



## 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 \$165 per month in SNAP and you live in New York City (NYC) where the minimum wage\* is \$16.50, then you must volunteer for 10 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.

\* On January 1, 2026, the minimum wage in NYC is increasing to \$17.00.

#### ■ **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**

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 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.

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## Monthly ABAWD Volunteer Participation Record *(continued)*

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### Part 1: To be completed by the Participant

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Participant Name

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Case Number

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County

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Address

#### Participant Authorization

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

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Participant Signature

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Date

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

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Program Name

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Organization Name

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Organization Address

Is this organization public or non-profit?  Public  Non-Profit  Other \_\_\_\_\_

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## Monthly ABAWD Volunteer Participation Record *(continued)*

### 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.