

ABAWD Unpaid/In-Kind Work Participation Record

Able-Bodied Adults Without Dependents (ABAWDs) can meet federal ABAWD work rules by participating in Unpaid, “In-Kind” work by exchanging your services for something other than money for at least 80 hours a month.

Instructions:

- Spend at least 80 hours each month completing Unpaid work. Unpaid work is not volunteering.

Example of Unpaid/In-Kind Work:

✓ *Doing building maintenance in exchange for a reduction in rent*

- If you are performing Unpaid work by exchanging your services for something other than money take this form to the person you are doing the work for 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 completed Unpaid work 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:



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
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: Unpaid Work Certification:

This Section must be completed by the individual the work was completed for. Please complete ALL bullets.

- Name: _____
- Address: _____
- Month of Participation: _____
- How many hours did the individual complete Unpaid work in exchange for something other than money during this month? _____
- What Unpaid/In-kind work did the participant perform for you? _____

- What was the work in exchange for? _____
- **Program Certification:** I certify the individual listed in Section 1 participated for the hours indicated above.

Signature: _____ Date: _____

Printed Name: _____

Phone #/Email: _____