

Nowe wymogi dotyczące aktywności zawodowej by utrzymać świadczenie SNAP

Przewodnik po szybkiej weryfikacji i dalszych działaniach

1 Czy te zmiany dotyczą Ciebie?

Czy poniższe stwierdzenia odnoszą się do Ciebie?

- ✓ Mam 18-64 lata
- ✓ Nie mieszkam z dzieckiem poniżej 14 roku życia
- ✓ Pracuję mniej niż 20 godzin tygodniowo
- ✓ Nie chodzę do szkoły i nie uczestniczę w żadnym programie szkoleniowym
- ✓ Nie mam problemów zdrowotnych ani zwolnień

Jeśli tak → te zmiany mogą Cię dotyczyć.

2 Czy otrzymałeś/-aś te powiadomienia?

— Sprawdź swoją skrzynkę na listy —

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
Supplemental Nutrition Assistance Program
P.O. Box 29008-0173, 10960/0201 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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NYC Department of Social Services
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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:

Name	Relationship	Age

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

Name	Relationship	Age

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

Name	Relationship	Age

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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:

- 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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— Lub ZALOGUJ SIĘ na konto ACCESS HRA —

Idź do aplikacji mobilnej ACCESS HRA.



ACCESS HRA



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3 Kolejne kroki w ramach działań dla klienta:

KROK 1 Idź do PACE Appointment

- Dzień, godzina i miejsce Twojego spotkania znajdują się w powiadomieniu.
- Jeżeli nie pojawisz się na spotkaniu PACE, zadzwoń pod numer telefonu dostawcy PACE widniejącym na powiadomieniu żeby przełożyć spotkanie, albo poprosić o jego wirtualną formę.

KROK 2 Pamiętaj o złożeniu dokumentacji

- takiej jak formularze zwolnień lekarskich lub dokumentacja uczestnictwa w pracy lub w szkole. Twój dostawca PACE powie Ci, co należy złożyć.

KROK 3 Sprawdź swoje konto ACCESS HRA lub skrzynkę pocztową, czy otrzymałeś/-aś dodatkowe powiadomienia od HRA o Twoim statusie.



Masz pytania lub potrzebujesz pomocy w dostępie do ACCESS HRA?

Zadzwoń pod 718-SNAP-NOW

718-762-7669

Nie ignoruj powiadomień

Jeżeli nie podejmiesz działania po otrzymaniu powtarzających się powiadomień, Twoje **świadczenie SNAP zostanie wstrzymane.**