

# נייע סופלעמענטאל נוטרישן הילף פראגראם (Supplemental Nutrition Assistance Program, SNAP) ארבעט פאדערונגען

## שנעלע אידענטיפיקאציע און שריט וועגווייזער

### 1 זענט איר אפעקטירט?

זענען די זאצן גילטיג פאר אייך?

- ✓ איך בין 18-64 יאר אלט
- ✓ איך וואוין נישט מיט א קינד אונטער 14 יאר
- ✓ איך ארבעט ווייניגער ווי 20 שעה פער וואך
- ✓ איך באטייליג זיך נישט יעצט אין שולע אדער אין א טרענירונגס פראגראם
- ✓ איך האב נישט א מעדיצינישע פראבלעם אדער אויסנאם

אויב יא < קענט איר זיין אפעקטירט

### 2 באקומט איר די מעלדונגען?

#### -קוקט אייער פאסט-

HUMAN RESOURCES ADMINISTRATION\*\*  
FAMILY INDEPENDENCE ADMINISTRATION  
Supplemental Nutrition Assistance Program  
P. O. Box 25009  
Brooklyn, NY 11202

**NYC** Department of Social Services  
Social Services Administration  
Department of Homeless Services  
10004 100 Ave. J, Box 1200, LIC 10-1200 (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  
Social Services Administration  
Department of Homeless Services  
10004 100 Ave. J, Box 1200, LIC 10-1200 (page 1 of 3) LFP

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:


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:


**NYC** Department of Social Services  
Social Services Administration  
Department of Homeless Services  
10004 100 Ave. J, Box 1200, LIC 10-1200 (page 1 of 3) LFP

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

- 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

- 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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— אדער ACCESS HRA אקאונט —

גייט צו די ACCESS HRA מאביל עפפ



**ACCESS HRA**



שנעלע אידענטיפיקאציע און שריט וועגווייזער

3 קליענט שריט אנווייזונגען:

ערשטע  
שריט

גייט צו אַ PACE אַפּוינטמענט

- אייער דאטום, צייט און לאקאציע פון אייער אפוינטמענט איז אין דעם מעלדונג.
- אויב איר פארפאסט אייער PACE אפוינטמענט, רופט די PACE פראוויידער'ס טעלעפאן נומער אויף די מעלדונג צו באשטעלן א נייע אדער צו בעטן פאר א ווירטואלע אפוינטמענט.

געדענקט אריינצושיקן די דאקומענטן

צווייטע  
שריט

- אזויווי מעדיצינישע אויסנאם בויגנס אדער ארבעט אדער שולע אנטיילנעמונג אקטיוויטעט רעקארדס. אייער PACE פראוויידער וועט אייך זאגן וואס אריינצושיקן.

דריטע  
שריט

קוקט איבער אייער ACCESS HRA אקאונט אדער פאסט פאר נאך יומען ריסאורסעס אדמיניסטראציע (Human Resources Administration, HRA) מעלדונגען איבער אייער סטאטוס.

האט איר פראגעס אדער דארפט איר הילף מיטן  
באקומען צוטריט צו ACCESS HRA?

**Call 718-SNAP-NOW**

718-762-7669



איגנארירט נישט קיין מעלדונגען

אויב איר נעמט נישט קיין שריט נאך מערערע מעלדונגען,  
וועלן אייערע SNAP בענעפיטן זיך אפשטעלן.