Monthly ABAWD Volunteer Participation Record

INSTRUCTIONS

Able-Bodied Adults Without Dependents (ABAWDs) who are not working or in an education or training program can meet federal ABAWD work rules by volunteering in community service activities. You do not need to fill out this form if you are exempt from the federal ABAWD work rules.

■ Step 1: Find out how many hours you need

To find out how many hours that you need to volunteer each month, divide your monthly SNAP benefit by the current New York State (NYS) minimum wage for your area. For example, if you get $298 per month in SNAP and you live in New York City (NYC) where the minimum wage* is $17.00, then you must volunteer for 17 hours per month. If you need help figuring out your hours, contact the PACE provider at the telephone number on the last page of this notice.

***** Starting in 2027 the minimum wage will adjust annually.

■ Step 2: Have a community service program staff complete Part 2

If you are already volunteering or want to start, take this form to a non-profit or public organization and ask them to complete Part 2 of this form. To make sure that a community service program meets the federal ABAWD work rules, or to find a program, please reach out to the PACE provider.

Note: The community service program cannot be part of a candidate's campaign for public office.

■ Step 3: Submit this completed form to HRA by the end of the month

You must tell HRA every month you are meeting the federal ABAWD work rules. If you are working with a PACE provider, 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 community service 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.

If you are not working with a PACE provider, you still need to submit this form to HRA. The quickest and easiest way is to upload this form on the ACCESS HRA mobile app. Other ways to submit are listed on the last page of this notice.

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Monthly ABAWD Volunteer Participation Record *(continued)*

Part 1: To be completed by the Participant

Participant Name

Case Number

County

Address

Participant Authorization

I authorize the release of requested volunteer/community service program information to HRA.

Participant Signature

Date

Part 2: To be completed by the Volunteer/Community Service Program Staff

Program Name

Organization Name

Organization Address

Is this organization public or non-profit? ☐ Public ☐ Non-Profit ☐ Other _____

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Monthly ABAWD Volunteer Participation Record *(continued)*

_____ / _____ / _____ _____ / _____

Date participant began or will begin program — Current month/year

_____

Number of hours participant volunteered in program this month

If the hours participant is already volunteering in the program, indicate how many hours per month they have completed below:

Month/Year	Hours Completed

Program Certification

I certify that the participant listed in Part 1 is currently volunteering in the program described above.

_____

Program Staff Name (please print)

_____

Program Staff Title

_____

Program Staff Telephone

_____ _____

Program Staff Signature — Date

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Monthly ABAWD Volunteer Participation Record *(continued)*

Remember to return this form by the end of the month!

WAYS TO RETURN THIS FORM TO PACE PROVIDER	
	EMAIL: _____
	IN PERSON: Bring copies of the documents to: _____
	FAX documents to: _____

WAYS TO RETURN THIS FORM TO HRA IF YOU ARE NOT WORKING WITH A PACE PROVIDER	
	UPLOAD: Upload this form on the ACCESS HRA mobile app. Be sure to select ABAWD as the document category and "FIA-1021z" as the document type you are submitting.
	IN PERSON: Bring copies of the documents to any of our centers. Visit www.nyc.gov/site/hra/locations/locations.page to find a location convenient for you.

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.