

ABAWD Education & Training Participation Record

Able-Bodied Adults Without Dependents (ABAWDs) can meet federal ABAWD work rules by participating in specific education or training programs for at least 80 hours a month. These programs include:

✓ Adult Basic Education (ABE)	✓ ESL/English as a Second Language	✓ GED/HSE
✓ Vocational or Technical Training	✓ Internships, Apprenticeships, or On-the-Job Training	✓ Job Skills Training
✓ DOL Veteran Programs	✓ DOL Program Under Section 236 of the Trade Act of 1974	
✓ Job Readiness Training	✓ WIOA: Job Search Training Program (CNY Works/ DOL)	

Instructions:

- Spend at least 80 hours each month participating in an education or training program.
- If you are in an education or training program, take this form to your Education or Training program provider at the end of each month to complete the activity attendance record on the back of this page to certify your hours.
- **You must submit this completed form by the 5th of the following month** you participated in Education or Training 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.
- If something stops you from attending your education or training program, submit documentation excusing the date(s) you couldn't attend with this form.

WHERE TO SUBMIT THIS FORM:



Email: OnondagaABAWD@dfa.state.ny.us



Fax: 315.472.1708



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

Additional ABAWD Forms Available on 2nd Floor of Civic Center DSS-ES Lobby

Additional ABAWD Forms Also Available:

Onondaga County – Social Services – SNAP or [https:// onondaga.gov/dss/forms-links/](https://onondaga.gov/dss/forms-links/)



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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 Activity Progress. Print Clearly.

Attendance Month: _____ Case Number: _____

Participant Name: _____ County: Onondaga

Participant Address: _____

Client Signature: _____ Date: _____

Section 2: Education or Training Service Program Certification:

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

➤ Organization Name: _____

➤ Organization Address: _____

➤ Program Type: ☐ GED/HSE ☐ Adult Basic Education ☐ ESL ☐ Job Skills Training

☐ Voc/Technical Training ☐ Internship/Apprenticeship/OJT ☐ Job Readiness Training

☐ DOL Veterans Program ☐ WIOA Job Search Trng Program ☐ DOL Trade Act Program

➤ Month of Participation: _____

➤ How many hours did the individual participate during this month? _____

➤ **Program Certification:** I certify the individual listed in Section 1 participated 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!