



OFFICE OF POLICY, PROCEDURES, AND TRAINING

James K. Whelan, Executive Deputy Commissioner

Stephen Fisher, Assistant Deputy Commissioner

Office of Procedures

POLICY DIRECTIVE #17-18-ELI

(This Policy Directive Replaces PD #16-11-ELI)

ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWD)

Date: August 18, 2017	Subtopic(s): SNAP Eligibility
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AUDIENCE The instructions in this policy directive are for Job Center, Supplemental Nutrition Assistance Program (SNAP) Center, and the Mailer and Match Action Program (MMAP) staff.

POLICY Able-Bodied Adults Without Dependents (ABAWDs) are individuals who are subject to the SNAP work requirements and are:

- 18 years of age or older, but under 50 years of age;
- not pregnant;
- not residing in a SNAP household that contains an individual under 18 years of age;
- not in receipt of Veterans Affairs (VA) disability compensation;
- not in receipt of disability benefits from a public or private source, such as New York State Disability or Social Security Disability Insurance (SSDI) benefits; and
- physically and mentally able to work for at least 80 hours per month.

ABAWDs are required to meet certain work requirements in order to receive SNAP benefits for more than three months in a 36 month period. The ABAWD work requirements are:

- working (including in-kind and volunteer work) for at least 80 hours per month;
- participating in a Human Resources Administration (HRA) approved work/training program for at least 80 hours per month;
- working and participating in an HRA approved program for a combined total of at least 80 hours per month;
- participating in a program under the Workforce Innovation and Opportunity Act (WIOA) for at least 80 hours per month; or

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- participating in a community service work activity offered by HRA at a not-for-profit organization for the number of hours equal to their share of the SNAP grant divided by the higher of the federal or state minimum wage.

Waivers

The ABAWD time limits on SNAP benefit eligibility do not apply to those individuals who are granted waivers of the time limits. Waivers may be granted by the federal government for residents of areas with high unemployment or an insufficient number of jobs. Some states are eligible for waivers for all ABAWDs in their state and other states may be eligible for waivers for certain areas of the state.

Waived ABAWDs

For calendar year 2017, the federal government granted waivers to all ABAWDs residing in the Bronx, Brooklyn and Staten Island. In Manhattan, only those ABAWDs residing on or above the north side of West 110th Street or on or above the north side of East 96th Street have been granted waivers for 2017. In Queens, only those ABAWDs residing in Queens Community District 12 have been granted waivers for 2017.

Revised

New information

Queens Community District 12 covers the area that is south of Hillside Avenue and north of the Belt Parkway, and is between the Van Wyck Expressway on the west and Francis Lewis Boulevard and Springfield Boulevard on the east.

Not granted a waiver

ABAWDs residing on or below the south side of West 110th Street or on or below the south side of East 96th Street in Manhattan and ABAWDs residing in Queens but outside of Community District 12 have not been granted waivers for 2017. ABAWDs who reside in areas that have not been granted waivers are required to meet ABAWD work requirements to receive SNAP benefits for more than three months in the 36 month period that started January 1, 2016.

Exclusions

Non-waived ABAWDs must comply with the ABAWD work requirements or they will lose their SNAP benefit eligibility after receiving three months of benefits in a 36 month period while not meeting the ABAWD work requirements. Under the ABAWD rules, local social services districts have the option to exclude a portion of non-waived ABAWDs from the three month time limit on SNAP benefit eligibility. Districts are allotted a certain number of exclusions for a calendar year which can be utilized at the district's discretion.

For January 2017 through July of 2017, HRA has opted to exclude all non-waived ABAWDs who failed to meet the ABAWD work requirements for that month and who already had at least two countable months of failing to meet the ABAWD work requirements retroactive to January 2016.

Effective August 2017, HRA has opted to exclude non-waived ABAWDs who failed to meet the ABAWD work requirements for that month and who already have at least two countable months of failing to meet the ABAWD work requirements retroactive to January 2016, and who meet at least one of the following additional criteria:

- are on a CA/SNAP case;
- are on a case that has more than one active ABAWD;
- have earned or unearned income budgeted on the case;
- are age 49;
- reside in a NYCHA apartment (Shelter Type codes **02, 24, 40**)
- reside in a homeless shelter (Shelter Type codes **06, 13, 14, 30, 33, 34, 35**)

The exclusion policy will be monitored throughout the year to ensure that the exclusions used do not exceed its exclusion allotment.

36 month period

States have the option to use a “fixed clock” or a “rolling clock” to measure the 36 month period. The New York State (NYS) Office of Temporary and Disability Assistance (OTDA) has opted to use a 36 month “fixed clock” from January 2016 through December 2018.

Months that a non-waived ABAWD fails to meet the ABAWD work requirements are called countable months or strikes. The following months are considered non-countable months:

Non-countable months

- the ABAWD did not receive a SNAP benefit for the full month;
- the ABAWD lived in a waived area for any part of the month;
- the ABAWD was excluded for the month;
- the individual was exempt for any part of the month;
- the ABAWD would have met the work requirement, but missed some work/participation hours for good cause, as long as the absence was temporary and the ABAWD retained employment or resumed participation in a work activity.

Note: Good cause is a circumstance beyond the individual’s control, such as, but not limited to, illness of the individual, illness of a household member that required the presence of the individual, or a household emergency.

An ABAWD is required to notify and provide proof of any good cause or exemption from the ABAWD work requirements claimed by the ABAWD, when requested by HRA.

ABAWD notification

During the application and recertification interview, staff are required to inform all ABAWDs (verbally and in writing) of the ABAWD work requirements, exemptions, reporting requirements, and the consequences of not meeting the ABAWD work requirements. Staff are also required to document in the case record that this occurred.

See [PB #17-34-ELI](#) for the revisions to the **FIA-1021**.

All ABAWDs (waived and non-waived), are mailed the Notice of Able-Bodied Adult Without Dependents (ABAWD) Status (**FIA-1021**) by Management Information Systems (MIS) upon activation of recurring SNAP benefits, recertification for continued SNAP benefits, or reclassification as an ABAWD at any time.

All individuals are notified of ABAWD work requirements in standard opening and recertification notices.

In January 2017, OTDA mailed the Informational Letter Regarding ABAWD Requirement for Calendar Year 2017 (**Attachment A**) to ABAWDs residing in Queens county. OTDA mailed **Attachment A** to all ABAWDs citywide in February 2017. The letter informed ABAWDs of which geographic areas were granted waivers for 2017.

ABAWDs whose work activity falls below 80 hours for a month, must notify the Agency within 10 days after the end of that month and provide documentation. For example, John Doe is an ABAWD whose work activity for May 2017 fell to 70 hours. John is required to report this to the Agency and to provide documentation by June 10, 2017.

Offer of a work activity

HRA is required to offer and provide individuals who are at risk of losing SNAP benefit eligibility due to the ABAWD time limits, an opportunity to meet the ABAWD work requirements. At risk ABAWDs are those who have at least two countable months of failing to meet the ABAWD work requirements in the 36 month period.

NCA/SNAP ABAWDs

For ABAWDs on an NCA SNAP case, HRA will offer a community service work activity for the number of hours equal to the ABAWDs share of his/her SNAP grant divided by the higher of the federal or state minimum wage. Compliance with the community service work activity for the required number of hours per month will allow the individual to meet the ABAWD work requirement.

See [PB #16-97-EMP](#) for the NYS Increase in the Minimum Wage

Example: An ABAWD in a household of two SNAP participants receives a monthly SNAP grant of \$357. The grant is divided by two to determine the ABAWD's individual share of the grant. The ABAWD's individual share of \$178.50 (\$357 divided by two) is then divided by \$11.00 (the applicable minimum wage effective Dec. 31, 2016) for a result of 16.227 hours. The result is rounded down to the nearest whole number of 16 hours. The individual can meet his/her ABAWD work requirement each month by participating in his/her HRA offered community service work activity for 16 hours per month

CA/SNAP ABAWDs

See page 1 of this Policy Directive for the monthly ABAWD work requirements.

For ABAWDs in receipt of both CA and SNAP benefits, the Job Opportunity Specialist (JOS) who completes an employment plan for an ABAWD, must ensure that the individual's work assignment provides sufficient hours to allow the individual to meet both CA and ABAWD work requirements. To count as an ABAWD qualifying work activity, the number of hours assigned to job search/job readiness training must be less than half of the total number of hours assigned, unless it is a program under the WIOA or Trade Act. Hours performed under the programs of the WIOA or the Trade Act count fully towards the 80 hour per month minimum.

JOS/Workers must inform ABAWDs that they are required to continue to participate in their CA work assignment in order meet their monthly ABAWD work requirements.

NCA/SNAP ABAWDs

New information

The Offer of a Work Activity (**FIA-1021k**) will be mailed by MIS to all non-waived NCA SNAP ABAWDs who are not independently meeting the ABAWD work requirements. ABAWDs who fail to participate in the offered activity, and who still receive SNAP benefits will be mailed the newly created Follow-Up to the Offer of a Work Activity to an Able-Bodied Adult Without Dependents (ABAWD) (**FIA-1021q**). The **FIA-1021q** informs the ABAWD that they can still go and meet with the employment provider where they have an open offer of an ABAWD qualifying work activity.

Tracking ABAWD compliance

HRA is required to track ABAWD compliance and to ensure that those subject to the requirement do not receive SNAP benefits for more than three countable months in a 36 month period.

In the beginning of each month, OTDA sends an electronic file to MIS that contains all non-waived ABAWDs who received a SNAP benefit for the entire previous month. MIS reviews the data to ensure each individual was in a non-waived ABAWD status for the entire previous month. Individuals who were not a non-waived ABAWD for the entire previous month will not be tracked for that month.

For those ABAWDs on the file who need to be tracked, MIS determines which individuals met the ABAWD work requirement and which did not. MIS uses data obtained from the Paperless Office System (POS), Welfare Management System (WMS), Web Integrated System for Employment (WISE), Employment Daily Timekeeping System (DTS), Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) and New York City Work Accountability and You (NYCWAY) to make this determination.

ABAWDs on the file who failed to meet the monthly ABAWD work requirement will either be charged with a countable month (strike) or be excluded (based on Agency exclusion policy). After making the determination, MIS will return a file to OTDA with data on who will be charged a countable month and who will be excluded. OTDA will use that information to update the statewide Welfare Reform Tracking System (WRTS) database that is available through Screen 11 (Time Limit Tracking Menu) of WMS.

ABAWDs with a pending Fair Hearing who were granted aid-to-continue status, are still required to meet the ABAWD work requirements. They will still be given countable months (strikes) for not meeting those requirements unless excluded.

MIS updated the ABAWD Work Requirement Compliance Tracking Calendar in POS to retrieve statewide ABAWD compliance and tracking information from the WRTS database. The ABAWD Calendar is included in the application and recertification workflow in POS for households with ABAWDs. The calendar can also be viewed at any time by selecting the ABAWD Calendar option in the Tools Menu.

Ending ABAWD eligibility

On or about the 15th of every month, MIS will do a check of all active non-waived ABAWDs who:

- were issued a SNAP benefit from the beginning of that month until the end of that month; and
- already have two or more countable months retroactive to January 2016; and
- would not qualify for an ABAWD exclusion; and
- are not in aid-to-continue status for an ABAWD closing

If the non-waived ABAWD will not meet the work requirements in that month, MIS will process an action to end the ABAWDs SNAP benefit eligibility.

Processing the adverse action by the 15th day of what will be the ABAWDs third countable month in a 36 month period, will ensure that the non-waived ABAWD does not qualify for SNAP benefits for more than three countable months in a 36 month period.

Due to the Agency's current exclusion policy, the loss of SNAP benefit eligibility due to the ABAWD requirements is limited to 18 to 48 year old non-waived ABAWDs on an NCA SNAP case without income who do not reside in a NYCHA apartment or a homeless shelter and who are the only active ABAWD on the case.

For those NCA SNAP ABAWDs who are no longer eligible for SNAP benefits due to the ABAWD time limits, MIS will process either a case closing for one person households or a line closing for multiple person households using code **F94**. The household will be sent a timely notice via the Client Notice System (CNS).

Re-establishing SNAP benefit eligibility

An individual who has lost SNAP benefit eligibility due to the ABAWD time limits, may re-establish eligibility when reapplying by:

Working includes in-kind and volunteer work.

- documenting an ABAWD exemption; or
- documenting that they reside in an area with an approved waiver; or
- verifying that he/she will work or participate in a work/training program for at least 80 hours in the 30 day period following the date he/she filed a SNAP application; or
- 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
- performing job search for a minimum of 12 hours in a 30 day period followed by compliance with an HRA offered community service work activity for the number of hours per month equal to his/her share of the SNAP grant divided by the higher of the federal or state minimum wage.

Revised information

An ABAWD who wants to re-establish SNAP benefit eligibility that was lost due to the ABAWD time limits and who indicates that he/she meets one of the re-establishment criteria, but does not have documentation at the time of application, must have documentation pending and be issued SNAP benefits under the expedited processing timeframes if otherwise eligible.

Refer to [PD #14-13-OPE](#) for the expedited SNAP processing rules.

Grace period

An ABAWD who lost eligibility for SNAP benefits due to the ABAWD time limits and re-established eligibility by complying during a 30 day period, and then loses a job or work/training program activity that was used to reestablish eligibility is eligible to receive SNAP benefits for an additional three months without complying with ABAWD work requirements. This is referred to as the three month grace period.

The three month grace period consists of three consecutive months and must start the first month that the ABAWD did not meet the ABAWD work requirements after reestablishing eligibility. An ABAWD is eligible for a grace period only once in a 36 month period. This is the same 36 month period used to track compliance with ABAWD requirements as described above.

An ABAWD will qualify for the three month grace period if:

- His/her benefits were stopped after receiving SNAP benefits for three countable months in the 36 month period; and
- The ABAWD subsequently re-established their eligibility by meeting the ABAWD work requirement; and
- The current failure to meet the ABAWD work requirement is due to the loss of a job or cessation of participation in a work program.

Individuals who were previously determined to be ineligible for SNAP benefits because of noncompliance with the ABAWD work requirements and re-establish their eligibility for SNAP benefits by documenting an exemption from the SNAP work requirements or the ABAWD work requirements, or that they live in an area with an approved ABAWD waiver, are not eligible for the grace period.

If the ABAWD becomes subject to, but is not meeting the ABAWD work requirements for a full calendar month, the district must issue the **F94** notice to inform the household that the ABAWD is ineligible for SNAP benefits because of noncompliance with the ABAWD work requirements by the end of that calendar month. The ABAWD may establish eligibility for the one-time, three consecutive month grace period if he/she becomes ineligible for SNAP benefits for failure to comply with the ABAWD requirement, re-establishes eligibility by meeting the ABAWD work requirements through one of the methods described above and subsequently loses a job or is otherwise not meeting the ABAWD work requirement.

REQUIRED ACTION

JOS/Workers are responsible for evaluating the SNAP employability status and ABAWD status of every SNAP applicant and participant and entering the appropriate code in POS as described below. This includes SNAP applicants and participants on a CA/SNAP case. The determination must be done at application, recertification, when closing a CA or SNAP case and any time that an individual’s employability status and/or ABAWD status has changed.

All SNAP applicants on a CA/SNAP or NCA/SNAP case must be assigned a SNAP employability code and an ABAWD indicator code. SNAP employability codes **WE**, **WA**, and **WR** that were previously used for SNAP only individuals are obsolete.

New information

The SNAP employability codes and ABAWD indicator codes are listed on the SNAP Employability/ABAWD Code Desk Guide (**LDSS-5062A**) and the TA/SNAP Employability Desk Guide (**LDSS-5062B**). If an individual meets the criteria of more than one SNAP employability code, select the first applicable code from the top of the **LDSS-5062A**. For example, an individual age 63 who receives SSI benefits, would be assigned SNAP employability code **32** (60 Years of age or older – Exempt).

In many instances, the SNAP employability codes are the same as the CA employability codes. However, in other instances, the codes will not be the same because of differences between the CA work exemptions and the SNAP work exemptions.

The ABAWD indicator codes are:

- Code **N** (Non-ABAWD) is used for SNAP applicants and participants who are not ABAWDs. Individuals who are exempt from the SNAP work requirements are not ABAWDs. The following individuals are not ABAWDs even if they are not exempt from the SNAP work requirements:
 - under age 18 or 50 years of age or older;
 - pregnant;
 - residing in a SNAP household with an individual under 18 years of age;
 - in receipt of Veterans Affairs disability compensation;
 - in receipt of disability benefits from a public or private source, such as NYS Disability or SSDI benefits; or
 - physically and/or mentally unable to work at least 80 hours per month.
- Code **W** (Waived) is used for all SNAP applicants and participants who are ABAWDs that reside in an area that has been granted an ABAWD waiver.

New Information

See the section labeled Waivers on **page 2** for a list of waived areas.

JOS/Workers should not use ABAWD indicator code **X**.

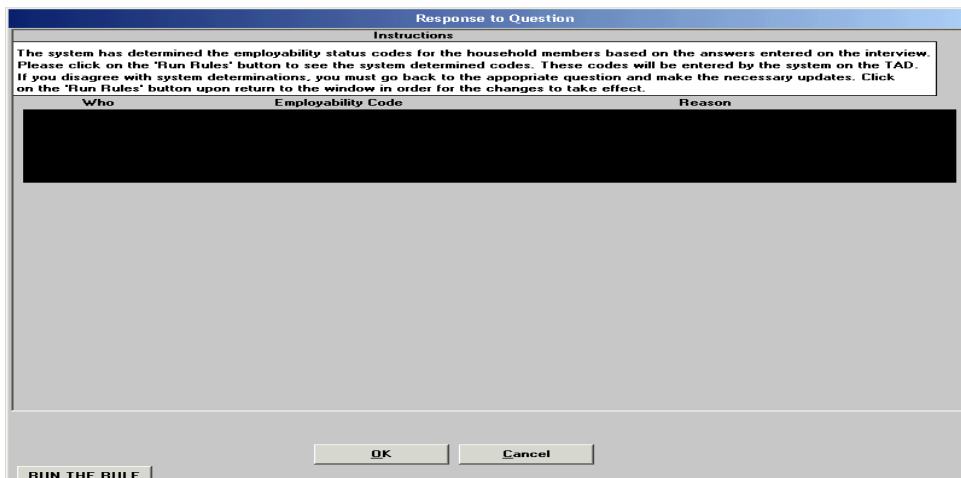
- Code **A** (ABAWD) is used for all SNAP applicants and participants who are non-waived ABAWDs.
- Code **X** (Excluded): Since the current HRA exclusion policy excludes certain non-waived ABAWDs who have two or more months of not meeting the ABAWD work requirements and who fail to meet the monthly requirement and since JOS/Workers do not know in advance who will meet the ABAWD work requirements in the future, JOS/Workers should **not** use indicator code **X**.

See [PD #17-06-SYS](#)

ABAWD indicator code **G** (Eligible for Grace Period) has been removed effective February 19, 2017.

To help ensure that the correct SNAP employability code and ABAWD indicator code is chosen, a window exists in the application and recertification interview workflow in POS and SNAP POS to automate the code selections. The window appears in the Education and Training window below the Education Information question. After the JOS/Worker clicks on the Run The Rule button, the window lists each household member, the system selected SNAP employability code and ABAWD indicator code and the reason each was selected.

Automated employability code determination.



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

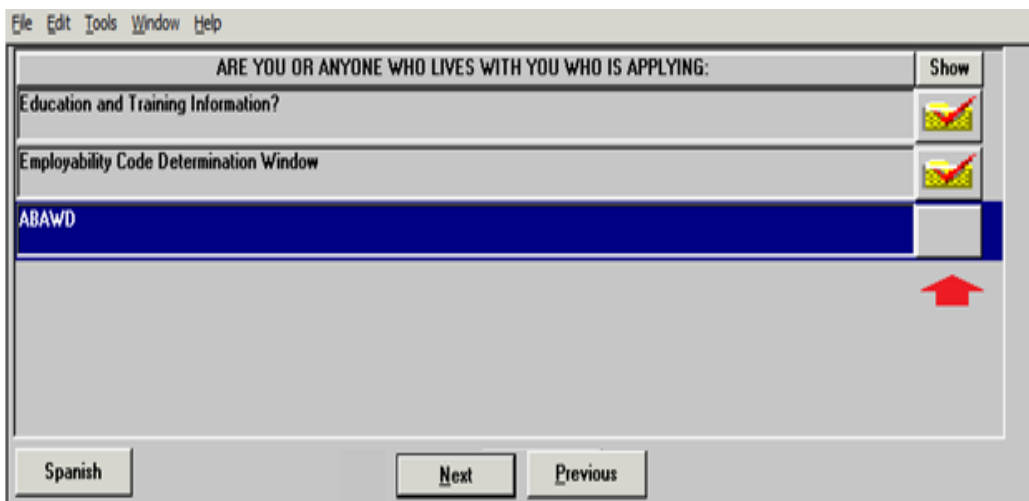
If anyone in the household is an ABAWD, the JOS/Worker must verbally inform the household of that determination and of the ABAWD work requirements and that:

- non-waived ABAWDs can only receive three months of SNAP benefits in the 36 month period from January 2016 through December 2018 without meeting the ABAWD work requirements;
- the Agency will provide a qualifying work activity to allow at-risk ABAWDs to meet the ABAWD work requirements;
- the ABAWD will be mailed the **FIA-1021** which informs them:
 - why he/she is an ABAWD;
 - of the ABAWD work requirements;
 - to contact the Job Center/NCA SNAP Center if he/she believes that they are exempt from the ABAWD work requirements; and
 - how to reestablish eligibility if he/she become ineligible after failing to meet the ABAWD work requirements;
- the household is required to notify the Agency when an ABAWD does not meet the ABAWD work requirements for any month. Failure to meet the ABAWD work requirements for any month must be reported by the tenth day of the month following the month that the ABAWD did not meet the ABAWD work requirements.

The JOS/Worker should document in the record that this occurred.

After informing the household about the information listed above, click on the **Show** button by the 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 work requirements, the ABAWD Work Requirement Compliance Tracking Calendar will appear when the **Show** button is selected.

ABAWD Work Requirement Compliance Tracking Calendar

The calendar interface appears for each ABAWD on the case. The windows include the following information:

Field	Description
Case #	WMS case number
Suffix	WMS case suffix
Name	Name of the work-required individual
CIN	WMS Client Identification Number
SSN	Social Security Number
DOB	Date of birth
Case Number	WMS case number
Suffix	WMS suffix
Status	SNAP status of individual
SNAP employment code	Employment code
District	New York State district
36 Month Start	First month of 36-month ABAWD tracking
Total Month Non-Part Count	Count of months that the individual was not in compliance, strike count
Non-Part Months	Months of noncompliance, strike months
ABAWD Re-Establishment Date	ABAWD Re-Establishment Date
District	NYS district
Month/Year	Month/Year
Employment Code	Employment Code for Month/Year
Change Date	Change Date for Month/Year

During the application/recertification interview, the JOS/Worker must inform the applicant/participant of any countable months listed in the calendar for any household members since the most recent certification. If an applicant/participant believes that any of those months should not be a countable month, he/she must be offered the opportunity to provide verification of that individual either meeting the ABAWD work requirements or being exempt or waived from those requirements for any part of that month.

If there is information already available to the JOS/Worker that a countable month in the ABAWD calendar must be removed or if the applicant/participant provides verification of any countable month that needs to be removed for any household member, the JOS/Worker must enter the details in the comments section of POS. Documentation must be scanned and indexed into the case record.

Once the JOS/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 Re-establishment Response window

Re-application process for non-waived ABAWDs with three or more months of not meeting the ABAWD work requirements from January 2016 to December 2018

Individuals who are no longer ABAWDs do not need to reestablish ABAWD eligibility.

The JOS/Worker must select the name of the non-waived, ABAWD from the “**WHO**” dropdown list box and inform the reapplying ABAWD of the following three methods by which the ABAWD can reestablish SNAP eligibility:

- 1- verify 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- verify 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- perform job search for a minimum of 12 hours in a 30 day period followed by compliance with a community service work activity offered by HRA at a not-for-profit organization in the next month. **Note:** For individuals applying for or in receipt of CA, the job search criteria may be met through participation with an employment provider.

Method 1 or 2
Re-establishing SNAP
benefit eligibility

If the re-applying ABAWD provides documentation verifying he/she has re-established 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 re-establishment method 1 or 2 but still needs to provide verification, POS will pre-fill the required ABAWD reestablishment documentation on the Documentation Requirements and/or Assessment follow-Up (**W-113K**) at Job Centers or on the You Must Submit Documents for Your SNAP Case (**FIA-1146**) at NCA SNAP Centers.

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 reinstated Notice of Need to Reestablish Able-Bodied Adult Without Dependents (ABAWD) Eligibility (**FIA-1021a**) which informs the ABAWD:

- why he/she was determined an ABAWD;
- of the ABAWD work requirements;
- that he/she has already received at least three months of SNAP benefits in a 36 month period while not meeting the ABAWD work requirements;
- of the methods available to re-establish SNAP eligibility.

Method 3
Re-establishing SNAP
benefit eligibility

If the ABAWD is unable to re-establish SNAP eligibility by method 1 or 2 but agrees to re-establish eligibility by method 3, the Worker must select **Yes** to the question in POS regarding reestablishing SNAP eligibility by performing job search followed by a community service work activity. POS will prompt the Worker to give (or mail) the ABAWD the reinstated 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**;
- 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; and
- comply with a community service work assignment in the following month

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**.

The **FIA-1021c** was reactivated.

If the ABAWD is activated in WMS and has not obtained employment during the 30 day job search period, POS will mail the ABAWD the Appointment Notice to Employment Provider (**FIA-1021c**) which informs the ABAWD of his/her mandatory appointment which will be in the month following the 30 day job search period.

Due to the Agency's current exclusion policy, the need to re-establish SNAP benefit eligibility that was lost due to the ABAWD time limits, is limited to 18 to 48 year old non-waived ABAWDs on an NCA SNAP case without any income who do not reside in a NYCHA apartment or a homeless shelter and who are the only active ABAWD on the case.

Fails to re-establish SNAP benefit eligibility

For those non-waived ABAWDs listed above who need to re-establish SNAP benefit eligibility and who fail to do so in a timely manner, the Worker must deny/close the NCA/SNAP case using rejection code/closing code **F94**.

The case would be rejected if the household was not issued an expedited SNAP benefit and would be closed if the household was issued a SNAP benefit under the expedited processing rules.

If the case is denied with code **F94**, the denial will clock down until 30 days from the application date of file.

Recertification process for households that contain an ABAWD

JOS/Workers are required to access the ABAWD Work Requirement Compliance Tracking Calendar in POS for any cases that contain a non-waived ABAWD to determine if the information in the calendar is consistent with the information obtained from the New York State Recertification Form for Certain Benefits and Services (**LDSS-3174**) or the Supplemental Nutrition Assistance Program (SNAP) Application/Recertification (**LDSS-4826**) or any information obtained during the recertification process.

JOS/Workers must determine if any individual met the ABAWD work requirements or should have been waived or exempt for any calendar listed countable month since the last certification. If a JOS/Worker determines that a countable month listed on the calendar should be removed, the JOS/Worker should enter a case comment in POS when processing the recertification.

MIS is in the process of developing an override process that can be used to update calendar information in WRTS and POS.

Periodic Reporting process for households that contain an ABAWD

NCA SNAP households that are six-month reporters with 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. The **LDSS-4310** contains 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 ABAWD indicator code of **A** (non-waived ABAWD) or if the household annotated the checkbox that someone in the household did not meet the ABAWD work requirements for any month. SNAP POS will put the case in an ABAWD queue that will require an ABAWD eligibility review by MMAP staff.

MMAP staff is required to access the ABAWD Work Requirement Compliance Tracking Calendar in SNAP POS for any cases in the ABAWD queue to determine if an individual met the ABAWD work requirements for any calendar listed countable month since the last certification or if the individual should have been exempt or waived for any calendar listed countable month since the last certification. If a determination is made that a calendar listed countable month should be removed, the MMAP Worker should enter a case comment in SNAP POS when processing the Periodic Report.

WISE Worklist Processing

WISE contains various worklists that were created as a result of information/documentation obtained by employment providers during their assessments of individuals who are active on an NCA SNAP case. The worklists will be accessed on a daily basis by staff at MMAP who will review the information/documentation and determine if any actions need to be taken on case. Possible actions that will need to be taken include:

- changes in an individual's SNAP employability code;
- changes in an individual's ABAWD indicator code;
- budget changes due to a change in the number of hours of work or reported income;
- changes in household composition; and
- changes in an individual's residence

**PROGRAM
IMPLICATIONS**

Paperless Office System (POS) Implications

POS instructions are addressed in the procedure.

Medicaid Implications

There are no Medicaid implications.

LIMITED ENGLISH PROFICIENT (LEP) AND DEAF/HARD-OF-HEARING IMPLICATIONS

For Limited English Proficient (LEP) and Deaf/Hard-of-Hearing applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #16-14-OPE](#) and [PD #16-16-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 Job Centers

An applicant/participant can request and receive a conference, with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen.

The FH&C AJOS/Supervisor I will listen to and evaluate any material presented by the applicant/participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor. The AJOS/Supervisor I will explain to the applicant/participant, the reason for the Agency's action(s).

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.

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.

Conferences at Job Centers and SNAP Centers

An agency action to reduce or terminate a households SNAP benefits as a result of the ABAWD time limits, can be stopped (settled-in-conference), if it can be determined that the individual:

- is exempt from the ABAWD work requirements;
- should be excluded under the Agency's exclusion policy;
- resides in an area that is waived from the ABAWD work requirements;
- does not have three or more countable months (including the current month) retroactive to January 2016; or
- is able to provide proof before the effective date of the adverse action notice that he/she will meet the ABAWD work requirements in the next benefit month

Participant prospective compliance

REFERENCES

NYS TA and SNAP Employment Policy Manual, Section 385.3
 17-ADM-01
 16-ADM-01
 16-INF-09
 16-INF-14
 GIS 17 TA/DC014
 GIS 16 TA/DC015
 GIS 16 TA/DC022
 GIS 16 TA/DC026
 GIS 16 TA/DC028
 GIS 16 TA/DC044
 GIS 16 TA/DC056
 7 CFR 273.7 and 273.24
 USDA Memorandum, "Supplemental Nutrition Assistance Program – ABAWD Time Limit Policy and Program Access," Nov. 19, 2015
 7 USC 2015 (d)(1) and (4)
 7 USC 2015 (o)

RELATED ITEMS

PB #16-36-SYS	CA POS Release Notes Version 20.1.1
PB #16-37-SYS	SNAP POS Release Notes Version 10.1.1
PB #16-97-EMP	Increases in the New York State Minimum Wage and its Effect on Cash Assistance and SNAP
PB #17-04-ELI	Change in the Able-Bodied Adults Without Dependents (ABAWD) Waiver Status for Certain Queens Households
PB #17-34-ELI	Revisions to the Notice of Able-Bodied Adult Without Dependents (ABAWD) Status (FIA-1021)
PB #17-65-SYS	SNAP POS Release Notes Version 11.2
PB #17-61-SYS	CA POS Release Notes Version 21.2
PD #12-16-ELI	SNAP Change Reporting Rules and Periodic Reporting
PD #16-07-SYS	WMS Software Release Version 2016.1
PD #17-06-SYS	WMS Software Release Version 2017.1

ATTACHMENTS

Attachment A	Informational Letter Regarding ABAWD Requirement for Calendar Year 2017
FIA-1021 (E)	Notice of Able-Bodied Adult Without Dependents (ABAWD) Status (01/03/2017)
FIA-1021 (S)	Notice of Able-Bodied Adult Without Dependents (ABAWD) Status (Spanish) (01/03/2017)
FIA-1021a (E)	Notice of Need to Reestablish Able-Bodied Adult Without Dependents (ABAWD) Eligibility (08/18/2017)
FIA-1021a (S)	Notice of Need to Reestablish Able-Bodied Adult Without Dependents (ABAWD) Eligibility (Spanish) (08/18/2017)
FIA-1021b (E)	Declaration of Job Search Activities (08/18/2017)
FIA-1021b (S)	Declaration of Job Search Activities (Spanish) (08/18/2017)
FIA-1021c (E)	Appointment Notice to Employment Provider (08/18/2017)
FIA-1021c (S)	Appointment Notice to Employment Provider (Spanish) (08/18/2017)
FIA-1021k (E)	Offer of a Work Activity to an Able-Bodied Adult Without Dependents (ABAWD) (08/18/2017)
FIA-1021k (S)	Offer of a Work Activity to an Able-Bodied Adult Without Dependents (ABAWD) (Spanish) (08/18/2017)
FIA-1021q (E)	Follow-Up to the Offer of a Work Activity to an Able-Bodied Adult Without Dependents (ABAWD) (08/18/2017)

- FIA-1021q (S)** Follow-Up to the Offer of a Work Activity to an Able-Bodied Adult Without Dependents (ABAWD) (Spanish) (08/18/2017)
- LDSS-5062A** SNAP Employability/ABAWD Code Desk Guide (Rev. 10/16)
- LDSS-5062B** TA/SNAP Employability Desk Guide (Rev. 10/16)

Date:
Case No:
District Contact Number: 718-557-1399

Our records show that no one in your Supplemental Nutrition Assistance Program (SNAP) household is under the age of 18, and that you or someone in your household is between the age of 18 and 49 and is able to work. This person is called an Able-Bodied Adult without Dependents (ABAWD). Federal law requires an ABAWD to participate in qualifying work activities, as described below to maintain SNAP benefits for more than three (3) months in a 36-month period, unless the ABAWD is determined to be exempt, or resides in one of the areas with an approved ABAWD waiver from the United States Department of Agriculture (USDA) identified below.

IMPORTANT: NEW FOR JANUARY 2017:

Effective **January 1, 2017**, ABAWDs who live in Queens County outside of Community District 12 (see enclosed map) are required to meet the ABAWD work requirement each month to maintain SNAP benefits for more than 3 months in the 36-month period, as described below. ABAWDs who reside in Manhattan below West 110th Street and below East 96th Street, will continue to be required to meet the ABAWD work requirement. This area is identified below the bold line in the map on page 3.

ABAWDs who live in the Bronx, Brooklyn, Staten Island, in Manhattan, but only above West 110th Street and above East 96th Street and in Queens County, but only in Community District 12 (south of Hillside Avenue and north of Belt Parkway, and between Van Wyck Expressway (on the west) and Francis Lewis Boulevard and Springfield Boulevard (on the east)) continue to have a federally-approved waiver from the ABAWD work requirement for calendar year 2017. Queens Community District 12 is the area within the bold street lines in the map on page 4. If it is not clear if you reside in an area where individuals must meet ABAWD work requirements, you should call the contact number at the top of this notice.

We are sending this letter to all SNAP households that include an ABAWD, even those that live in areas with a federally-approved ABAWD waiver.

If I am an ABAWD who lives in an area of New York City that does not have an ABAWD waiver, what am I required to do?

To maintain eligibility for SNAP benefits for more than three (3) months in the 36-month period that started January 1, 2016, an ABAWD must complete and document one of the following each month:

- Work (including "in-kind" work and volunteer work) for at least 80 hours per month;
- Participate in an HRA-approved work/training activity for at least 80 hours per month;
- Participate in a community service work activity approved by HRA for the number of hours per month equal to your SNAP grant divided by the higher of the federal or State minimum wage;
- Participate in a program under the Workforce Innovation and Opportunity Act or Trade Act which may include job search, job readiness, occupational skills training and education activities for at least 80 hours per month; or
- Participate in a combination of work or qualifying work programs for at least 80 hours per month.

Note: The work requirements listed above apply to each ABAWD in the SNAP household.

ATTACHMENT A

If the ABAWD is already working or participating in an activity listed above for the required number of hours, he/she should immediately call the district number above to get information about the documentation you need to send us. The ABAWD will need to provide documentation of participation in unpaid work activities each month to show us that he/she is meeting the ABAWD requirement. If the ABAWD's hours of work or work activity fall below 80 hours for a month, he/she must notify HRA within 10 days after the end of that month.

If the ABAWD is **NOT** already working or participating in the above listed activities for the required number of hours and he/she would like to maintain SNAP eligibility for more than 3 months, he/she should immediately call the District Contact number provided above to discuss participating in an available activity.

If you do not believe you or the adults in your household are subject to the ABAWD work requirement (see information provided below), or your situation has changed, notify HRA immediately by calling HRA InfoLine at 718-557-1399. For example, the ABAWD has moved to an area of NYC with an approved ABAWD waiver. The ABAWD must provide documentation to confirm that he/she is not subject to the ABAWD requirement before his/her status can be changed.

What if an ABAWD is not working and not otherwise meeting the required hours of participation each month?

Failure to comply with these requirements without good cause may result in the ABAWD being ineligible for SNAP benefits. If the ABAWD is meeting any of the requirements listed above, the individual should immediately contact HRA at the District Contact Number provided above. Good cause includes temporary illness that prevents the individual from working at least 80 hours a month or another situation that is beyond the individual's control.

Do you think any of the adults in your SNAP household are exempt from ABAWD requirements?

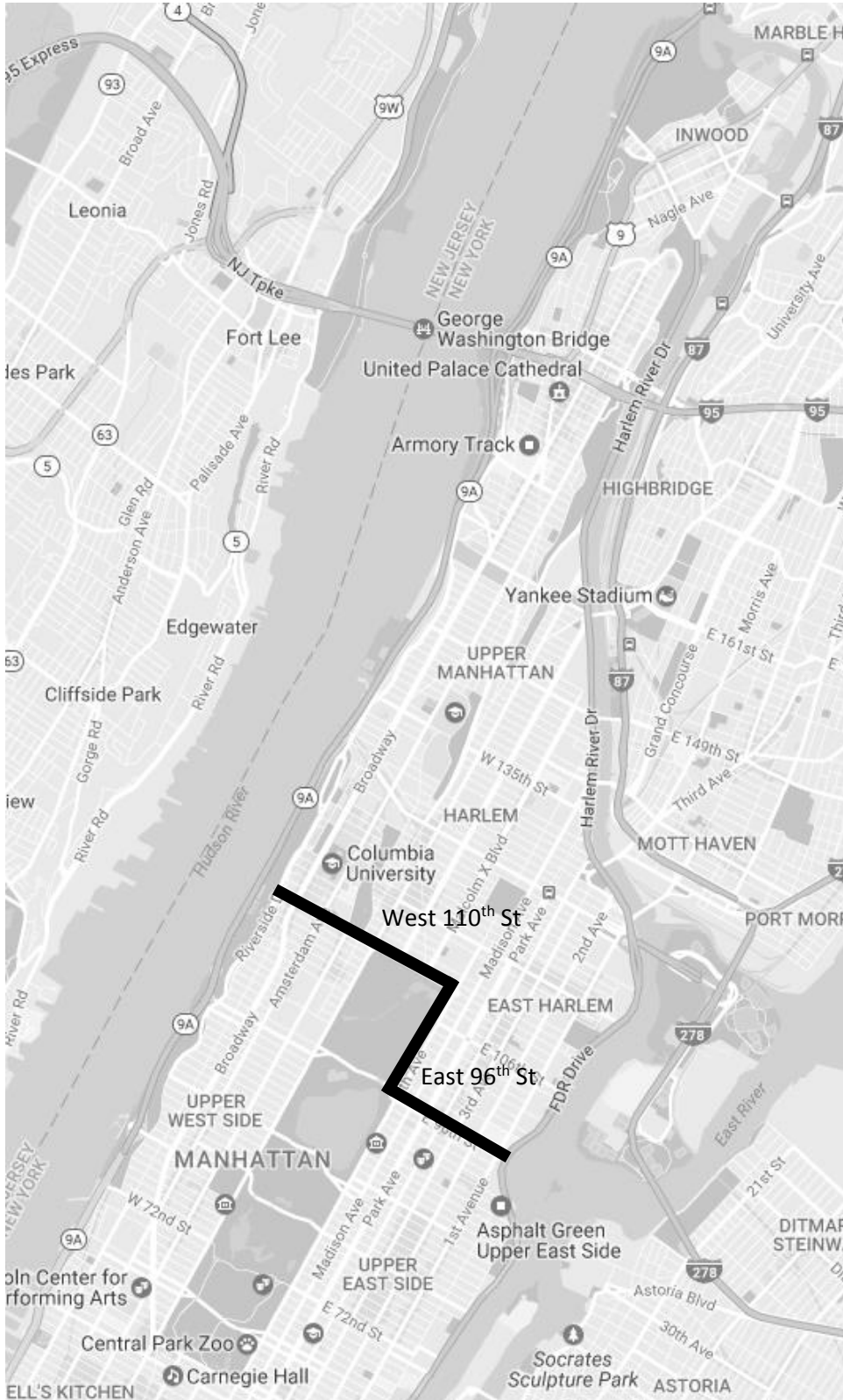
If someone in your SNAP household should be exempt from the federal ABAWD requirement because that adult individual meets one or more of the conditions listed below, the individual should immediately contact HRA at 718-557-1399:

- A person under 18 years of age, or 50 years of age or older
- An adult in a SNAP household with a child under 18 years of age
- A full-time caretaker of an incapacitated person
- A pregnant woman
- Physically or mentally unable to work at least 80 hours a month
- Determined to be unable to work due to substance abuse
- A recipient of Veterans Affairs (VA) disability compensation
- A recipient of disability benefits from a public or private source, such as Social Security Disability Insurance (SSDI) or NYS disability benefits
- A recipient or pending receipt of Unemployment Insurance Benefits (UIB)
- A student enrolled in any recognized school, job skills training, or institution of higher education at least half-time and meeting the student eligibility criteria to receive SNAP
- An applicant for SNAP benefits and Supplemental Security Income (SSI) jointly or in receipt of SSI
- Employed or self-employed and working at least 30 hours per week **or** receiving weekly earnings at least equal to the federal minimum wage times 30 (currently \$217.50 per week)

Note: Only the individual who meets one or more of the conditions listed above would be exempt from the ABAWD requirement. Other ABAWDs in the SNAP household would still be required to comply with the ABAWD requirement to maintain SNAP eligibility for more than 3 months in the 36-month period.

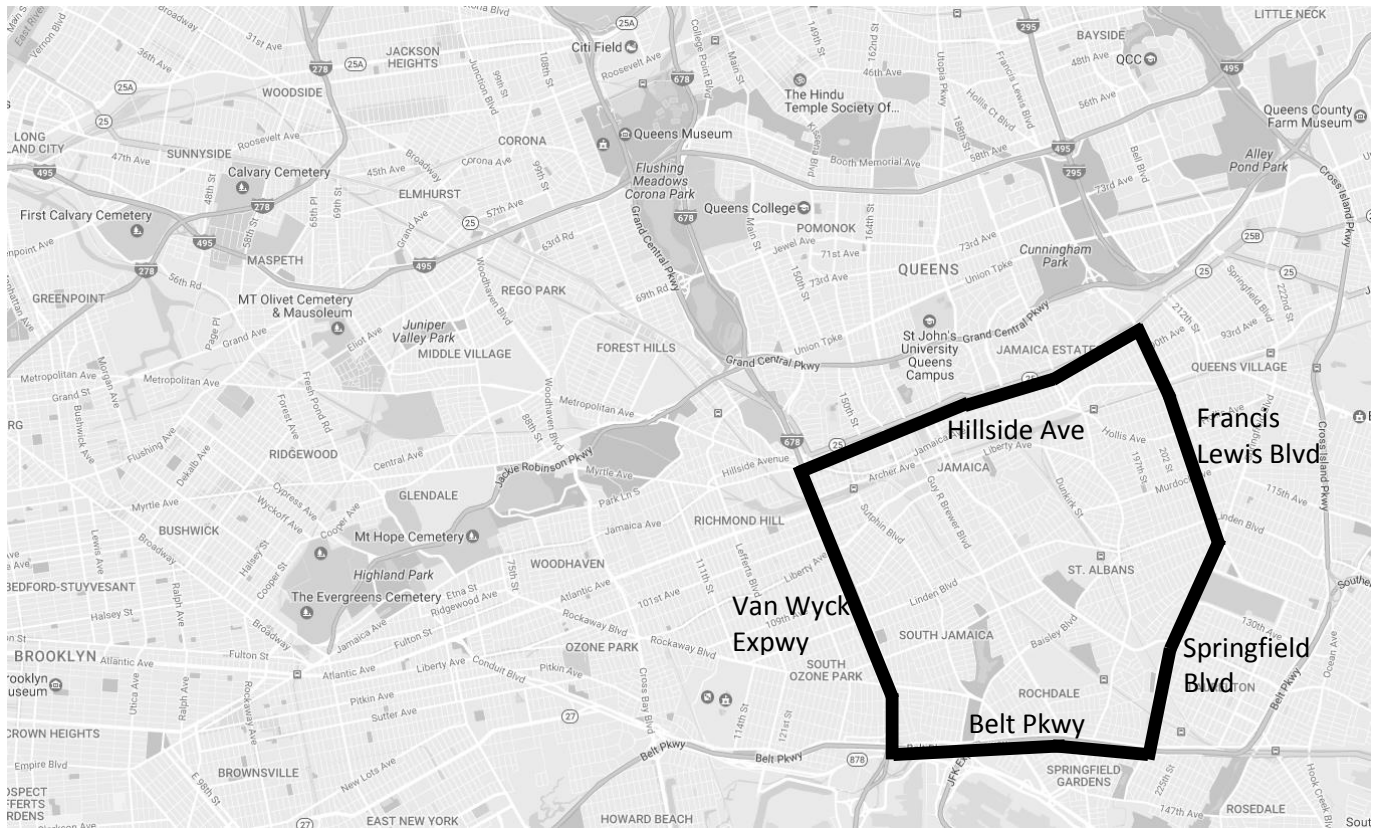
Upper Manhattan Map

People who live in the neighborhoods **north** of the bolded lines in Manhattan **do not** have to meet the ABAWD work requirements. If it is not clear if you reside in an area where individuals must meet ABAWD work requirements, you should immediately call the contact number on page one of this notice.



Queens Community District 12 Map

People who live in neighborhoods **within** the bolded lines in Queens **do not** have to meet the ABAWD work requirements. If it is not clear if you reside in an area where individuals must meet ABAWD work requirements, you should immediately call the contact number on page one of this notice.



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

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

Our records show that you are between age 18 and 49, are able to work, and no one in your Supplemental Nutrition Assistance Program (SNAP) household is under age 18. Unless otherwise exempt, this means you are an Able-Bodied Adult Without Dependents (ABAWD). Federal law requires an ABAWD to participate in qualifying work activities, as described below to maintain SNAP benefit eligibility for more than three (3) months in a 36 month period, unless you are determined to be exempt, or live in one of the areas with an approved ABAWD waiver from the United States Department of Agriculture (USDA), as identified below.

SAMPLE

IMPORTANT – NEW FOR JANUARY 2017

Effective **January 1, 2017**, ABAWDs who live in Queens outside of Queens Community District 12 (*see map on page 5*) are required to meet the ABAWD work requirements each month to maintain SNAP benefit eligibility for more than three (3) months in the 36 month period from January 2016 to December 2018. ABAWDs who live in Manhattan below West 110th Street and below East 96th Street (*see map on page 4*), continue to be required to meet the ABAWD work requirements.

ABAWDs who live in the Bronx, Brooklyn, Staten Island, above West 110th Street and above East 96th Street in Manhattan, and in Community District 12 in Queens have a federally approved ABAWD waiver for calendar year 2017. Queens Community District 12 covers the area that is south of Hillside Avenue and north of the Belt Parkway, and between the Van Wyck Expressway on the west and Francis Lewis Boulevard and Springfield Boulevard on the east. If it is not clear if you live in an area with an ABAWD waiver, you should call the Human Resources Administration (HRA) Infoline at **718-557-1399**.

If I am an ABAWD who lives in an area that does not have an ABAWD waiver, what am I required to do?

To maintain SNAP benefit eligibility for more than three (3) months in the 36 month period from January 2016 to December 2018, you must complete and document one of the following each month:

- Work (including "in-kind" and volunteer work) for at least 80 hours per month;
- Participate in an HRA-approved work/training activity for at least 80 hours per month;
- Participate in a community service work activity approved by HRA for the number of hours per month equal to your SNAP grant divided by the higher of the federal or State minimum wage;
- Participate in a program under the Workforce Innovation and Opportunity Act or Trade Act which may include job search, job readiness, occupational skills training and education activities for at least 80 hours per month; or
- Participate in a combination of work or qualifying work programs for at least 80 hours per month.

Note: the work requirements listed above apply to each ABAWD in the SNAP household.

If you are already working or participating in an activity listed above for the required number of hours, you should call the HRA Infoline at **718-557-1399** to get information about the documentation you need to send us. You will need to provide documentation of participation in unpaid work activities each month to show us that you are meeting the ABAWD work requirements. If your hours of work or work activity fall below 80 hours for a month, you must notify us within 10 days after the end of that month.

If you are **NOT** already working or participating in the above listed activities for the required number of hours and you would like to maintain SNAP benefit eligibility for more than three (3) months, you should call the HRA Infoline at **718-557-1399** to discuss participating in an available work activity.

If you do not believe that you are subject to the ABAWD work requirements (*see the list of exemptions on the following page*), or your situation has changed, you should call the HRA Infoline at **718-557-1399**. For example, you have moved to an area with an approved ABAWD waiver. You must provide documentation to confirm that you are not subject to the ABAWD work requirements before your status can be changed.

What if I am not working and not otherwise meeting the required hours of participation each month?

Failure to comply with these requirements without good cause may result in being ineligible for SNAP benefits. Good cause includes temporary illness that prevents you from working at least 80 hours a month or another situation that is beyond your control.

Do you think you are exempt from the ABAWD work requirements?

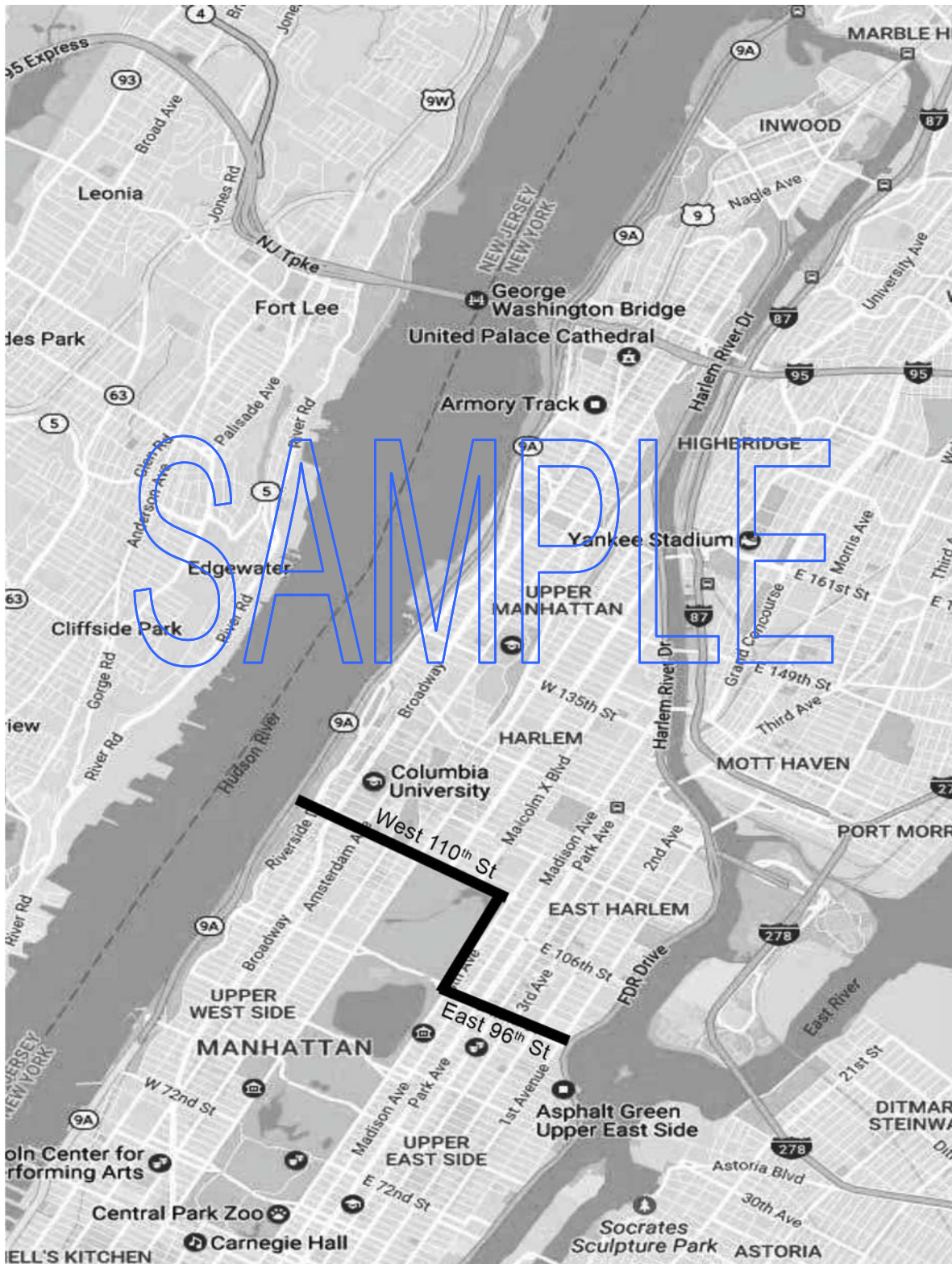
If you believe that you are exempt from the ABAWD work requirements because you meet one or more of the conditions listed below, you should call the HRA Infoline at **718-557-1399**.

- A person under age 18, or 50 years of age or older
- An adult in a SNAP household with a child under 18 years of age
- A full-time caretaker of an incapacitated person
- A pregnant woman
- Physically or mentally unable to work at least 80 hours a month
- Determined to be unable to work due to substance abuse
- A recipient of Veterans Affairs (VA) disability compensation
- A recipient of disability benefits from a public or private source, such as Social Security Disability Insurance (SSDI) or NYS disability benefits
- A recipient or pending receipt of Unemployment Insurance Benefits (UIB)
- A student enrolled in any recognized school, job skills training, or institution of higher education at least half-time and meeting the student eligibility criteria to receive SNAP
- An applicant for SNAP benefits and Supplemental Security Income (SSI) jointly or in receipt of SSI
- Employed or self-employed and working at least 30 hours per week **or** receiving weekly earnings at least equal to the federal minimum wage times 30 (currently \$217.50 per week)

Note: Only the individual who meets one or more of the conditions listed above would be exempt from the ABAWD work requirements. Other ABAWDs in the SNAP household would still be required to comply with the ABAWD work requirements to maintain SNAP benefit eligibility for more than three (3) months in a 36 month period.

Upper Manhattan Map

People who live north of the bolded lines in Manhattan **do not** have to meet the ABAWD work requirements. If it is not clear if you reside in an area where individuals must meet ABAWD work requirements, you should call the HRA Infoline at **718-557-1399**.



Queens Community District 12 Map

People who live within the bolded lines in Queens **do not** have to meet the ABAWD work requirements. If it is not clear if you reside in an area where individuals must meet ABAWD work requirements, you should call the HRA Infoline at **718-557-1399**.





Fecha: _____

Número del Caso: _____

Centro: _____

Nombre del Participante: _____

Aviso del Estado de Adulto Sano sin Dependientes (ABAWD)

Nuestros archivos indican que usted tiene entre 18 y 49 años de edad, es apto(a) para trabajar, y en su hogar del Programa de Asistencia de Nutrición Suplementaria (SNAP) ninguna persona tiene menos de 18 años de edad. Esto significa, a no ser que usted esté por lo demás exento(a), que usted es persona denominada Adulto Sano sin Dependientes (ABAWD). La ley federal estipula que las personas ABAWD participen en actividades laborales cualificadoras, tal como se indica a continuación, para mantener la elegibilidad de beneficios de SNAP por más de tres (3) meses en un período de 36 meses. Dicha estipulación corresponde a menos que se le determine exento(a), o que usted resida en una de las zonas con exención de ABAWD aprobada por el Departamento de Agricultura Estadounidense (USDA), tal como se indica a continuación.

IMPORTANTE – NOTICIA PARA ENERO DEL 2017

A partir del **1º de enero del 2017**, se requiere que reúnan los requisitos de trabajo de ABAWD cada mes las personas ABAWD quienes residan en Queens fuera del Distrito Comunitario 12 de Queens (*vea el mapa en la página 5*) para mantener la elegibilidad para beneficios de SNAP por más de tres (3) meses en un período de 36 meses, desde enero del 2016 hasta diciembre del 2018. Se requiere que sigan reuniendo los requisitos de trabajo de ABAWD las personas ABAWD quienes residan en Manhattan al sur de West 110th Street y al sur de East 96th Street (*mapa en la página 4*).

Las personas ABAWD quienes residan en el Bronx, Brooklyn, Staten Island, al norte de West 110th Street y al norte de East 96th Street en Manhattan, y en el Distrito Comunitario 12 de Queens, cuentan con una exención aprobada por el gobierno federal durante el año calendario de 2017. El Distrito Comunitario 12 de Queens abarca la zona al sur de Hillside Avenue y al norte del Belt Parkway, y entre el Van Wyck Expressway al oeste y Francis Lewis Boulevard y Springfield Boulevard al este. Si usted no está seguro(a) si es residente de una zona con exención de ABAWD, debería llamar a la Infoline de la Administración de Recursos Humanos (HRA) al **718-557-1399**.

Si soy persona ABAWD que reside en una zona sin exención de ABAWD, ¿qué pasos debo tomar?

Para mantener la elegibilidad de beneficios de SNAP por más de tres (3) meses en el período de 36 meses desde enero del 2016 hasta diciembre del 2018, usted debe llevar a cabo y documentar una de las siguientes actividades cada mes:

- trabajar (incluido "en especie" y trabajo de voluntario) durante por lo menos 80 horas mensuales;
- participar en una actividad de trabajo/capacitación aprobada por la HRA durante por lo menos 80 horas mensuales;
- participar en una actividad de trabajo de servicio comunitario aprobada por la HRA por el número de horas mensuales que equivalgan a su concesión de SNAP dividida por el superior del salario mínimo federal o estatal;
- participar en un programa conforme a la Ley de Oportunidad e Innovación para Trabajadores o la Ley de Comercio, lo que puede incluir búsqueda de trabajo, preparación profesional, capacitación de aptitudes profesionales y actividades educacionales, durante por lo menos 80 horas mensuales; o
- participar en una combinación de trabajo o actividades laborales cualificadoras durante por lo menos 80 horas mensuales;

Nota: Los requisitos de trabajo indicados arriba corresponden a toda persona ABAWD del hogar de SNAP.

Si usted ya trabaja o participa en una actividad indicada arriba por el número de horas estipuladas, debería llamar a la Infoline de la HRA al **718-557-1399** para obtener información sobre la documentación que usted tenga que enviarnos. Usted tendrá que documentar su participación mensual en actividades de trabajo sin paga para demostrarnos que está reuniendo los requisitos de trabajo de ABAWD. Si sus horas laborables o actividad de trabajo se reducen a menos de 80 horas mensuales, usted debe notificarnos de ello dentro de 10 días posteriores al fin de dicho mes.

Si usted ya **NO** trabaja ni participa en las actividades antemencionadas durante el número de horas obligatorias y desea mantener la elegibilidad para beneficios de SNAP por más de tres (3) meses, debería llamar a la Infoline de la HRA al **718-557-1399** para tratar de su participación en una actividad de trabajo disponible.

Si usted no considera que está sujeto(a) a los requisitos de trabajo de ABAWD (*lista de exenciones en la siguiente página*), o ha cambiado su situación, debería llamar a la Infoline de la HRA al **718-557-1399**. Por ejemplo, si usted se ha mudado a una zona con exención aprobada de ABAWD, usted debe proporcionar documentación que verifique que no está sujeto(a) a los requisitos de trabajo de ABAWD, antes de que se pueda cambiar su estado.

¿Qué tal si no estoy trabajando ni por lo demás reuniendo las horas mensuales obligatorias de participación?

El incumplimiento de estos requisitos sin motivo justificado puede resultar en la pérdida de elegibilidad de beneficios de SNAP. El motivo justificado incluye enfermedad temporaria que le impida trabajar por lo menos 80 horas al mes u otra situación que esté fuera de su voluntad.

¿Cree usted estar exento(a) de los requisitos de trabajo de ABAWD?

Usted debería llamar a la Infoline de la HRA al **718-557-1399**, si considera que está exento(a) de los requisitos de trabajo de ABAWD por cumplir uno de los siguientes requisitos indicados a continuación:

- tiene menos de 18 años de edad, o 50 años de edad o más
- es adulto de un hogar de SNAP con niño(a) menor de 18 años de edad
- cuida a tiempo completo a una persona discapacitada
- es mujer embarazada
- es física o mentalmente inapto(a) para trabajar por lo menos 80 horas mensuales
- ha sido determinado(a) inapto(a) para trabajar debido a la drogadicción
- es beneficiario de indemnización para discapacitación de Asuntos de Veteranos (VA)
- es beneficiario de indemnización para discapacitados de una fuente pública o privada, tal como el Seguro para Discapacitación de Seguridad Social (SSDI) o beneficios de discapacitación del Estado de Nueva York
- es beneficiario o espera recibir Beneficios del Seguro de Desempleo (UIB)
- es estudiante inscrito(a) por lo menos a tiempo parcial en cualquier instituto reconocido, capacitación de aptitudes laborales, o institución de enseñanza superior, y cumple los criterios de elegibilidad estudiantil para SNAP
- recibe Ingreso de Seguridad Suplementario (SSI) o lo ha solicitado conjuntamente con beneficios de SNAP
- trabaja lo menos 30 horas semanales como empleado o por cuenta propia o recibe ingresos semanales que por lo menos equivalgan al salario mínimo federal multiplicado por 30 (actualmente \$217.50 a la semana)

Nota: Sólo estaría exenta de los requisitos de trabajo de ABAWD la persona que cumpla uno o más de las condiciones antemencionadas. Las otras personas ABAWD del hogar de SNAP aún tendrían que cumplir los requisitos de trabajo de ABAWD, por más de tres (3) meses en un período de 36 meses, para mantener la elegibilidad de beneficios de SNAP.

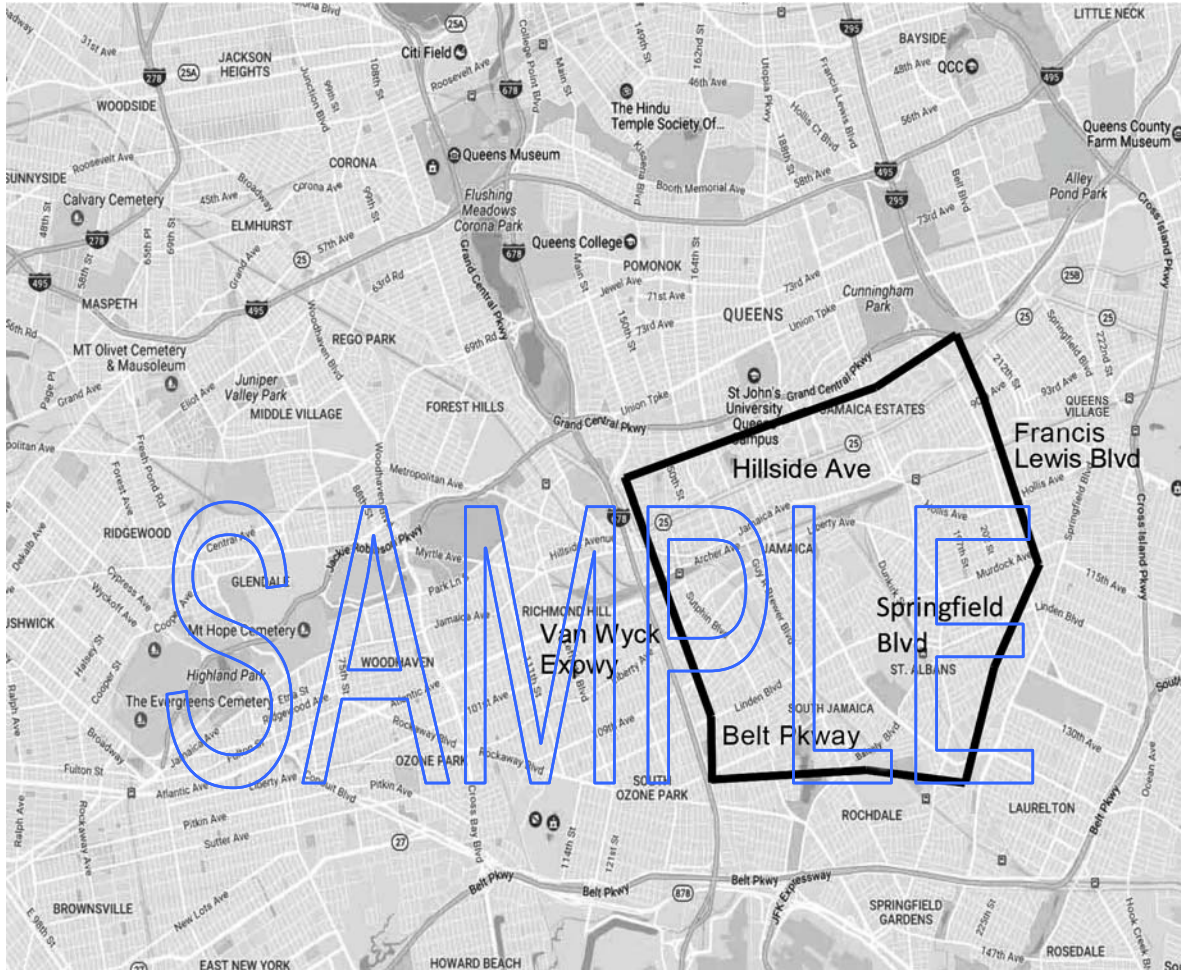
Mapa del norte de Manhattan

Las personas que residen al norte de las líneas negras en Manhattan **no** tienen que reunir los requisitos de trabajo de ABAWD. Si usted no está seguro(a) si reside en una zona en donde las personas tengan que reunir los requisitos de ABAWD, debería llamar a la Infoline de la HRA al **718-557-1399**.



Mapa del distrito comunitario 12 de Queens

Las personas que residen dentro de las líneas negras **no** tienen que reunir los requisitos de trabajo de ABAWD. Si usted no está seguro(a) si reside en una zona en donde las personas tengan que reunir los requisitos de trabajo de ABAWD, debería llamar a la Infoline de la HRA al **718-557-1399**.



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

Notice of Need to Reestablish Able-Bodied Adult Without Dependents (ABAWD) Eligibility

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;
- Not in receipt of Veterans' Affairs (VA) disability compensation;
- Not in receipt of disability benefits from a public or private source, such as NYS Disability Insurance or Social Security Disability Insurance (SSDI); 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;
- Work and participate in HRA approved work/training programs for a combined total of at least 80 hours per month;
- Participate in a program under the Workforce Innovation and Opportunity Act for at least 80 hours per month; or
- Comply with a community service activity offered by HRA at a not-for-profit organization for the number of hours equal to your SNAP grant divided by the higher of the federal or state minimum wage.

(Turn page)

HRA has also determined that you have already received at least three months of SNAP benefits in the 36 month period from January 2016 through December 2018 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;
- 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 compliance with a community service activity offered by HRA at a not-for-profit organization for the number of hours equal to your SNAP grant divided by the higher of the federal or state minimum wage if you do not find a job by the end of the 30 day period;
- Documenting that you are exempt from the ABAWD requirements; or
- Documenting that you reside in a waived area.

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.

SAMPLE

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

Fecha: _____

Número del Caso: _____

Centro: _____

Nombre: _____

Aviso de la Necesidad de Restablecer la Elegibilidad del Adulto Sano Sin Dependientes (ABAWD)

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

- usted tiene 18 años de edad o más, pero tiene menos de 50 años de edad;
- usted no está embarazada;
- usted no reside en un hogar de SNAP que conste de un niño menor de 18 años de edad;
- usted no recibe compensación por discapacidad de Asuntos de Veteranos (VA);
- usted no recibe beneficios por discapacidad de fuente pública o privada, como Seguro de Discapacitación de NYS o Seguro de Discapacitación de la Seguridad Social (SSDI); y
- su estado físico y mental le permite trabajar por lo menos 80 horas al mes.

Como persona ABAWD, a fin de reunir los requisitos para recibir beneficios de SNAP por más de tres meses durante un período de 36 meses, usted debe:

- trabajar (incluido trabajo en especie y de voluntario) por lo menos 80 horas al mes;
- participar en un programa de trabajo/capacitación aprobado por la HRA por lo menos 80 horas al mes;
- trabajar y participar en programas de empleo/capacitación aprobados por la HRA por un total combinado de por lo menos 80 horas al mes;
- participar en un programa conforme a la Ley de Innovación y Oportunidad Laboral (Workforce Innovation and Opportunity Act) durante por lo menos 80 horas al mes; o
- cumplir una actividad de servicio comunitario brindada por la HRA en una organización sin fines de lucro por el número de horas equivalente a su asignación de SNAP dividida por el superior entre el salario mínimo federal y el salario mínimo estatal.

(Votee la página)

Además, la HRA ha determinado que usted ya ha recibido por lo menos tres meses de beneficios de SNAP durante el período de 36 meses desde enero del 2016 hasta diciembre del 2018, y durante el cual usted no cumplía ninguno de los requisitos antemencionados. 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 la elegibilidad al:

- confirmar 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 solicitud de SNAP;
- confirmar que ha trabajado o participado en un programa de trabajo/capacitación por lo menos 80 horas dentro de un período de 30 días consecutivos, tras haber perdido la elegibilidad para beneficios de SNAP;
- realizar 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 de beneficios de SNAP. Tras el período de 30 días de búsqueda de trabajo, usted debe cumplir una actividad de servicio comunitario brindada por la HRA en una organización sin fines de lucro por el número de horas equivalente a su concesión de SNAP dividida por la cantidad superior entre el salario mínimo federal y salario mínimo estatal, si usted no consigue trabajo al vencerse el período de 30 días;
- documentar que usted está exento(a) de los requisitos de ABAWD; o
- documentar que usted reside en una zona dispensada.

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

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.



Date: _____

Case Number: _____

Center: _____

Name: _____

Declaration of Job Search Activities

To get Supplemental Nutrition Assistance Program (SNAP) benefits again, under the Able-Bodied Adult Without Dependents (ABAWD) rules, you can do job search for at least 12 hours in the 30 day period after you gave us your SNAP application. Following this job search period, you must participate in a community service activity offered by HRA at a not-for-profit organization for the number of hours equal to your SNAP grant divided by the higher of the federal or state minimum wage.

Use the log below to record your job search activity. To get SNAP benefits again this way, you must complete, sign, and return this form as soon as you have done at least 12 hours of job search. You must give us this form no later than: _____.

Only use this form if you can't get your eligibility back by proving:

- That you will work for at least 80 hours within the 30 days after giving us your SNAP application; or
- That you have worked for at least 80 hours within a consecutive 30 day period after you lost your 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, help wanted ads and any travel time spent for job interviews.

(Turn page)

By signing this form, 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 can get SNAP benefits otherwise, I must comply with an activity HRA offers me. The activity will be at a not-for-profit organization. The number of hours I will have to go to the activity is the amount of my SNAP benefits divided by the minimum wage.

Applicant signature

Date

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

SAMPLE



Fecha: _____

Número de Caso: _____

Centro: _____

Nombre: _____

Declaración de Actividades de Búsqueda de Trabajo

Para obtener de nuevo 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, durante el período de 30 días tras presentarnos la solicitud de SNAP. Después de este período de búsqueda de trabajo, usted debe participar en una actividad de servicio comunitario brindada por la HRA en una organización sin fines de lucro, por el número de horas equivalente a su concesión de SNAP dividida por el superior del salario mínimo federal y del salario mínimo estatal.

Favor de utilizar el registro a continuación para anotar sus actividades de búsqueda de trabajo. Para obtener nuevamente beneficios de SNAP de este modo, usted debe llenar, firmar, y devolver este formulario, tan pronto haya realizado un mínimo de 12 horas de búsqueda de trabajo. Usted debe presentarnos este formulario a más tardar el:

_____.

Use este formulario sólo si no puede restablecer elegibilidad para SNAP al probar que:

- trabajará un mínimo de 80 horas durante el período de 30 días, tras la fecha de presentar solicitud para SNAP; o
- 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/ email / sitio Web (si corresponde)	Tiempo pasado con el contacto*

*Incluya el tiempo pasado en búsqueda de trabajo por Internet, en anuncios de trabajo, al igual que todo tiempo en transporte para entrevistas de trabajo.

(Voltee la página)

Al firmar este formulario, certifico que la información más arriba es verídica. Entiendo que si no puedo conseguir empleo durante el período de 30 días de búsqueda de trabajo, y que por lo demás puedo obtener beneficios de SNAP, debo realizar toda actividad que me brinde la HRA. Dicha actividad tomará lugar en una organización sin fines de lucro. El número de horas por las cuales tendré que participar en la actividad equivaldrá a la cantidad de mis beneficios de SNAP dividida por el salario mínimo.

Firma del Solicitante

Fecha

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

SAMPLE



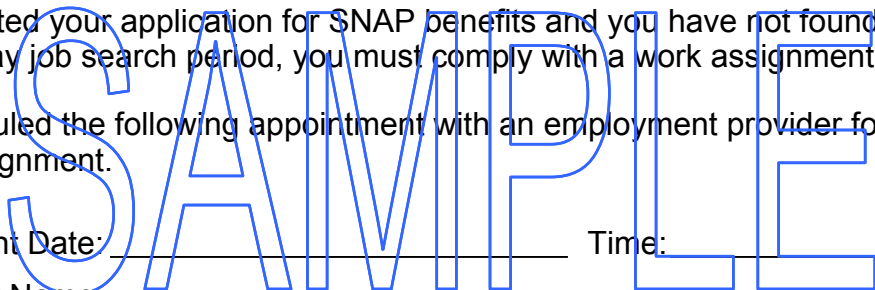
Date: _____
Case Number: _____
Case Name: _____
Center: _____
Conference _____
Telephone Number: _____

Appointment Notice to Employment Provider
(For Newly Activated ABAWDs)

To get Supplemental Nutrition Assistance Program (SNAP) benefits again under the Able-Bodied Adult Without Dependents (ABAWD) rules, you recently sent us the Declaration of Job Search Activities (**FIA-1021b**). You met the requirement of completing at least 12 hours of job search activities in the 30 day period since you filed your application for SNAP benefits.

Since we accepted your application for SNAP benefits and you have not found employment during the 30-day job search period, you must comply with a work assignment this month.

We have scheduled the following appointment with an employment provider for you to comply with a work assignment.



Appointment Date: _____ Time: _____
Provider Name: _____
Provider Address: _____
City: _____ State: _____ Zip: _____
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**

(Turn page)

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 full-time caretaker of incapacitated persons; or
- A pregnant woman; or
- In receipt of Veterans' Affairs (VA) disability compensation; or
- In receipt of disability benefits from a public or private source, such as NYS Disability Insurance or Social Security Disability Insurance (SSDI); or
- Physically or mentally unfit for employment; or
- Determined to be unable to work due to substance abuse; 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 rules, you may get SNAP benefits again 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 an HRA provided community service assignment in the following month if you are unable to find employment after your 30-day period of job search.

If you get SNAP benefits again, you will be required to meet the ABAWD rules in order to continue to receive SNAP benefits.

However, if you get SNAP benefits again and then 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 stop participating in a job or work assignment.

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

(Turn page)

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 CONDITION, 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 condition?

If you feel that you are unable to work, you must give us a letter on your doctor's stationery that indicates your doctor's name, the date, your medical condition, and when you are expected to recover.

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 ask the person who gave you the assignment if they can change your assignment.

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 SNAP Center.

When can you be absent from your assignment?

You do not have to report to your assignment on holidays observed by your participating provider, on your days of religious observance (must have proof), 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 like illness, family emergency, jury duty, appointments at an HRA office, school closings, child care issues, 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 tell your supervisor by telephone as soon as you know that you are going to be absent or late. Tell them before your scheduled starting time. If you do not do so, you may not be able to continue in your voluntary community service placement and be assigned another work activity by us. When you return to your work site, you must bring any proof that you can get to show why you were absent or late.

(Turn page)

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, do not tell your supervisor, or do not provide proof, you may not be able to continue in your voluntary community service activity, and will be assigned another work activity. Additionally, the time you are absent from a work activity without good cause does not count towards the required hours that you must participate to meet ABAWD requirements and may result in not meeting the ABAWD requirement for that month.

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

SAMPLE



Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Centro: _____

Número de Teléfono de Conferencia: _____

Aviso de Cita al Proveedor de Empleo (Para personas ABAWD nuevamente activadas)

Para recibir nuevamente sus beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP), conforme a las reglas para el Adulto Sano Sin Dependientes (ABAWD), usted recién nos envió la Declaración de Actividades de Búsqueda de Trabajo (**FIA-1021b [S]**). Usted cumplió el requisito de participar en por lo menos 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 ha conseguido trabajo durante el período de 30 días de búsqueda de trabajo, debe cumplir este mes una asignación de trabajo.

Nosotros hemos programado la cita indicada a continuación con un proveedor de empleo para que usted cumpla una asignación de trabajo:

Fecha de la Cita: _____ Hora: _____

Nombre del Proveedor: _____

Dirección del Proveedor: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono: _____

Para indicaciones de viaje, favor de llamar a la New York Transit Authority (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

(Voltee la página)

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

Favor de comunicarse con su Centro de SNAP si usted considera que está exento(a) de estos requisitos por:

- tener 18 años de edad o 50 años de edad o mayor; o
- ser adulto de un hogar que reciba beneficios de SNAP con un niño menor de 18 años de edad; o
- ser proveedor de cuidado a tiempo completo para personas discapacitadas; o
- estar embarazada; o
- recibir compensación por discapacidad de Asuntos de Veteranos (VA); o
- recibir beneficios por discapacidad de parte de fuente pública o privada, como Seguro de Discapacitación del estado de NY o Seguro de Discapacitación de la Seguridad Social (SSDI); o
- ser persona inapta física o mentalmente para trabajar; o
- ser determinado no apto para trabajar debido a drogadicción; o
- ser beneficiario del Seguro de Desempleo (UIB), o ser solicitante de compensación de desempleo a quien se requiere registrarse para trabajar como parte del proceso de solicitud; o
- ser 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 de SNAP; o
- ser solicitante de SSI y SNAP hasta que se le determine elegible o inelegible para recibir SSI; o
- trabajar, ya sea por cuenta propia por un mínimo de 30 horas semanales o recibir ingresos semanales por lo menos equivalentes al salario mínimo federal multiplicado por 30.

¿Qué tal si usted pierde su elegibilidad?

Si usted pierde su elegibilidad para beneficios de SNAP tras no cumplir las reglas de ABAWD, puede recibir nuevamente beneficios de SNAP de 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 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. En el mes siguiente se debe realizar una asignación de servicio comunitario brindada por la HRA, si usted no puede conseguir empleo tras el período de búsqueda de trabajo de 30 días.

Si usted recibe nuevamente beneficios de SNAP, se le obligará cumplir las reglas de ABAWD para seguir recibiendo estos beneficios.

Sin embargo, si usted recibe nuevamente beneficios de SNAP y luego 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 en que usted deje de participar en una asignación de trabajo.

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

(Voltee la página)

La HRA pondrá a su disposición una actividad de trabajo cualificadora 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 UNA AFECCIÓN MÉDICA, O SI NO PUEDE PRESENTARSE AL TRABAJO POR OTRO MOTIVO.

¿Qué tal si cree que a usted no se le debería obligar a trabajar a raíz de una afección médica?

Si usted considera que no puede trabajar, debe proveernos una carta en el membrete de su médico que incluya el nombre de su médico, la fecha, su afección médica y la fecha anticipada de recuperación.

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

Si usted estima que no puede trabajar, pero no es apto físicamente para llevar a cabo la tarea que le hayan asignado, puede pedirle a la persona que le otorgue la asignación si se la puede cambiar.

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

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

¿En qué circunstancias puede usted faltar a su asignación?

Usted no tiene que presentarse a su asignación en los días feriados observados por su proveedor participante, ni en sus días de observancia religiosa (a ser documentados), ni cuando tenga "motivo justificado".

¿Qué se considera "motivo justificado" por faltar al trabajo?

El "motivo justificado" incluye circunstancias ajenas a su voluntad, como enfermedad, emergencia familiar, deber de jurado, citas en oficinas de la HRA, cierre escolar, problemas con el cuidado infantil, o falta de transporte. El "motivo justificado" también incluye las entrevistas de empleo y el trabajo temporario o a tiempo parcial.

¿Qué debe hacer usted si no puede presentarse al trabajo o si va a llegar tarde?

Debe informar a su supervisor por teléfono tan pronto sepa que va a faltar o llegar tarde. Hágalo antes de la hora programada de comienzo de trabajo. De no hacerlo, puede perder su plaza en el servicio comunitario de voluntario y ser asignado(a) a otra actividad de trabajo. Al regresar a su local de trabajo, usted debe traer cualquier prueba del motivo por su ausencia o tardanza.

¿Qué tal si usted falta o llega tarde sin motivo justificado, sin informar de antemano a su supervisor, o sin proporcionar la prueba necesaria?

Si usted falta o llega tarde sin motivo justificado, sin informar a su supervisor, o sin proporcionar la prueba necesaria, puede perder la plaza en la actividad de servicio comunitario de voluntario, y será asignado(a) a otra actividad de trabajo. Además, el tiempo de su ausencia de de la actividad de trabajo sin motivo justificado no se toma en cuenta para las horas estipuladas de participación en los requisitos de ABAWD, y esto puede significar que usted no reúna los requisitos de ABAWD por ese mes.

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, do not tell your supervisor, or do not provide proof, you may not be able to continue in your voluntary community service activity, and will be assigned another work activity. Additionally, the time you are absent from a work activity without good cause does not count towards the required hours that you must participate to meet ABAWD requirements and may result in not meeting the ABAWD requirement for that month.

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

SAMPLE



Date: _____
Case Name: _____
Participant Name: _____
Center: _____

Offer of a Work Activity to an Able-Bodied Adult Without Dependents (ABAWD)

We are sorry to inform you that the federal government has told New York that we must implement a rule that if you cannot find work, you can no longer receive Supplemental Nutrition Assistance Program (SNAP) benefits (formerly known as food stamps), without participating in some work or work-related activity. This is because you are able to work and do not have dependents, a category formally known as Able-Bodied Adult Without Dependents (ABAWD).

In order for you to receive SNAP benefits for more than three months in a 36-month period, you must meet one of the following ABAWD requirements:

- Work (including in-kind and volunteer work) for at least 80 hours per month; or
- Participate in a work/training program approved by the Human Resources Administration (HRA) for at least 80 hours per month; or
- Work and participate in HRA approved work/training programs for a combined total of at least 80 hours per month; or
- Comply with a community service activity offered by HRA at a not-for-profit organization for the number of hours equal to your SNAP grant divided by the higher of the federal or state minimum wage.

According to our records, you are not currently working or participating in an approved work/training program for at least 80 hours per month. Therefore we are making a qualifying work activity available to you that will enable you to meet the ABAWD work requirements. We have scheduled the following appointment for you with an employment provider.

Appointment Date: _____ Time: _____ Telephone: _____
Provider Name: _____
Provider Address: _____
City: _____ State: _____ Zip Code: _____

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

(Turn page)

If you are unable to keep the appointment, please contact us at the above number before your reporting time to arrange for a new appointment.

If you have a physical, mental health or learning problem that makes it difficult for you to get to this location, please call us at the number above.

In addition to offering you a qualifying work activity, HRA is offering you the opportunity to voluntarily meet with an employment provider who will assess your employment needs and provide the training and job search activities that will assist you in obtaining gainful employment.

If you believe that you are exempt from the ABAWD work requirements (see below for exemptions), please bring documentation of your exemption to your appointment.

FAILURE TO MEET THE ABAWD WORK REQUIREMENTS WITHOUT GOOD CAUSE FOR MORE THAN THREE MONTHS IN A 36 MONTH PERIOD WILL RESULT IN THE REDUCTION OR TERMINATION OF YOUR SNAP BENEFITS.

You are exempt from the ABAWD work requirements if you are:

- Under 18 years of age or 50 years of age or older; or
- Residing in a SNAP household with an individual under 18 years of age; or
- A full-time caretaker of an incapacitated person; or
- Pregnant; or
- In receipt of Veterans' Affairs disability compensation; or
- In receipt of disability benefits from a public or private source, such as NYS disability or Social Security Disability Insurance (SSDI) benefits; or
- Physically or mentally unable to work for at least 80 hours per month; or
- Determined to be unable to work due to substance abuse; or
- A recipient of Unemployment Insurance Benefits (UIB); 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 Supplemental Security Income (SSI) and SNAP, under the joint processing provisions until an SSI determination is made; 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.

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.



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

Oferta de Actividad de Trabajo para Adulto Sano Sin Dependientes (ABAWD)

Nos disculpamos por informarle que el gobierno federal ha ordenado al estado de Nueva York que nosotros implementemos una regla que establece que si usted no puede encontrar trabajo, ya no puede recibir beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP) (anteriormente conocido como cupones para alimentos), a menos que participe en algún trabajo o actividad relacionada con el trabajo. Esto se debe a que usted pertenece a una categoría oficialmente conocida como Adulto Sano sin Dependientes (ABAWD), ya que es apto(a) para trabajar y no cuenta con dependientes.

Para recibir beneficios de SNAP por más de tres meses durante un período de 36 meses, usted debe cumplir uno de los siguientes requisitos de ABAWD:

- Trabajar (incluido trabajo en especie y de voluntario) durante por lo menos 80 horas al mes; o
- Participar en un programa de trabajo/capacitación aprobado por la Administración de Recursos Humanos (HRA) durante por lo menos 80 horas al mes; o
- Trabajar y participar en programas aprobados por la HRA de trabajo/capacitación por un total combinado de por lo menos 80 horas al mes; o
- Cumplir una actividad de servicio comunitario brindada por la HRA en una organización sin fines de lucro por el número de horas equivalente a su subsidio de SNAP dividido por el superior entre el salario mínimo estatal y el federal.

Según nuestros archivos, actualmente usted no trabaja ni participa en un programa aprobado de trabajo/capacitación durante por lo menos 80 horas al mes. Por lo tanto, le estamos brindando una actividad de trabajo cualificadora que le permitirá reunir los requisitos de ABAWD. Le hemos programado la siguiente cita con un proveedor de empleo:

Fecha de la Cita: _____ Hora: _____ Teléfono: _____

Nombre del Proveedor: _____

Dirección del Proveedor: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Para indicaciones de viaje, favor de llamar a la New York City Transit Authority al **(718) 330-1234** o al **511**.

(Voltee la página)

Si usted no puede cumplir esta cita, favor de comunicarse con nosotros al número más arriba antes de la hora de su cita para programar nueva cita.

Si usted tiene un problema físico, psiquiátrico, o de aprendizaje que le dificulte trasladarse a ese local, favor de llamarnos al número más arriba.

Además de brindarle una actividad de trabajo cualificadora, la HRA le está brindando la oportunidad de reunirse voluntariamente con un proveedor de empleo quien evaluará sus necesidades de empleo y le brindará las actividades de capacitación y búsqueda de trabajo que le ayudarán a obtener trabajo remunerado.

Si usted considera que está exento(a) de los requisitos de trabajo (vea a continuación las exenciones), favor de traer a la cita la documentación pertinente consigo.

EL INCUMPLIMIENTO DE LOS REQUISITOS DE TRABAJO DE ABAWD SIN MOTIVO JUSTIFICADO POR MÁS DE TRES MESES DURANTE UN PERÍODO DE 36 MESES RESULTARÁ EN LA REDUCCIÓN O TERMINACIÓN DE SUS BENEFICIOS DE SNAP.

Usted está exento de los requisitos de ABAWD si:

- tiene menos de 18 años de edad, o tiene 50 años de edad o más; o
- es adulto de un hogar de SNAP con un niño menor de 18 años de edad; o
- cuida a una persona discapacitada a tiempo completo; o
- está embarazada; o
- recibe compensación por discapacidad de Asuntos de Veteranos (VA); o
- recibe beneficios por discapacidad de parte de fuente pública o privada, como Seguro de Discapacitación del estado de NY o Seguro de Discapacitación de la Seguridad Social (SSDI); o
- es física o mentalmente inapto(a) para trabajar por lo menos 80 horas al mes; o
- se le determina inapto(a) para trabajar debido a la drogadicción; o
- recibe Beneficios del Seguro de Desempleo (UIB); o
- está inscrito(a) por lo menos a medio tiempo en cualquier escuela, programa de capacitación o instituto de educación superior reconocidos, siempre que haya reunido los requisitos de elegibilidad para estudiantes; o
- solicita SSI (Ingreso Suplementario de Seguridad) y SNAP, conforme a las disposiciones de tramitación conjunta hasta que se llegue a una determinación de SSI; o
- está empleado(a) o trabaja por cuenta propia y trabaja un mínimo de 30 horas a la semana o recibe ingresos semanales por lo menos equivalentes al salario mínimo federal multiplicado por 30.

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? Nosotros podemos prestarle ayuda. Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.



Date: _____

Case Number: _____

Participant Name: _____

Center: _____

Follow-Up to the Offer of a Work Activity to an Able-Bodied Adult Without Dependents (ABAWD)

You are receiving Supplemental Nutrition Assistance Program (SNAP) benefits. Our records show that you are not currently working or participating in an approved work/training program for at least 80 hours per month. Therefore, we made a qualifying work activity available to you that will allow you to meet the ABAWD work requirements.

We scheduled an appointment for you with an employment provider, but you did not keep the appointment. You can still go and meet with the employment provider listed below where you have an open offer of an ABAWD work activity.

SAMPLE

Provider Name: _____

Provider Address: _____

City: _____ State: _____ Zip Code: _____

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

To receive SNAP benefits for more than three months in a 36-month period, you must meet one of the following ABAWD requirements:

- Work (including in-kind and volunteer work) for at least 80 hours per month; or
- Participate in a work/training program approved by the Human Resources Administration (HRA) for at least 80 hours per month; or
- Work and participate in HRA approved work/training programs for a combined total of at least 80 hours per month; or
- Comply with a community service activity offered by HRA at a not-for-profit organization for the number of hours equal to your SNAP grant divided by the higher of the federal or state minimum wage.

In addition to offering you a qualifying work activity, HRA is offering you the opportunity to voluntarily meet with an employment provider who will assess your employment needs and provide the training and job search activities that will assist you in obtaining gainful employment.

(Turn page)

If you believe that you are exempt from the ABAWD work requirements (see below for exemptions), please bring documentation of your exemption to the provider.

IF YOU DO NOT MEET THE ABAWD WORK REQUIREMENTS WITHOUT GOOD CAUSE FOR MORE THAN THREE MONTHS IN A 36-MONTH PERIOD, YOUR SNAP BENEFITS MAY BE LOWERED OR STOPPED.

You are exempt from the ABAWD work requirements if you are:

- Under 18 years of age or 50 years of age or older; or
- Residing in a SNAP household with an individual under 18 years of age; or
- A full-time caretaker of an incapacitated person; or
- Pregnant; or
- In receipt of Veterans' Affairs (VA) disability compensation; or
- In receipt of disability benefits from a public or private source, such as NYS Disability Insurance or Social Security Disability Insurance (SSDI); or
- Physically or mentally unable to work for at least 80 hours per month; or
- Determined to be unable to work due to substance abuse; or
- A recipient of Unemployment Insurance Benefits (UIB); 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 Supplemental Security Income (SSI) and SNAP, under the joint processing provisions until an SSI determination is made; 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.

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

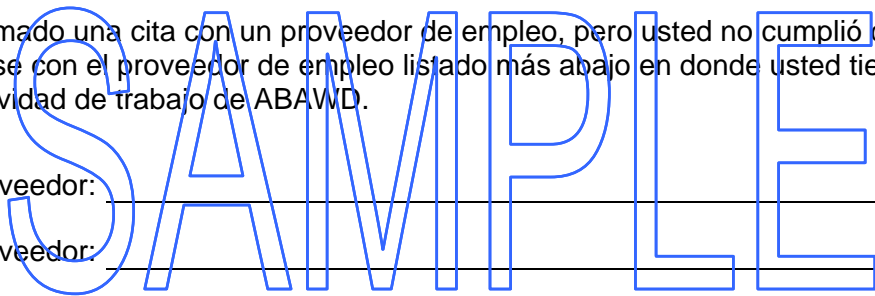


Fecha: _____
Número del Caso: _____
Nombre del Participante: _____
Center: _____

Seguimiento a la Oferta de Actividad de Trabajo para Adulto Sano Sin Dependientes (ABAWD)

Usted recibe beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP). Según nuestros archivos, usted actualmente no trabaja ni participa en un programa aprobado de trabajo/capacitación durante por lo menos 80 horas al mes. Por lo tanto, le hemos brindado una actividad de trabajo cualificadora que le permitirá reunir los requisitos de trabajo de ABAWD.

Le hemos programado una cita con un proveedor de empleo, pero usted no cumplió dicha cita. Usted aún puede reunirse con el proveedor de empleo listado más abajo en donde usted tiene una oferta disponible de actividad de trabajo de ABAWD.



Nombre del Proveedor: _____
Dirección del Proveedor: _____
Ciudad: _____ Estado: _____ Código Postal: _____

Para indicaciones de viaje, favor de llamar a la New York City Transit Authority al **(718) 330-1234** o al **511**.

Para recibir beneficios de SNAP por más de tres meses durante un período de 36 meses, usted debe cumplir uno de los siguientes requisitos de ABAWD:

- Trabajar (incluido trabajo en especie y de voluntario) durante por lo menos 80 horas al mes; o
- Participar en un programa de trabajo/capacitación aprobado por la Administración de Recursos Humanos (HRA) durante por lo menos 80 horas al mes; o
- Trabajar y participar en programas de trabajo/capacitación aprobados por la HRA por un total combinado de por lo menos 80 horas al mes; o
- Cumplir una actividad de servicio comunitario brindada por la HRA en una organización sin fines de lucro por el número de horas equivalente a su subsidio de SNAP dividido por el superior entre el salario mínimo estatal y el federal.

Además de brindarle una actividad de trabajo cualificadora, la HRA le ha brindado la oportunidad de reunirse voluntariamente con un proveedor de empleo quien evaluará sus necesidades de empleo y le brindará las actividades de capacitación y búsqueda de trabajo que le ayudarán a obtener trabajo remunerado.

(Voltee la página)

Si usted cree que está exento(a) de los requisitos de trabajo de ABAWD (vea a continuación las exenciones), favor de entregar al proveedor la documentación pertinente.

SI USTED NO CUMPLE LOS REQUISITOS DE TRABAJO DE ABAWD SIN MOTIVO JUSTIFICADO POR MÁS DE TRES MESES DURANTE UN PERÍODO DE 36 MESES, SE PUEDEN REDUCIR O TERMINAR SUS BENEFICIOS DE SNAP.

Usted está exento(a) de los requisitos de trabajo ABAWD si:

- tiene menos de 18 años de edad, o tiene 50 años de edad o más; o
- reside en un hogar de SNAP con un niño menor de 18 años de edad; o
- cuida a una persona discapacitada a tiempo completo; o
- está embarazada; o
- recibe compensación por discapacidad de Asuntos de Veteranos (VA); o
- recibe beneficios por discapacidad de parte de fuente pública o privada, como Seguro de Discapacitación del estado de NY o Seguro de Discapacitación de la Seguridad Social (SSDI); o
- es física o mentalmente inapto(a) para trabajar por lo menos 80 horas al mes; o
- se le determina inapto(a) para trabajar debido a la drogadicción; o
- recibe Beneficios de Seguro de Desempleo (UIB); o
- está inscrito(a) por lo menos a medio tiempo en cualquier escuela, programa de capacitación o institución de educación superior reconocidos, siempre que haya reunido los requisitos de elegibilidad para SNAP para estudiantes; o
- solicita Ingreso Suplementario de Seguridad (SSI) y SNAP, conforme a las disposiciones de tramitación conjunta hasta que se llegue una determinación de SSI; o
- está empleado(a) o trabaja por cuenta propia y trabaja un mínimo de 30 horas a la semana o recibe ingresos semanales por lo menos equivalentes al salario mínimo federal multiplicado por 30.

¿Padece usted una discapacidad o afección médica o psiquiátrica? ¿Le dificulta la misma entender o cumplir este aviso? ¿Le dificulta la afección recibir otros servicios de la HRA? **Nosotros podemos prestarle ayuda.** Llámenos al 212-331-4640. Usted también puede pedir asistencia al visitar las oficinas de la HRA. Conforme a la ley, usted tiene el derecho de solicitar este tipo de ayuda.

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
Pregnant (within 30 days of medically verified date of delivery) - Exempt	24
Exemption claimed pending medical documentation (includes "obviously unfit" for employment due to a physical or mental health condition) - 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
Determined unable to work due to substance abuse - 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 <u>TANF</u> funded assistance and fails to comply with a <u>work experience</u> 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 full-time (the incapacitated person does NOT need to live in the household) - Exempt	38
Parent or Caretaker Relative of a child in the household under 12 months of age - Exempt	31
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
Substance abuser (determined able to work) - Non-exempt	64
Responsible for the care of an incapacitated person part-time (the incapacitated person does NOT need to live in the household) - Non-exempt	40
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"/>
• Unable to work in competitive employment at least 80 hours per month due to physical or mental limitation (medical statement or documentation required).	<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"/>

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**

TA/SNAP Employability Desk Guide

Client Name: _____ Case Name (if different): _____

Case #: _____ SSN: XXX-XX-____ Date: _____ Worker: _____

Generally, employment codes will translate from TA to SNAP as follows though there are always exceptions.

TA Exempt/SNAP Exempt

TA	SNAP	Description
24	24	Pregnant (within 30 days of medically verified date of delivery) - Exempt
*	28	<u>TA</u> : No direct equivalent (see TA <u>non-exempt</u> employability code 27 below) <u>SNAP</u> : Employed or self-employed 30 or more hours per week <u>OR</u> earning at least the equivalent of 30 x the federal minimum wage on a weekly basis (Currently \$217.50/week or higher) - Exempt
30	30	Younger than age 16 - Exempt
31	31	Parent or Caretaker Relative of a child in the household under 12 months of age - Exempt
32	32	60 Years of age or older - Exempt
35	35	<u>TA</u> : Non head of household in school full time (ages 16 through 18) - Exempt <u>SNAP</u> : Use 35 if age 16 or 17 not the head of household <u>OR</u> 16 or 17 attending school or an employment training program on at least a half time basis - Exempt
36	36	Incapacitated/disabled (more than 6 months) - Exempt
38	38	<u>TA</u> : Parent needed in home full time to care for incapacitated/disabled household member - Exempt <u>SNAP</u> : Responsible for the care of an incapacitated person full-time - Exempt
41	41	Temporary illness or incapacity (1-3 months exemption) - Exempt
42	42	Temporary illness or incapacity (4-6 months exemption) - Exempt
43	43	Incapacitated/disabled (SSI application filed) - Exempt
44	44	Incapacitated/Disabled (In Receipt of SSI) - Exempt
45	45	<u>TA</u> : Full employment waiver – Time Limit Exemption <u>SNAP</u> : Full employment waiver – Exempt
47	36	Incapacitated/Disabled – TA Time Limit Exemption (more than 6 months)
48	38	Needed in the home to care for incapacitated child full time – Time Limit Exemption
49	42	Temporary Illness or Incapacity – TA Time Limit Exemption (4 – 6 months)
*	52	<u>TA</u> : No direct equivalent. <u>SNAP</u> : Receiving or pending receipt of Unemployment(UIB) - Exempt
54	54	<u>TA</u> : Parent in receipt of Social Security Disability Insurance (SSDI) - Exempt <u>SNAP</u> : In receipt of SSDI - Exempt
58	38	Non-parent needed in the home fulltime to care for an incapacitated/disabled household member.
63	63	Determined unable to work due to substance abuse - Exempt
70	70	<u>TA</u> : Exemption claimed pending medical documentation – Exempt <u>SNAP</u> : Same as TA and includes "obviously unfit" for employment due to physical or mental health condition - Exempt
*	72	<u>TA</u> : No direct equivalent. <u>SNAP</u> : Student enrolled in a recognized school (including high school), job skills training or institution of higher education at least half-time - Exempt

If any of the SNAP emp. codes above are checked, the ABAWD code would be "N" (Non-ABAWD). **TA Emp. Code** ____ **SNAP Emp. Code** ____

STOP STOP **HERE!** If individual is exempt from both TA and SNAP work requirements

TA Nonexempt/SNAP Either Exempt or Non-Exempt

TA	SNAP	Description
16	16	Has a documented medical condition that limits individuals ability to work - Non-exempt
17	*	<u>TA</u> : Teen head of household or married teen enrolled in secondary school, equivalent, or other education directly related to employment/Non-exempt. <u>SNAP</u> : No direct equivalent.
20	20	Required to work - Non-exempt
27	27	<u>TA</u> : Employed part time or full-time. <u>SNAP</u> : If employed less than 30 hours per week and earning less than 30 hours X the federal minimum wage on a weekly basis (currently \$217.50 per week) - Non-exempt (Otherwise, see SNAP emp. code 28 above)
29	29	<u>TA</u> : True single parent or caretaker of child under six years of age – <u>Non Exempt</u> <u>SNAP</u> : A parent or household member responsible for care of child under 6 in the household – <u>Exempt</u> Note: In most instances, only one adult per household with a child under 6 may be coded 29
40	40	Parent or non-parent needed in the home part-time to care for an incapacitated/disabled household member - Non-exempt
46	*	<u>TA</u> : Expired Employment Waiver. <u>SNAP</u> : No direct equivalent - Non-exempt
57	*	<u>TA</u> : Partial Employment Waiver. <u>SNAP</u> : No direct equivalent - Non-exempt
64	64	Substance abuser (determined able to work) - Non-exempt

If the SNAP employability code is exempt, the ABAWD code is "N".

Also, the ABAWD code is "N", if any of the following apply (Check One ✓):

<input type="checkbox"/>	The parent or other adult is residing in a SNAP household with a child under 18
<input type="checkbox"/>	Under 18 or 50 years old or older
<input type="checkbox"/>	Pregnant
<input type="checkbox"/>	Unable to work in competitive employment at least 80 hours per month due to physical or mental health limitation
<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

All other recipients would be "A" – ABAWD, unless: "X" – excluded, based on district's exclusion policy; or "W" – waived from ABAWD work requirements per USDA approved ABAWD waiver

TA emp. code: ____ **SNAP emp. code:** ____ **ABAWD code:** ____