

فوری شناخت اور کارروائی کی گائیڈ

1 کیا آپ اس سے متاثر ہوئے ہیں؟

کیا درج ذیل باتیں آپ پر لاگو ہوتی ہیں؟

- ✓ میری عمر 18-64 سال ہے
- ✓ میں 14 سال سے کم عمر کے کسی بچے کے ساتھ نہیں رہتا/ رہتی ہوں
- ✓ میں ہفتے میں 20 گھنٹے سے کم کام کرتا/ کرتی ہوں
- ✓ میں کسی اسکول یا تربیتی پروگرام میں نہیں جاتا/ جاتی ہوں
- ✓ مجھے کوئی طبی عارضہ لاحق نہیں ہے اور نہ ہی کوئی اسٹینڈی حاصل ہے

یہی وہی ہے تکتک اس وہ رثات م پ آت → س اہ رگ

2 کیا آپ کو یہ نوٹسز موصول ہوئے ہیں؟

- اپنی ڈاک -

HUMAN RESOURCES ADMINISTRATION**
FAMILY INDEPENDENCE ADMINISTRATION
Supplemental Nutrition Assistance Program
P. O. Box 22009
Brooklyn, NY 11202

NYC Department of Social Services
Social Services Administration
Department of Human Services
100 South Street, 10th Floor
New York, NY 10038

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.

(Turn page)

NYC Department of Social Services
Social Services Administration
Department of Human Services
100 South Street, 10th Floor
New York, NY 10038

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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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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| | | |
| | | |

NYC Department of Social Services
Social Services Administration
Department of Human Services
100 South Street, 10th Floor
New York, NY 10038

Date: _____
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Participant Name: _____
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 80 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 80 hours every month (20 hours per week) doing one or more of the following:
 - Working (including "in-kind" 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 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)

اکاؤنٹ چیک کریں ACCESS HRA یا -

موبائل ایپ پر جائیں - ACCESS HRA



**ACCESS
HRA**



فوری شناخت اور کارروائی کی گائیڈ

3 کلائنٹ کی کارروائی کے اقدامات

قدم 1

اپوائنٹمنٹ (پر جائیں PACE Appointment)

- آپ کی اپوائنٹمنٹ کی تاریخ، وقت اور مقام نوٹس میں درج ہے۔
- اپوائنٹمنٹ (چھوٹ جاتی ہے، تو نیا وقت مقرر PACE appointment (PACE اگر آپ سے اپنی فراہم کنندہ PACE کرنے یا ورچوئل اپوائنٹمنٹ کی درخواست کرنے کے لیے نوٹس پر دیے گئے کے ٹیلیفون نمبر پر کال کریں۔

قدم 2

یاد سے دستاویزات جمع کرائیں

- PACE جیسے کہ طبی استثنیٰ کے فارمز، یا کام یا اسکول کی سرگرمیوں میں حصہ لینے کے ریکارڈز۔ آپ کا فراہم کنندہ آپ کو بتائے گا کہ آپ نے کیا جمع کرانا ہے۔

قدم 3

اپنے اسٹیٹس کے حوالے سے ہیومن ریسورسز ایڈمنسٹریشن (Human Resources Administration, HRA) یا ڈاک چیک ACCESS HRA کے مزید نوٹسز کے لیے اپنا (Administration, HRA) کریں۔

تک رسائی کے لیے مددگار ہے؟ ACCESS HRA کیا آپ کے ذہن میں سوالات ہیں یا

718-SNAP-NOW سی رک ل اک رپ

718-762-7669



نوٹسز کو نظر انداز نہ کریں

فوائد بند ہو جائیں گے۔ SNAP اگر آپ بار بار نوٹسز موصول ہونے کے باوجود کوئی کارروائی نہیں کرتے، تو آپ کے