

If ABAWD is a Recipient (Not Member 01)

Address  
County  
City, state, zip code

Month DD, YYYY

Case Number:

Case Name  
Case Address

This letter is to tell you that (NAME OF RECIPIENT) is an Able-Bodied Adult Without Dependents (ABAWD) for the Supplemental Nutrition Assistance Program (SNAP).

\* An ABAWD is an able-bodied adult between the ages of 18 and 50. You have no children in the home under the age of 18 or another adult who needs you in the home for care purposes.

The rules for the SNAP program have changed. Effective October 1, 2013, ABAWDs will need to work with the SNAP Employment & Training (SNAP E&T) requirements.

WHAT DOES THIS MEAN FOR YOU?

This means ABAWDs can only get SNAP benefits for 3 months in a 36-month period unless you are exempt:

- \*Working at least 80 hours per month or
- \*Participating in an approved employment program at least 80 hours per month.

WHAT IS AN EXEMPTION?

Contact your worker listed below and he/she will tell you if you meet an exemption.

WHAT IF I AM NOT EXEMPT?

Your worker will refer you to the SNAP E&T office close to where you live.

WHAT WILL THE SNAP E&T OFFICE DO?

They will do the following:

- \*Provide you with an assessment of your skills and education
- \*Work with you to develop an employment plan
- \*Provide job search activities to help you find work
- \*Provide support services as available to assist you in your employment plan

NOTE: If you live on a Reservation you may be exempt from participation with these SNAP E&T rules.

Worker:

Telephone: