

# RE-ESTABLISH ABAWD Volunteer Record

Able-Bodied Adults Without Dependents (ABAWDs) can re-establish SNAP eligibility by volunteering at least 80 hours in a consecutive 30-day period since losing eligibility for SNAP benefits for not meeting the ABAWD work requirements.

**Instructions:**

- Volunteer for at least 80 hours. Take this form to your volunteer representative to complete the activity attendance record on the back of this page to certify your hours.
- Failure to submit attendance records by the due date may result in the denial/discontinuance of your SNAP benefits.

**WHERE TO SUBMIT THIS FORM:**




**Email:** [OnondagaABAWD@dfa.state.ny.us](mailto:OnondagaABAWD@dfa.state.ny.us)



**Fax:** 315.472.1708



**ABAWD Drop Box:** located on 2nd Floor of Civic Center near entrance to DSS-ES

Volunteer Opportunities:	Additional ABAWD Forms Available:
<p style="text-align: center;">CNY United Way <a href="http://volunteercny.org">volunteercny.org</a></p>	<p style="text-align: center;">Onondaga County – Social Services - SNAP <a href="http://onondaga.gov/dss/forms-links/">onondaga.gov/dss/forms-links/</a></p>
	

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## Section 1: Participant Information:

*This section must be completed by the PARTICIPANT. Please complete ALL LINES below to get credit for your ABAWD Volunteer hours. **Print Clearly.***

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

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

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

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

## Section 2: Volunteer 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

➤ Period of participation: \_\_\_\_\_

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

➤ **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: \_\_\_\_\_