



Date: _____

Case Number: _____

Client Name: _____

Client Identification Number (CIN): _____

ABLE BODIED ADULTS WITHOUT DEPENDENTS (ABAWD) WORK REQUIREMENTS COUNTABLE MONTH

This letter is to tell you that _____ has been identified as an Able Bodied Adults Without Dependents (ABAWD). Our records show that they received a full countable month of benefits. However, they did not meet the ABAWD work requirements for _____ . Your benefits are not changing because of this notice.

(MM/YYYY)

In order to receive SNAP, an ABAWD must meet certain work requirements. Individuals cannot receive SNAP without meeting these requirements for more than three months in a 36 month period. This is your _____ countable month.

After your third countable month, your SNAP benefits will stop unless you start meeting the requirements or become exempt. We will send you a separate notice before we stop your benefits.

HOW TO KEEP YOUR SNAP BENEFITS:

You can keep your SNAP benefits and avoid using a countable month, if you meet the work requirements. You can meet the work requirement by showing proof that, for at least 20 hours per week on average or 80 hours per month, you are:

- Working (including “in-kind” work and volunteer work),
- Participating in a qualifying work/training program approved by HRA,
- Participating in an employment and training program for veterans operated by the Department of Labor or the Department of Veterans Affairs,
- Participating 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, **OR**
- Participating in a work experience activity approved by HRA or volunteering in a community service activity for the number of hours per month equal to the household’s SNAP benefit divided by the State minimum wage. We will send you a separate letter offering you this opportunity.

See the following pages for information on what to do if you think you are not an ABAWD or have a good reason why you might not have been able to comply this month.

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ABLE BODIED ADULTS WITHOUT DEPENDENTS (ABAWD) WORK REQUIREMENTS COUNTABLE MONTH *(continued)*

How do I know if I am an ABAWD?

A person who is between ages 18 and 64, does not live with a child under 14 in the SNAP household, and is considered physically and mentally able to work must follow the rules for ABAWDs. If the person does not follow these rules, they can receive SNAP benefits for only 3 months in a 3-year period.

You may be exempt from ABAWD rules if any of the following apply to you:

- Under 18 years of age or 65 years of age or older,
- Unable to work for at least 80 hours per month because of a physical or mental health condition,
- A member of a SNAP household with someone under age 14,
- Pregnant,
- A recipient of disability benefits from a public or private source, such as Veterans Affairs or New York State disability benefits,
- An Indian, Urban Indian, California Indian, and/or other Indian who is eligible for the Indian Health Services, or
- Exempt from the general work requirements because:
 - You are younger than age 16, or age 65 years or older,
 - You are a 16 or 17-year-old who is not the head of the household OR who is in school or in an employment program at least half-time,
 - You comply with work requirements for the Family Assistance Program,
 - You are responsible for the care of a child under 6 or an incapacitated person,
 - You regularly participate in an alcohol or drug treatment program,
 - You are applying for or receiving unemployment benefits,
 - You are unable to work because of a mental or physical health reason,
 - You already work at least 30 hours a week,
 - You are earning \$217.50 (30 times the federal minimum wage) or more per week,
 - You are enrolled in a school, training program or college at least half-time (students may be subject to other eligibility rules), **OR**
 - You are an SSI applicant or recipient.

If you believe that you should be excused from following the ABAWD Rules because you meet one or more of the conditions listed above, you should call 718-SNAP-NOW (718-762-7669) to let us know. We may ask you to provide proof.

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ABLE BODIED ADULTS WITHOUT DEPENDENTS (ABAWD) WORK REQUIREMENTS COUNTABLE MONTH *(continued)*

What if I am meeting the ABAWD requirements, or if I normally meet them but something came up and I couldn't this month?

You need to let HRA know, and you may need to give us proof. Proof could be current paystubs, a letter from your doctor, a letter from a coordinator from somewhere you are volunteering, etc. You can call 718-SNAP-NOW (718-762-7669) to tell us.

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.