

# ABAWD Volunteer/Work Experience Participation Record

Able-Bodied Adults Without Dependents (ABAWDs) can meet federal ABAWD work rules by volunteering in community service activities or participating in Work Experience with either a non-profit or public organization.




**Instructions:**

- To find out **how many hours** you need to participate each month, divide your monthly SNAP benefit by the current New York State minimum wage for your area. If you need help figuring out your hours, contact your Temporary Assistance Worker or SNAP Worker at (315) 435-2700.



*For Example, if you get \$298 per month in SNAP benefits and the minimum wage is \$16.00, then you must volunteer for 18 hours per month.*

- At the end of every month, take this form to your volunteer/ work experience organization representative to complete the activity attendance record on the back of this page to certify your hours.
- You must submit this completed form by the 5<sup>th</sup> of the following month** you participated in Volunteer activities to prove you’re meeting the federal ABAWD work rules.
- If you don’t submit proof of your participation, you may lose your SNAP benefits.

**WHERE TO SUBMIT THIS FORM:**

	<b>Email:</b> OnondagaABAWD@dfa.state.ny.us
	<b>Fax:</b> 315.472.1708
	<b>ABAWD Drop Box:</b> located on 2nd Floor of Civic Center near entrance to DSS-ES

**Additional ABAWD Forms Available on 2<sup>nd</sup> Floor of Civic Center DSS-ES Lobby**

<b>To Find Volunteer Opportunities Visit:</b>	<b>Additional ABAWD Forms Also Available:</b>
CNY United Way volunteercny.org	Onondaga County – Social Services - SNAP onondaga.gov/dss/forms-links/
	

# ABAWD Volunteer/Work Experience Participation Record

## Section 1: Participant Information:

*This section must be completed by the Participant. Please complete ALL LINES below to get credit for your Activity Progress. Print Clearly.*

Attendance Month: \_\_\_\_\_ Case Number: \_\_\_\_\_

Participant Name: \_\_\_\_\_ County: Onondaga

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

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

## Section 2: Volunteer/Work Experience Program Certification:

*This Section must be completed by a Representative of the Organization. Please complete all bullets.*

➤ Organization Name: \_\_\_\_\_

➤ Organization Address: \_\_\_\_\_

➤ Organization status is:  Public  Non-Profit  Other

➤ Program Type:  Volunteer or  Work Experience

➤ Month of Participation: \_\_\_\_\_

➤ How many hours did the Participant volunteer during this month? \_\_\_\_\_

➤ **Program Certification:** I certify the participant listed in Section 1 volunteered for the hours indicated above.

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

Printed Name & Title of Representative: \_\_\_\_\_

Phone #/Email of Representative: \_\_\_\_\_

***This participation record can be submitted by the Representative for the Participant – refer to “Where To Submit This Form” on the front page. Thank You!***