elegibilidad completando un mínimo de 12 horas de actividades de búsqueda de trabajo en el período de 30 días desde presentar su solicitud para beneficios de SNAP.

Puesto que hemos aceptado su solicitud para beneficios de SNAP, y usted no nos ha informado que se ha conseguido trabajo como resultado de sus actividades de búsqueda de trabajo, debe inscribirse este mes en una asignación del programa de experiencia laboral.

Nosotros hemos programado la cita a continuación para que usted pueda comenzar su asignación del programa de experiencia laboral:

Fecha de la Cita: _____ Hora: _____

Dirección: 109 East 16th Street, 9th Floor

Ciudad: New York Estado: NY Código Postal: 10003

Teléfono: _____

Para indicaciones de viaje, favor de llamar a la Autoridad de Tránsito de la Ciudad de Nueva York al **(718) 330-1234** o al **511**.

**EL INCUMPLIMIENTO DE ESTA CITA PUEDE RESULTAR EN LA REDUCCIÓN
O TERMINACIÓN DE LOS BENEFICIOS DE SNAP PARA SU HOGAR**

¿Cree usted que está exento(a) del estado de ABAWD?

Favor de comunicarse con su Centro de SNAP si usted cree que está exento(a) de estos requisitos porque es/está:

- Una persona de 18 años o de 50 años de edad o mayor; o
- Un adulto de un hogar que recibe beneficios de SNAP con un niño menor de 18 años de edad; o
- Un proveedor de cuidado para personas incapacitadas; o
- Una mujer embarazada; o
- Una persona no apta física o mentalmente para trabajar; o
- Participando en algún tratamiento de droga/alcohol o programa de rehabilitación y que se ha determinado que no es capaz para trabajar; o
- Un refugiado que participa por lo menos a tiempo parcial en un programa aprobado o financiado por la Oficina Federal de Reasentamiento de Refugiado; o
- Un beneficiario de Seguro de Desempleo (UIB), o solicitante de compensación de desempleo a quien se requiere registrarse para trabajar como parte del proceso de solicitud; o
- Un(a) estudiante inscrito(a) por lo menos a tiempo parcial en cualquier centro educativo reconocido, programa de capacitación, o universidades, siempre que haya reunido los requisitos de elegibilidad para SNAP; o
- Un solicitante de SSI y SNAP hasta que se considere elegible o inelegible para recibir SSI; o
- Empleado o trabajando por cuenta propia un mínimo de 30 horas por semana o esté recibiendo ingresos semanales que por lo menos equivalgan el salario mínimo Federal por 30.

¿Qué tal si usted pierde su elegibilidad?

Si usted pierde su elegibilidad para beneficios de SNAP tras no cumplir con los requisitos de elegibilidad de ABAWD, puede restablecer la elegibilidad en las siguientes maneras:

- Confirmar que usted trabajará o participará en un programa de trabajo por lo menos 80 horas dentro de los 30 días tras presentar su solicitud para beneficios de SNAP; o
- Confirmar que usted ha trabajado o ha participado en un programa de trabajo por lo menos 80 horas dentro de un período consecutivo de 30 días tras perder su elegibilidad para beneficios de SNAP; o
- Realizar una búsqueda de trabajo por un mínimo de 12 horas durante el período de 30 días tras presentar su solicitud para beneficios de SNAP. Se debe realizar una asignación del programa de experiencia laboral en el mes siguiente, si usted no puede conseguir empleo tras el período de búsqueda de trabajo de 30 días.

Si usted ya ha restablecido su elegibilidad, se le obligará cumplir con los requisitos de elegibilidad de ABAWD para seguir recibiendo beneficios de SNAP.

Sin embargo, si usted ha restablecido su elegibilidad y posteriormente pierde su empleo o asignación de trabajo, puede ser elegible para recibir beneficios de SNAP por un período de gracia de tres meses consecutivos, a partir del mes tras habernos informado que ha perdido su empleo o asignación de trabajo.

Si usted actualmente está recibiendo beneficios de SNAP y no ha cumplido con los requisitos de ABAWD durante tres (3) de los últimos 36 meses, pero puede confirmar que cumplirá con los requisitos de ABAWD el mes siguiente, seguirá recibiendo los beneficios de SNAP, siempre que cumpla con los requisitos de elegibilidad de ABAWD.

La HRA pondrá a su disposición una actividad de trabajo cualificada u oportunidad de capacitación, para que usted pueda seguir elegible para beneficios de SNAP tras el límite de tres (3) meses.

ESTA SECCIÓN LE INFORMA A USTED QUÉ DEBE HACER SI CREE QUE NO DEBERÍA TRABAJAR O QUE DEBERÍA RECIBIR OTRA ASIGNACIÓN A RAÍZ DE UN PROBLEMA MÉDICO, O SI NO PUEDE REPORTARSE AL TRABAJO POR OTRA RAZÓN.

¿Qué tal si cree que a usted no se le debería obligar a trabajar a raíz de un problema médico?

Si usted no está de acuerdo con la determinación que es capaz de trabajar, debe proveer documentación escrita que no es capaz de trabajar en el membrete de su médico(a).

¿Qué tal si usted cree que se le debería dar otra asignación de trabajo?

Si usted estima que es capaz de trabajar, pero no es apto físicamente para llevar a cabo la tarea que le asignaron, puede disputar la asignación como médicamente inadecuada. La manera correcta de disputar una asignación sigue a continuación:

1. Trate cualquier problema que tenga acerca de la propiedad de la asignación con la persona que le da la asignación a usted o con el/la Supervisor(a) de la asignación. Basado en cualquier documentación que usted nos provea, el/la Supervisor(a) puede cambiar su asignación.
2. Durante el tiempo en que usted está disputando una asignación de trabajo, a partir de la queja a su Supervisor(a) directo(a) y, de ser necesario, hasta que se haya tomado una decisión en la Audiencia Imparcial, usted puede dejar de realizar el trabajo sin una pérdida inmediata de sus beneficios.

¿Qué tal si su condición médica se cambia de manera que afecte su capacidad de trabajar?

Hable con el/la Supervisor(a) acerca de cualquier problema relacionado con su condición médica, y provea documentación por escrito en el membrete de su médico(a), que incluya el nombre del médico, la fecha, su diagnóstico y pronóstico, y una declaración de cuáles actividades se le dificulten a raíz de su condición y por qué. La documentación debe ser el original, no fotocopiada, y debe ser actual.

¿Qué tal si sus circunstancias han cambiado, y como resultado usted ya está exento(a) de los requisitos de trabajo de SNAP?

Si sus circunstancias han cambiado y usted cree que ya está exento(a) de los requisitos de trabajo de SNAP, favor de reportar el cambio al/la Supervisor(a) del local de trabajo y a su Centro de SNAP.

¿Cuándo puede usted faltar a su asignación?

Usted no se tiene que presentar a su asignación los días feriados observados por la Agencia, en sus días de observancia religiosa (se tienen que ser documentados), o cuando tenga "motivo justificado".

¿En qué consiste "motivo justificado" para faltar a un día o días de trabajo?

"Motivo justificado" se incluye las circunstancias que son ajenas de su voluntad como, pero no limitadas a, enfermedad, emergencia familiar, servicio de jurado, las citas en la HRA, o la falta de transporte. "Motivo justificado" también incluye las entrevistas para empleo a tiempo completo o parcial.

¿Qué tal si usted no puede venir al trabajo o si va a llegar tarde?

Usted debe informarle a su Supervisor(a) por teléfono tan pronto sepa que va a estar ausente o llegar tarde. Avísenos antes de su hora programada de comienzo. De lo contrario, usted puede perder sus beneficios. Cuando vuelva al local de trabajo, usted debe traer cualquier documentación obtenible de manera razonable para mostrar el motivo de su ausencia o tardanza.

¿Qué tal si usted está ausente o llega tarde sin motivo justificado, no puede informarle al/la Supervisor(a) que estará ausente o llegará tarde, o no puede proveer documentación?

Si usted está ausente o llega tarde sin motivo justificado, recibirá un aviso del incumplimiento de su asignación de trabajo. También puede recibir un aviso por no haber informado al/la Supervisor(a) o por no haber proveído documentación. Usted tendrá el derecho de solicitar una conferencia y/o una Audiencia Imparcial dentro del límite de tiempo indicado en el aviso.

¿Qué tal si usted recibe un Aviso de la Intención de discontinuar sus beneficios o un Aviso de la Intención de cambiar sus beneficios?

Si usted recibe un Aviso de Intención de discontinuar sus beneficios o un Aviso de la Intención de cambiar sus beneficios, a raíz de no cumplir con su asignación de trabajo, usted tiene el derecho a una Audiencia Imparcial. Sus beneficios seguirán sin cambios, pendiente la decisión de la Audiencia Imparcial, siempre que solicite la Audiencia Imparcial antes de la fecha límite indicada en el Aviso de Intención.

**USTED TIENE EL DERECHO DE APELAR ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN SOBRE CONFERENCIAS Y
AUDIENCIAS IMPARCIALES DE ESTE AVISO PARA INDICACIONES DE CÓMO APELAR ESTA DECISIÓN.**

Información sobre Conferencias y Audiencias Imparciales – ¿Cree Usted que Estamos Equivocados?

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para arreglar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de conferencias que aparece en **la primera página** de este aviso, o escríbanos a la dirección que también aparece en **la primera página** de este aviso. A veces este resulta el modo más rápido de solucionar algún problema que pueda tener. Le recomendamos que así lo haga, aun si ha pedido una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial. Si sólo solicita una conferencia, sus beneficios no se mantendrán sin cambios durante su apelación. Sus beneficios se mantendrán sin cambios sólo si solicita una Audiencia Imparcial Estatal. (Refiérase a la sección Mantenimiento de Su[s] Beneficio[s].)

AUDIENCIA IMPARCIAL ESTATAL

Como Solicitar una Audiencia Imparcial: Si usted considera que la(s) decisión(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

- (1) POR TELÉFONO:** Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano cuando llame.)
- (2) POR ESCRITO:** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930, Albany, NY 12201
(Por favor guarde una copia para usted.)
- (3) POR FAX:** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.
- (4) EN PERSONA:** Traiga una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) at: **14 Boerum Place, Brooklyn, NY 11201**
- (5) POR INTERNET:** Complete una solicitud de formulario electrónico conectándose a:
<http://www.otda.ny.gov/oah/forms.asp>

Qué Puede Esperar en la Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera que nuestra decisión es errónea. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta al Funcionario de la Audiencia informándole de que usted desea que tal persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

Si usted está incapacitado(a), y no puede transportarse, puede comparecer mediante un representante, ya sea un amigo, pariente o abogado. Si su representante no es abogado, ni empleado(a) de abogado, su representante debe traer una carta firmada al oficial de Audiencias Imparciales.

ASISTENCIA LEGAL: Si necesita asistencia legal gratuita, podría obtener tal asistencia comunicándose con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede localizar la Sociedad de Ayuda Legal o grupo de abogacía más cercano buscando en las Páginas Amarillas (Yellow Pages) bajo "Lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un facsímil, le proporcionaremos copias gratuitas de los documentos que se encuentran en su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por facsímil, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para pedir documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por facsímil al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe pedirlos con anticipación. Éstas se le enviarán dentro de un plazo adecuado antes de la fecha de la audiencia. Los documentos serán enviados por correo sólo si lo solicita específicamente.

INFORMACIÓN: Si desea más información sobre su caso, cómo solicitar una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en **la primera página** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Mantenimiento de Su(s) Beneficio(s): Si nuestra decisión ha afectado sus beneficios y usted pide una Audiencia Imparcial dentro de diez (10) días desde la fecha de este aviso, le restauraremos sus beneficios al nivel que estaban antes de este aviso, hasta que se emita la decisión de la Audiencia Imparcial.

Por favor tenga presente que si solicita sólo una conferencia, en vez de una Audiencia Imparcial, dentro del plazo indicado en la sección Mantenimiento de Su(s) Beneficio(s), sus beneficios no permanecerán los mismos.

Si usted pierde la Audiencia Imparcial, tendrá que reembolsar cualquier beneficio que haya recibido, sin tener derecho al mismo, mientras esperaba la decisión. Si usted no desea que sus beneficios se mantengan sin cambios hasta que se emita una decisión, debe informarle al Estado cuando llame para pedir una Audiencia Imparcial o, si envía este aviso de regreso, marque la casilla a continuación:

No deseo que mis beneficios continúen sin cambios hasta que la decisión de la Audiencia Imparcial sea emitida.

Fecha Límite: Si usted desea que el Estado repase nuestra decisión, debe solicitar un Audiencia Imparcial dentro de (90) días desde la fecha del aviso de asuntos de asignaciones de actividades de trabajo.

Si no logra comunicarse con la Oficina de Asistencia Temporal y de Asistencia para Incapacitados del Estado de Nueva York (New York State Office of Temporary and Disability Assistance) por teléfono, por fax, en persona o por Internet, favor de enviar por escrito su solicitud de Audiencia Imparcial antes de la fecha límite.

Deseo una Audiencia Imparcial. La decisión de la Agencia es errónea porque:

SAMPLE

Nombre en letra de molde: _____ Nombre _____ I. Apellido _____ Número de Caso: _____

Dirección: _____ Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____ Fecha: _____