

Cash Assistance and SNAP Work Requirements

October 21, 2025

SNAP Provisions Impacts

Change	Description	Effective Date	NYS Impact	NYC Dollar Impact	NYC Client Impact
Admin Cost Shift	State share of Admin \$ from 50%-75%	October 2026	\$168M direct cost	~\$111M direct City cost if State passes cost to NYC	N/A
Benefit Cost Shift	0-15% of benefit costs shifted to state, depending on error rate	October 2027 (likely; could be 2028/2029 depending on PER)	\$1.2 B direct cost	\$750M direct City cost if State passes cost to NYC	N/A
ABAWD Definition	Adds those ages 54-64, and with child between 14-18 to ABAWD definition. Removes exemptions for homeless, vets, individuals under 24 in foster care at age 18	November 2025	~\$800M in lost benefits	~\$360M (annual) in lost benefits	~130K *
Restrict HEAP/SNAP Connection	Ends increase in SNAP benefits for most receiving HEAP auto-benefits. Loss of ~\$200/mo/household	In effect		~\$170M (annual) in lost benefits	~150K individuals in ~70K households
Limit Eligibility for Immigrants	Removes eligibility for refugees/those granted asylum	Immediate, but pending guidance from State	~\$108M in lost benefits	~\$40M (annual) in lost benefits	~15K *

USDA estimates each SNAP dollar spent generates \$1.54 of local economic activity. The estimated fiscal impact of lost benefits is ~\$900M in lost economic activity for New York City.

* Does not include household members of impacted clients who will stay on the caseload but with reduced food assistance to their family

Who is subject to work requirements?

Cash Assistance (active)	SNAP General Work Requirements (active)	SNAP ABAWD (start date 11/1/2025)
Between the ages of 18 and 59	Between the ages of 16 and 59	Between the ages of 18 and 64 Does not live with a child under 14 in SNAP household.

Who is exempt or excused?

Cash Assistance	SNAP General Work Requirements	SNAP ABAWD
<p>60 years of age or older.</p> <p>Needed to care for an incapacitated household member.</p> <p>Having a physical or mental health condition that prevents participation in work activities</p>	<p>Already working at least 30 hrs./week or earning 30 times the federal min wage (\$7.25) or more a week (\$217.50). This equates to 13 hrs./week at NYC minimum wage of \$16.50.</p> <p>Unable to work due to a physical or mental limitation.</p> <p>Meeting work requirements for another program (TANF or unemployment compensation).</p> <p>Taking care of a child under 6 or an incapacitated person.</p> <p>Participating regularly in an alcohol/drug treatment program.</p> <p>Studying in school or training program at least half-time.</p>	<p>Exempt from the General Work Requirements.</p> <p>Medically certified or physically/mentally unfit for employment.</p> <p>Pregnant.</p> <p>A parent or other member of a household with responsibility for a dependent child under 14.</p> <p>Living in an area where the ABAWD Time Limit is waived.</p>

How to meet work requirements?

Cash Assistance	SNAP General Work Requirements	SNAP ABAWD
<p>Single parent/caretaker relatives: 30 hours/wk. 20 of which are required core activities*.</p> <p>Single parents with a child under 6: 20 hours/wk. 20 of which are required core activities*.</p> <p>Two-parent families: 35 hours/wk. 30 of which are required core activities*.</p> <p>Two-parent families with TANF-funded childcare: 55 hours/wk. 50 of which are required core activities*.</p>	<p>Provide information about their employment status and availability to work.</p> <p>Accept a suitable job if offered, unless there is a reason why they can't.</p> <p>Not voluntarily quit a job or choose to work less than 30 hours each week without having a good reason, such as getting sick, being discriminated against, or not getting paid.</p> <p>Participate in SNAP Employment & Training (E&T) if the assignment is <u>mandated</u>.</p>	<p>Work at least 80 hours a month</p> <p>Participate in a work program at least 80 hours a month. A work program could be SNAP E&T or another federal, state, or local work program.</p> <p>Participate in a combination of work program hours for a total of at least 80 hours a month.</p> <p>Participate in work experience or community service activity for the number of hours assigned each month (number of hours will depend on the amount of SNAP benefit).</p>

*Core activities include; paid employment (including subsidized jobs), work experience, on-the-job training, job search and job readiness assistance (limited duration), community service, vocational educational training (limited to 12 months), caring for a child of a recipient in community service.

How will ABAWD be implemented?

- As of November 1, 2025, New York State will be required to implement ABAWD work requirements based upon the new criteria.
- This will impact both existing clients identified as ABAWD based on the prior criteria and new applicants and recertifying SNAP households currently not identified as ABAWD beginning November 1, 2025
- Details can be found on DSS's website:

<https://www.nyc.gov/site/hra/help/able-bodied-adults-without-dependents.page>

What is going to happen?

- **New SNAP Applicants and Recertifying Households not currently identified as ABAWD**
 - During the application or recertification interview individuals will be assessed by the new ABAWD criteria. We will also determine if the individual meets any of the exemption criteria.
 - If an individual identifies a medical or mental health barrier to complying with the ABAWD requirements they will be instructed to have their clinical provider complete this [Medical Statement Form](#) and return it to HRA via ACCESS HRA app, mail, fax or by dropping off at an HRA Center.

ABAWD Medical Statement Form



Department of
Social Services
Human Resources Administration
Department of Homeless Services
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Family Independence
Administration

Able Bodied Adult Without Dependents (ABAWD) Medical Statement

Client/Patient Information

Client/Patient Name: _____

Address: _____

Case #: _____ CIN: _____ D.O.B.: _____

Client/Patient Authorization

I authorize the release of medical information and/or documentation of participation in a substance use rehabilitation program requested to the Department of Social Services. I understand that this information will be treated as confidential.

Client Signature _____

Date _____

Health Care Professionals:

The person named above requests verification of their health condition or program participation. Please fill out this form and return it, signed and completed, to the individual. They have been provided instructions on how to return the form to the Department of Social Services.

Please answer any of the questions below that apply. Please sign and date this form. Include your profession or position in your organization. *

- 1) Is this person pregnant? ☐ Yes ☐ No ☐ Unknown ☐ N/A
If yes, due date: ____/____/____

- 2) Is this person participating in a substance use treatment, rehabilitation, or counseling program? ☐ Yes ☐ No

If yes, what is the expected program end date: ____/____/____

- 3) Does this person have a temporary or permanent mental and/or physical health condition, which limits their ability to work 20 or more hours each week (80 hours monthly)? ☐ Yes ☐ No

If yes, please state the time frame the person will not be able to work 20 or more hours a week (80 hours monthly) because of this condition:

- ☐ less than 30 days ☐ 1-3 months ☐ 4-6 months
☐ 6-12 months ☐ more than 12 months/or indefinitely

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LLF

Human Resources Administration
Family Independence Administration

Able Bodied Adult Without Dependents (ABAWD) Medical Statement (continued)

I certify that the information provided on the previous page is true and accurate.

Name (please print) _____

Title/Profession * _____

Address _____

Telephone Number _____

Signature _____

_____/_____/_____
Date form signed

* This form may be signed by any of the following: physician, physician's assistant, nurse practitioner, osteopath, licensed or certified psychologist, substance use counselor, certified mental health counselor, licensed independent clinical social worker, licensed certified social worker, and certified midwife. For purposes of verifying a person's participation in a rehab or counseling program (Question #2), the director of the program or the individual's counselor may also sign this statement.

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LLF

Human Resources Administration
Family Independence Administration

Health Care Professionals:

You can help adults with disabilities or conditions keep their Supplemental Nutrition Assistance Program (SNAP) benefits

SNAP benefits (formerly food stamps) allow people with low incomes to buy the food they need. Many SNAP recipients aged 18 to 64 who do not live with a child under 14 in the SNAP household are at risk of losing their SNAP benefits due to a SNAP rule referred to as Able-Bodied Adult Without Dependents (ABAWD) time limit. This rule restricts SNAP eligibility to three months unless the person is working or participating in certain work activities for at least 20 hours per week.

With just a few minutes of your time, you can easily help.

A person who cannot work 20 or more hours a week because of a physical or mental health issue is not considered an ABAWD.

Frequently Asked Questions:

What is the definition of someone who is physically or mentally "unfit for work" under the ABAWD rule?

Being determined physically or mentally unfit for work is a broader exemption than being disabled. A person is considered physically or mentally unfit for work if they have an illness, injury, or some other mental or physical limitation, whether temporary or permanent, that does not allow them to work at least 20 hours per week as required pursuant to federal ABAWD time limit rules. Some patients have mental or physical health conditions that prevent them from working altogether; others have conditions that allow them to work but they may not be able to work full time, or even 20 hours per week. This standard is much less strict than the Social Security standard for disability and does not require a specific diagnosis.

How do I verify that my patient is "physically or mentally unfit for work" based on their condition?

Fill out the two-sided ABAWD Medical Statement Form. Include the expected time frame of the condition and your signature. **A variety of healthcare professionals can sign this form** including a physician, physician's assistant, nurse practitioner, osteopath, licensed or certified psychologist, substance use counselor, certified mental health counselor, licensed independent clinical social worker, licensed certified social worker, and certified midwife. For purposes of verifying a person's participation in a rehab or counseling program (**Question #2**), the director of the program or the individual's counselor may also sign this statement.

What is going to happen?

- **New SNAP Applicants and Recertifying households not currently identified as ABAWD**
 - If an individual in the household is determined to be an ABAWD they will be notified by HRA through the Work Activity Letter Notice outlining the requirements
 - ABAWD eligible individuals who are not meeting the requirements by working, being in school or some other way will also receive a separate notice for appointment at an HRA PACE provider to help individuals find work activities to comply

What is going to happen?

- **Existing SNAP clients identified as ABAWD**
 - Starting the week of October 20, 2025, existing ABAWDs will start to receive the Work Activity Notice letter outlining the ABAWD requirements and be directed to contact HRA if they are working, in school or otherwise believe they meet the criteria or should be exempt. Individuals are directed to contact HRA via the SNAP On-Demand number.
 - Starting the week of October 20, 2025, existing ABAWDS will also receive appointment notices at an HRA PACE vendor for appointments between November 3-26, 2025

What is going to happen?

- **Compliance**

- The first countable month where ABAWDs will need to comply with requirements will be December 2025
- Individuals are allowed 3 months of non-compliance in a defined 36-month period before benefits will be impacted. The current 36-month period goes through September 30, 2026, and will then start a new 36-month period
- Individuals will receive non-compliance notices from HRA for months where they don't meet the requirements
- The first possible month where individuals would have benefits impacted is March 2026

Thank You

Questions?