# Able-Bodied Adult Without Dependents (ABAWD) ORIENTATION

Please stand by, we will start promptly at 10am & 2pm.

# Purpose of SNAP Work Requirements:



- ✓Provide supplemental assistance for working families to address food insecurity
- ✓Encourage individual responsibility for meeting food needs
- ✓Offer opportunities for SNAP recipients to join or rejoin the work force
- ✓Preserve SNAP as a *supplemental* assistance program

# Why was I invited to attend this Orientation?

The purpose of this orientation is to provide you with guidance to comply with the federal government mandates to maintain your eligibility for SNAP benefits.

SNAP is a **federally funded program**. Onondaga County DSS-ES administers this program but does not set the criteria for who is an ABAWD because SNAP is funded by the federal government.

# Definition of “Able-Bodied Adult Without Dependents”

The term ABAWD is an acronym that stands for “Able-Bodied Adult Without Dependents”. Persons identified as an ABAWD are required to follow the ABAWD Work Rules from the Federal government to keep their SNAP benefits.

Generally, an ABAWD is between the ages of 18 and 64, determined to be able to work, and they don’t have a child in their household under the age of 14.

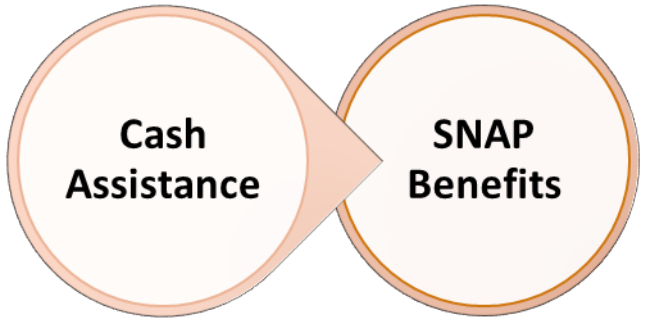
A person identified as an ABAWD **doesn’t** meet any criteria to be exempt from the SNAP work rules or ABAWD time limit.

# *Exemptions* from the ABAWD Work Rules include (this is not a complete list):

- Under age 18
- Age 65 or older
- Pregnant
- Child in the SNAP household **under** the age of 14
- Medical Condition which includes:
  - Temporary Illness, Incapacitated, or Disabled

# ABAWD Work Rules for clients receiving Temporary Assistance (TA)

The term Temporary Assistance, also referred to as "TA", refers to individuals receiving:




- TA clients have a *TA Worker*, who oversees their TA budget & benefits.
- *TA Workers* determine a client's ABAWD status.

- ABAWDs receiving TA are mandated to comply with *Employment Requirements* to maintain their cash benefits ***in addition*** to the ABAWD Work Rules.
- TA clients are also assigned a *TA Employment Worker* who oversees their compliance with the employment program work requirements.
- May be eligible for Supportive Services, including transportation.

# ABAWD Work Rules for clients ONLY receiving SNAP benefits (Non-TA):

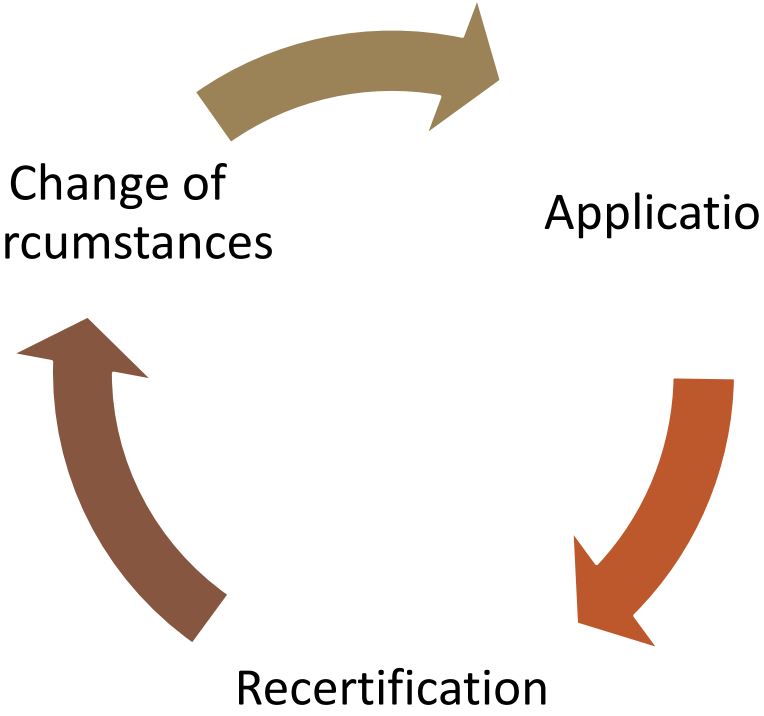
The term *NTA-SNAP* refers to individuals who qualify for SNAP benefits and are NOT receiving Temporary Assistance.

They are receiving "SNAP Only"

- Non-TA SNAP clients have a *SNAP Worker* who oversees their SNAP budget & benefits.
- *SNAP Workers* determine a client's ABAWD status.
- Applicants & Recipients of Non-TA SNAP identified as ABAWDs are mandated to comply w/ ABAWD Work Rules to maintain their eligibility for SNAP benefits.

# *WHEN is ABAWD status determined?*

If you have a ***Change of Circumstances*** that you believe could change your ABAWD status, please follow up w/ your TA or SNAP Worker within **10 days** of the change.




Everyone ***Applying*** for SNAP benefits will be screened for an exemption from the ABAWD Work Rules.

The ABAWD screening will also be completed at every ***Recertification*** for SNAP benefits by either your TA or SNAP Worker.

# What are the ABAWD Work Rules?

ABAWDs are subject to ABAWD Work Rules which include:

1. Time Limits
2. Work Requirements

# ABAWD Time Limit:

The **current** 3-year period to track ABAWD compliance started on 10/1/26 and runs through 9/30/29.

ABAWDs who **don't meet** the work requirements are **limited** to receiving SNAP for **3 months** in a **3-year period.**

At the end of the 3rd month of not meeting the work requirements you'll lose your SNAP eligibility.

The way to avoid losing you SNAP benefits is to meet the ABAWD work requirements ***every month***.

# *Example* of Failing to Comply with the ABAWD Time Limits:

"John" is an ABAWD. He's not working.

- For 3 full months John doesn't complete any work activities to maintain his SNAP benefit.
- He doesn't receive his SNAP benefit in month 4 because he failed to comply with the SNAP Work Rules.
- John isn't eligible for SNAP benefits for the remainder of the 36-month timeframe.

# ABAWD Work Requirements

ABAWDs must work or participate in work activities to maintain their SNAP benefits.

It’s the responsibility of the ABAWD to provide verification they are meeting their work requirements.

# How Can YOU Meet the ABAWD Work Rule Requirements?

# ABAWD Work Requirements to Maintain SNAP Eligibility – WORK

## PAID WORK:

If you're working, your work hours will count toward the ABAWD Work Rules if your employment & work hours have been verified and therefore budgeted by your TA or SNAP Worker.

- ✓If your Worker is **not** aware you're working, you need to provide proof of employment, hours worked weekly, and hourly wage. Submitting paystubs is the best way to verify your employment!
- ✓If you're working at least 20 hours/week and the hours are reflected in your TA or SNAP budget**,** you're meeting your ABAWD requirement.
- ✓If you earn at least $217.50 per week **and** the income is budgeted, you're meeting your ABAWD requirement **regardless** of how many hours you work.
- ✓If you **don't how** many work hours you're budgeted for, call your TA or SNAP Worker at 315-435-2700.
- ✓For changes to employment, or if your work hours decrease or increase, notify your TA or SNAP Worker immediately to determine if your ABAWD work requirements change.

**Work at least 80 hours per month**
**OR**
**Earn at least $217.50 weekly**

**Includes:**

- **Paid employment**

***Make sure you've verified your employment with your TA or SNAP Worker!***

## ABAWD Engagement Programs That Count Toward Participation:

| Pathway: | What It Includes: | How It Helps Participants: |
|---|---|---|
| **Career Center / WIOA Programs (CNY Works)** | Programs and activities that support job training and related services to unemployed and underemployed individuals including WIOA Adult, Youth, and Dislocated Worker programs | Builds job skills, supports career planning, and connects participants to employers |
| **Trade Act Programs** | Training and reemployment services for workers whose jobs are impacted by increased imports | Provides structured retraining and return-to-work pathways |
| **Veteran Employment & Training Programs** | DOL and VA veteran employment and training programs | Offers specialized supports and career placement for veterans and spouses |
| **SNAP E&T Programs** | District-supervised job search, education, training, pre-apprenticeships, apprenticeships, on-the-job training, work experience | Allows districts to match activities to local labor needs and participant goals |
| **Volunteering at Community Service Programs** | Self-initiated volunteer placements at approved community organizations | Builds work habits, experience, and community connections |
| **Employment including in-kind work** | Paid or unpaid work | Provides direct employment experience while meeting requirements |

# Participate in a WIOA Job Search for at least 80 Hours/Month (*WORKFORCE INOVATION and OPPORTUNITY ACT*)

**Job Search at least 80 hours per month**

Conduct your Job Search through:

- DOL Job Zone (https://www.jobzone.ny.gov)
- NYC Virtual Career Center (https://dol.ny.gov/virtual-career-center-ind))
- Refer to the Job Search Toolkit

***Examples of Approved Job Search Activity:***

- Researching jobs and local employers
- Completing and submitting job applications (online or in person)
- Preparing for or participating in job interviews or job fairs
- Working with CNY Works and the NYS Department of Labor (DOL)

# NYS Virtual Career Center – A Resource for Job Seekers

***Scan** for VCC Flyer*

**How the Virtual Career Center (VCC) can help you meet the ABAWD Work Requirements:**

- ✓New York State's main online job search and career planning platform
- ✓Helps participants meet ABAWD work rules through job search, workshops, and training

**What Participants Can Do in the VCC:**

- ✓Search and apply for jobs matched to their skills
- ✓Track job applications and interviews
- ✓Build or upload a resume
- ✓Explore career pathways and local job opportunities
- ✓Connect with Career Centers staff

**How to Get Started:**

- ✓Go to **my.NY.gov** to create or log into an account
- ✓Upload a resume or complete a skills profile
- ✓Begin exploring jobs, careers, and Coursera course

**Explore Additional Career Resources:**

- ✓Develop skills with training classes from Coursera
- ✓Explore Job Fairs and Virtual Career Fairs
- ✓Attend virtual workshops on job searching, using social media, building a professional network, time management, and others

# WIOA Job Search Forms - 1 of 2:

## ABAWD/WIOA Job Search Activity Record

Able-Bodied Adults Without Dependents (ABAWDs) can meet federal ABAWD work rules by participating in job search activity for at least 80 hours a month.

**Instructions:**

- Spend at least 80 hours each month looking for work or participating in certain approved job search activities.

| *Examples of Approved Job Search Activity:* |
|---|
| ✓ *Researching jobs and local employers* |
| ✓ *Completing and submitting job applications (online or in person)* |
| ✓ *Preparing for or participating in job interviews or job fairs* |
| ✓ *Attending job search workshops* |
| ✓ *Working with CNY Works and the NYS Department of Labor (DOL)* |

- Use the Job Search activity attendance record **on the back of this page** to keep track of your progress.
- **You MUST submit the attendance record of your job search efforts by the 5th of the *following* month** you participated in Job search activity 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***

| To Find Job Openings Visit: | | Additional ABAWD Forms Also Available: |
|---|---|---|
| DOL Jobzone<br>jobzone.labor.ny.gov | NYS DOL Job Bank<br>myjobsny.usnlx.com/jobs | Onondaga County<br>onondaga.gov/dss/forms-links/ |

## ABAWD/WIOA Job Search Activity Record

| Date | Activities Completed *(job prep, resume, job search, interviews, applications, orientations, online workshops, meetings, etc)* | Employers Contacted | Time Spent *on each activity (Hours/Minutes)* |
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| | | **TOTAL Hours Spent:** | |

If a **Supplemental Job Search Log** was completed please attach it to this record.

**Provide an itemized list. Be sure to include ALL Job Search related activities on the form.**

**Complete ALL LINES below to get credit for your ABAWD Job Search - *Print Clearly.***

Attendance for the Month of: _____ Case Number: _____

Name: _____ County: Onondaga

Address: _____

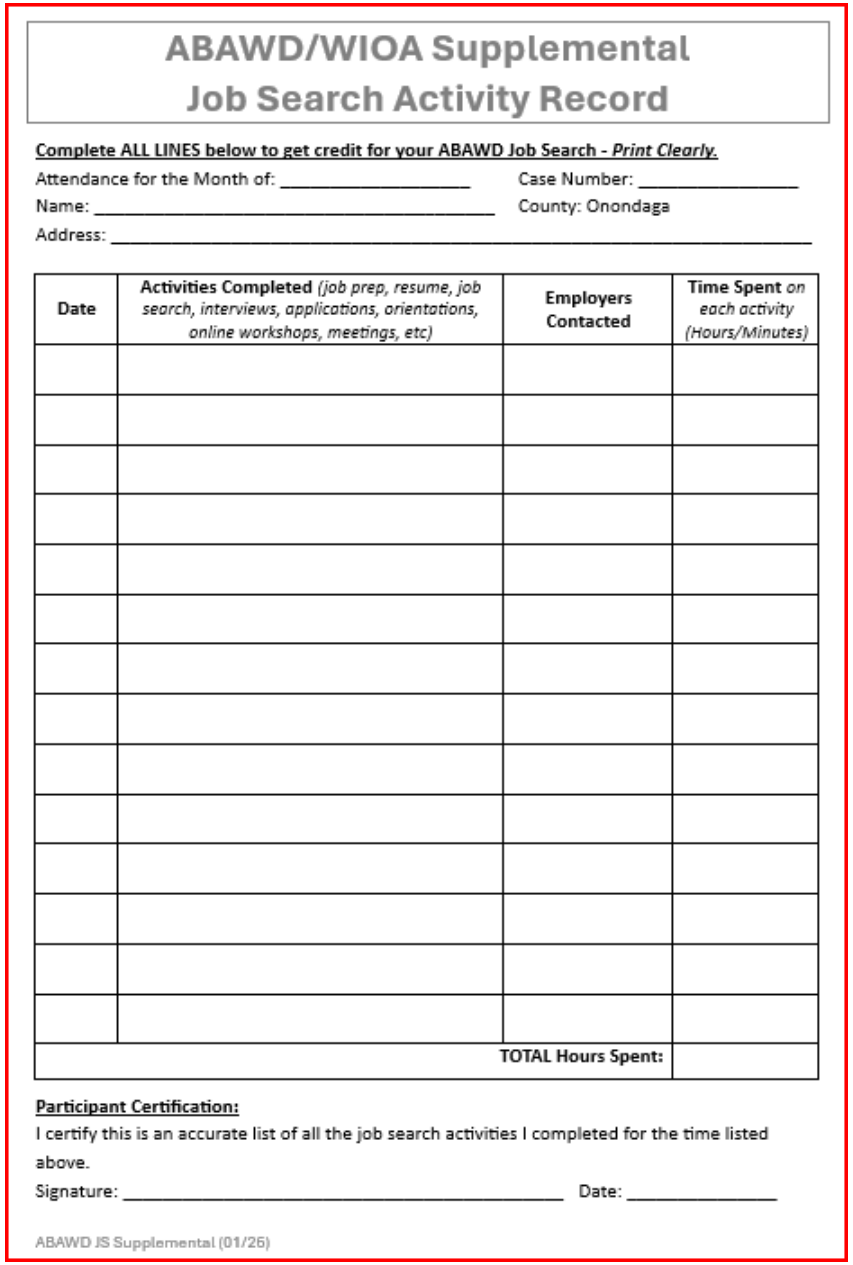
**Participant Certification:**

I certify this is an accurate list of all the job search activities I completed for the time listed above.

Signature: _____ Date: _____

# WIOA Job Search Forms - 2 of 2:

**A <u>Supplemental Job Search Log</u> is available if you need more room to record your activities.**



## ABAWD/WIOA Supplemental Job Search Activity Record

**<u>Complete ALL LINES below to get credit for your ABAWD Job Search - *Print Clearly.*</u>**

Attendance for the Month of: _____ Case Number: _____

Name: _____ County: Onondaga

Address: _____

| Date | Activities Completed *(job prep, resume, job search, interviews, applications, orientations, online workshops, meetings, etc)* | Employers Contacted | Time Spent *on each activity (Hours/Minutes)* |
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| | | TOTAL Hours Spent: | |

**<u>Participant Certification:</u>**

I certify this is an accurate list of all the job search activities I completed for the time listed above.

Signature: _____ Date: _____

ABAWD JS Supplemental (01/26)

# Comply Monthly with a Volunteer Community Service Program

**Volunteer in a *Community Services Program***

**Monthly calculation:**
**SNAP grant**
**÷ Minimum wage**
**= Volunteer hours required <u>monthly</u>**

***Example:***
SNAP household receives $298/month for 1 adult

298 ÷ $16.00(min wage)
= 18 hours monthly

**If more than 1 active adult on the SNAP case, divide SNAP grant by the number of active adults in the SNAP household first and then divide that amount by the minimum wage.*

# Community Partners who can help you fulfill your ABAWD Work Requirements:

- CNY Works and Dept of Labor (http://cnyworks.com)
- United Way – (https://unitedway-cny.org)
- Community centers / Churches
- Any Public or Non-Profit Organization

# ABAWD Volunteer/ Work Experience Form:

## 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 5th 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:**

**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***

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

ABAWD Volunteer/WE (07/26)

## 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? _____
- What duties did the volunteer perform? _____

_____

- **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!***

ABAWD Volunteer/WE (07/26)

# Participate Monthly in an Education or Training Program

**Participate in a Qualifying Education or Training Program for at least 80 hours per month**

**Qualifying Programs include:**

- **GED/HSE**
- **Adult Basic Education (ABE)**
- **English as Second Language (ESL)**
- **Vocational Ed or Technical Training**
- **Job Readiness Training**
- **Job Skills Training**
- **Internships/Apprenticeship/OJT**
- **WIOA Job Search Training Programs**
- **DOL Program Under the Trade Act of 1974**
- **DOL Veteran Programs**

# Education & Training Form:

## 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/

## ABAWD Education & Training 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: 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!***

**Doing Unpaid/In-Kind Work at least 80 hours per month**

**Includes:**

- **Exchanging your services for something other than money for at least 80 hrs/month**

# In-Kind Work Form

## 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/

## ABAWD Unpaid/In-Kind Work 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: 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: _____

# Combination of Work and Qualifying Activities

**Participate in a Combination of Work and Qualifying Activities**

**For at least 80 hours a month.**
**Includes:**

- **Work**
- **Qualifying work activities**

***Example:***
52 hours per month in paid employment
✚
28 hours per month in WIOA job search through NYSDOL's JobZone site

= 80 hours per month in combined ABAWD qualifying activities

# Our local Career Center, CNY Works offers programs and activities to help you meet your ABAWD Work Requirements, including Job Search!

**CNY Works** is providing an **Orientation** for all ABAWDs at their office about the services they offer to help you find employment and meet the ABAWD Work Rules.

Dates/Times: Every **Thursday** at **2:30pm,**
(**except for** the month of November 2026)

Location: CNY Works
960 James Street, 1st Floor – Onondaga Room
Syracuse NY 13202
*Use parking lot entrance behind the building and report directly to the Onondaga Room

*(http://cnyworks.com)*

# *Who's Responsible for Making Sure My Activity Documentation/Attendance is Submitted Timely?*

# YOU ARE RESPONSIBLE !!! This *includes* Changes in Work and Hours!!

Providing documentation that you've met the work requirement each month is **your** responsibility.

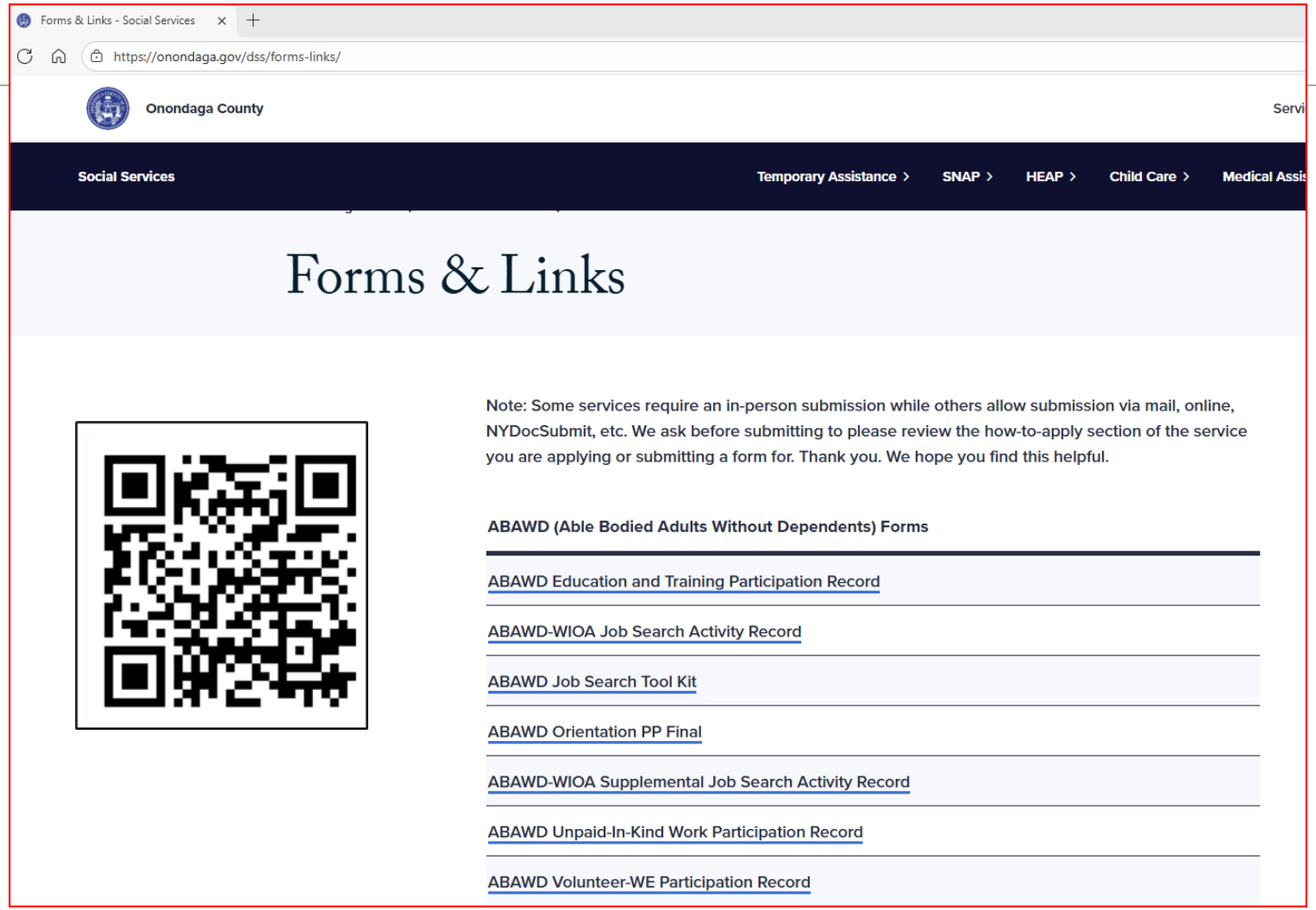
The due date to submit your work verification is the 5th of the following month.

You must notify your TA/SNAP WORKER and provide documentation when your hours of paid or unpaid work falls below 80 per month. *This change must be reported to your TA/SNAP WORKER within 10 days after the end of the month during which the change occurred.*

# Attendance Forms Must be Completed Monthly to Verify Your ABAWD Participation in Work Activity

- ABAWD Work Activity attendance forms must be submitted by the 5th of the following month to get credit for meeting the ABAWD work requirements.
- ABAWD attendance forms can be found by going to https://Onondaga.gov/dss/forms-links/ , then going to the ABAWD Category and clicking on “ABAWD Attendance Forms”.
- ABAWD attendance forms are also available in the lobby of DSS-ES on the “Forms Wall” located on the 2nd floor of the Civic Center at 421 Montgomery Street, Syracuse NY 13202.
- For questions about ABAWD work activity attendance, please call the TA Employment Program at 315-442-3242.

# https://Onondaga.gov/dss/forms-links/



# Guidance for Submitting ABAWD Work Activity Attendance

**By the 5th of every month, you must submit attendance for the previous month to the TA Employment Program via email, fax, or drop box:**

- **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

# What Happens When You Lose Your SNAP Benefits after Failing to Follow the ABAWD Work Rules?

**An ABAWD can re-establish eligibility under the following conditions:**

If your SNAP case **closed**, you must reapply for SNAP benefits.

You must be willing to comply with the ABAWD work requirements when you reapply.

As part of your eligibility interview for SNAP, you must follow the TA/SNAP Worker's guidance to re-establish your benefits.

The TA/SNAP Worker will issue a documentation request requiring proof you completed an ABAWD qualifying activity within 10 days of your interview. **Qualifying Re-Establish** activities include **Job Search, Volunteering, or Education & Training**.

If this documentation isn't provided by the due date, your SNAP application will be denied.



# Thank You for Attending the ABAWD Work Rules Orientation!