

# Nouvo Egzijans Travay SNAP

## Gid Idantifikasyon ak Aksyon Rapid

### 1 Èske w afekte?

#### Èske deklarasyon sa yo aplike pou ou?

- ✓ Mwen gen ant 18 ak 64 an.
- ✓ Mwen pa rete ak yon timoun ki poko gen 14 an
- ✓ Mwen travay mwens pase 20 èdtan pa semèn
- ✓ Mwen pa ale lekòl oswa nan yon pwogram fòmasyon.
- ✓ Mwen pa gen yon pwoblèm medikal oswa yon egzansyon.

**Si Wi → Ou Ka Afekte.**

### 2 Èske ou te resevwa avi sa yo?

— Tcheke lapòs ou —

HUMAN RESOURCES ADMINISTRATION  
FAMILY INDEPENDENCE ADMINISTRATION  
Supplemental Nutrition Assistance Program  
P. O. Box 29008  
Brooklyn, NY 11202

**NYC** Department of Social Services  
Family Independence Administration  
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Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Participant Name: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

**Able-Bodied Adult Without Dependents (ABAWD) Work Activity Letter**

You are receiving this letter because you are applying for or receiving Supplemental Nutrition Assistance Program (SNAP) benefits either individually or as a part of a household, and you are an Able-Bodied Adult Without Dependents (ABAWD) as defined by federal SNAP rules.

Under federal law, ABAWDs are only eligible to receive SNAP benefits for three (3) months in a 3-year period unless they meet certain special work requirements, or are excused. In New York State, this 3-year period will expire on September 30, 2026. A new 3-year period will then start over on October 1, 2026.

For each month that you receive a full month of SNAP benefits and do not meet your ABAWD work requirement, without a good reason, you will use up a countable month. Your countable months are tracked by HRA. Unless you are satisfying your ABAWD work requirement, you will be ineligible to receive SNAP benefits after your third countable month.

To help you meet the ABAWD work requirements and continue to get your SNAP benefit without interruption, we have scheduled the following appointment for you. During this appointment, you will be offered a chance to participate in a work activity that meets the ABAWD work requirement.

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Provider Name: \_\_\_\_\_  
Provider Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_

You can also call the telephone number to discuss remote options available.  
For travel information, please call the New York City Transit Authority at 718-330-1234 or 511.  
See the next page for more information about the ABAWD work requirements and qualifying exemptions.

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Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_

**IMPORTANT INFORMATION ABOUT SNAP WORK RULES (GENERAL, MANDATORY E&T, AND ABAWD)**

This letter is to tell you about work rules for the Supplemental Nutrition Assistance Program (SNAP). If you don't follow these rules, your SNAP benefits may go down or stop.

**What do you need to do?**  
Listed below are the people in your house that must follow the General SNAP Work Rules:

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|--|--|--|
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|  |  |  |
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Listed below are the people in your house who must participate in a SNAP Employment and Training (E&T) Assignment:

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|  |  |  |

Listed below are the people in your house who must follow the Able-Bodied Adults without Dependents (ABAWD) Rules:

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|  |  |  |

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**Follow-Up to the Offer of a Work Activity to an Able-Bodied Adult Without Dependents (ABAWD)**

You are receiving Supplemental Nutrition Assistance Program (SNAP) benefits. Our records show that you are not currently working or participating in an approved work/training program for at least 90 hours per month. In order to help you meet your ABAWD work requirements, we made a qualifying work activity available to you. We scheduled an appointment for you with an employment provider, but you did not keep the appointment. You can still go and meet with the employment provider listed below where you have an open offer of an ABAWD work activity. Or, you can call the phone number and discuss remote options.

Provider Name: \_\_\_\_\_  
Provider Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

For travel information, please call the New York City Transit Authority at (718) 330-1234 or 511.  
To get SNAP benefits for more than 3 months in a 3-year period, you must follow the ABAWD work rules by:  
1. Spending at least 90 hours every month (20 hours per week) doing one or more of the following:

- Working (including "in-kind" work);
- Participate 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 Workforce Innovation and Opportunity Act (WIOA) or Trade Act which may include job search, job readiness, occupational skills training and education activities; or
- Participating in a combination of work or qualifying programs

OR

2. 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 higher of the federal or State minimum wage.

(Turn page)

— Oswa kont ACCESS HRA ou —

Ale nan aplikasyon mobil ACCESS HRA a



**ACCESS  
HRA**



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### 3 Etap kliyan yo dwe suiv:

## 1ye

### Ale nan randevou PACE la

ETAP

- Dat, lè ak kote randevou a ap parèt nan avi a.
- Si w rate randevou PACE ou a, rele nimewo telefòn Founisè PACE ki sou avi a pou repwograme li oswa pou mande yon randevou vityèl.

## 2yèm

### Sonje voye dokiman yo mande yo

ETAP

- Tankou fòm egzansyon medikal oswa prèv patisipasyon nan aktivite travay oswa lekòl. Founisè PACE ou a ap di w ki dokiman pou soumèt.

## 3yèm

### Tcheke kont ACCESS HRA ou oswa lapòs ou pou plis avi HRA konsènan sitiyasyon w lan.

ETAP



**Ou gen kesyon oswa ou bezwen èd pou jwenn aksè nan ACCESS HRA?**

**Rele 718-SNAP-NOW**

718-762-7669

**Pa inyore avi yo**

Si w pa pran aksyon apre plizyè avi, **benefis SNAP ou yo ap sispann.**