

SNAP 신규 근로 요건

간편 인증 & 실행 가이드

1 새로운 요건에 해당되나요?

해당 사항이 여러분에게 적용되나요?

- ✓ 18-64세 사이입니다.
- ✓ 14세 미만 어린이와 거주하지 않습니다.
- ✓ 주당 근로 시간이 20시간 미만입니다.
- ✓ 학교 또는 직업 훈련에 참여하지 않습니다.
- ✓ 의학적 질환이나 면제 사유가 없습니다.

해당될 경우 → 영향을 받을 수 있습니다.

2 다음과 같은 안내문을 받으셨나요?

— 우편물 —

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

NYC Department of Social Services
Family Resource Administration
Supplemental Nutrition Assistance Program
P.O. Box 29008, 11202, U.S. (NY) 10960202 (page 1 of 3) LFP

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: _____
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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:

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

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

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Supplemental Nutrition Assistance Program
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Date: _____
Case Number: _____
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Zip Code: _____

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.

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— 또는 ACCESS HRA 계정을 확인하세요 —



ACCESS HRA



ACCESS HRA 모바일 앱 접속하기



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3 사용자 실행 절차

1 단계 PACE 예약 페이지로 이동

- 여러분의 예약 날짜, 시간, 장소가 안내문에 기재되어 있습니다.
- PACE 예약을 놓친 경우, 안내문에 기재된 PACE 제공기관의 전화번호로 연락하여 일정을 다시 잡거나 온라인 예약을 요청해 주십시오.

2 단계 증빙 서류 제출

- 의료 면제 양식이나 직장 또는 학교 활동 참여 기록 등이 있습니다. 제출해야 할 서류는 PACE 담당자가 안내해 드릴 것입니다.

3 단계 여러분의 상태에 대한 추가 안내 사항은 ACCESS HRA 계정 또는 우편물을 확인해 주시기 바랍니다.



질문이 있거나 ACCESS HRA
이용에 도움이 필요하신가요?

718-SNAP-NOW로 전화하십시오

718-762-7669

안내문을 반드시 확인하십시오

여러 차례의 통지를 받았음에도 조치를 취하지 않을 경우,
SNAP 혜택이 중단됩니다.