

## Request for ABAWD Work Program Exemption

*Please read carefully*

An Able Bodied Adult Without Dependents (ABAWD) is limited to getting 3 months of SNAP benefits in a 36 month period unless they work or participate in an approved work program for at least 20 hours per week. Use this form to tell us about your situation so we can determine if you are exempt from or already meeting the ABAWD work program requirements. Give the completed form and verification to any Division of Public Assistance office.

### Section 1: Client Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Case Number: \_\_\_\_\_

### Section 2: Check all that apply to you and give us the requested verification.

- ☐ I am working at least 20 hours per week. This includes self-employment.

Give us one of these verifications:

- Last 3 paycheck stubs
- An Employment Statement ([GEN 155](#)) completed by your employer
- Proof of your employment to show who you work for, when you started working, your rate of pay, how many hours you work per week, and how often you are paid.

- ☐ I am physically or mentally unable to work.

Reason: \_\_\_\_\_

Give us documentation that shows you have applied for or are receiving disability payments from a government or private source, or a letter from a medical or mental health provider stating you are not able to work.

- ☐ I am in a substance abuse treatment program.

Name of program: \_\_\_\_\_

Give us documentation that shows you are participating in the treatment program.

- ☐ I am receiving Temporary Assistance for Needy Families (TANF).

Name of the TANF program: \_\_\_\_\_

Give us documentation that shows your current TANF program participation.

☐ I am pregnant (any state of pregnancy). Your due date: \_\_\_\_\_

☐ I am caring for an incapacitated adult. This person does not need to live with you.

Name of the person you are caring for: \_\_\_\_\_

What you do for this person:

\_\_\_\_\_  
\_\_\_\_\_

☐ I am in a work training program. This includes AmeriCorps, Job Corps, and tribal programs.

Name of the program: \_\_\_\_\_

Give us documentation that shows you are participating in the work training program.

This must include the hours that you attend the program each week.

☐ I go to school at least half-time.

Name of School: \_\_\_\_\_

Give us documentation that confirms your program is at least half-time.

☐ I have applied for or am receiving unemployment compensation benefits.

☐ I live in a rural community in which access to retail stores is difficult and intend to rely on subsistence hunting and/or fishing for a substantial portion of my food.

- I want to use SNAP to buy subsistence hunting and/or fishing items
- I will be engaged in subsistence hunting and/or fishing an average of at least 30 hours weekly during the certification period
- I agree not to use the items purchased for commercial purposes.

### Section 3: Client Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_