



Monthly ABAWD Education and Training Participation Record

INSTRUCTIONS

Able-Bodied Adults Without Dependents (ABAWDs) who are not working can meet federal ABAWD work rules by participating in specific education or training programs for at least 20 hours a week (80 hours a month). Do not use this form to show proof of high school or college enrollment. Contact the PACE provider at the telephone number on the last page of this notice to learn how to prove you are in high school or college. You do not need to fill out this form if you are exempt from the federal ABAWD work rules.

■ **Step 1: Have a program provider staff complete Part 2**

If you are in an education or training program, take this form to your program provider. Ask them to fill out Part 2 of this form.

■ **Step 2: Submit this completed form to HRA**

You must give this completed form to the PACE provider every month to prove you are meeting the federal ABAWD work rules. If you do not submit proof of your participation, you may lose your SNAP benefits.

Note: If something stops you from attending your education or training program, please inform the PACE provider at the telephone number on the last page of this notice of the reason and the date(s) you could not attend.

Part 1: To be completed by the Client

Client Name

Case Number

County

Address

Client Authorization

I authorize the release of requested education/training program information to HRA.

Client Signature

Date

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Part 2: To be completed by the Education/Training Program Staff

Program Name

Provider/Agency Name

Provider/Agency Address

This program includes: (check all components that apply)

- GED English as a Second Language (ESL)
- Work-Based Learning (including internships, apprenticeships, on-the-job training, etc.)
- Job Search Adult Basic Education Vocational or Technical Training
- Job Readiness Training Other: _____

Date client began program

Date client expects to complete program

Number of hours client participated in program

Number of hours per week devoted to job search/job readiness activities

This program is: (check one)

- A WIOA Title 1 program
- A program under section 236 of the Trade Act of 1974
- An employment and training program serving veterans that is offered by the Department of Labor or the Department of Veterans Affairs
- A federally recognized refugee employability service (approved, funded, or operated by the federal Office of Refugee Resettlement)

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Program Certification

I certify that the client listed in Part 1 is currently participating in the program described above.

Program Staff Name (please print)

Program Staff Title

Program Staff Telephone

Program Staff Signature

Date

WAYS TO RETURN THIS FORM TO PACE PROVIDER



EMAIL — _____



IN PERSON — _____ bring copies of the documents to:



FAX documents to _____

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 718-557-1399. 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.