

**ARIZONA DEPARTMENT OF
ECONOMIC SECURITY
Family Assistance Administration
ABAWD PARTICIPATION AND
REFERRAL NOTICE**

Arizona has a 3-month time limit for certain adults who receive Nutrition Assistance Benefits in a 36-month period. These adults are called *Able Bodied Adults without Dependents (ABAWDs)*.

ABAWDs can get Nutrition Assistance Benefits in only three (3) months out of 36 months unless they qualify for an exemption, meet certain work requirements or participate in an employment and training program. *Your benefits will end following your third (3rd) full month of benefits unless you meet the requirements in this notice.*

**See pages 15-18 for USDA/EOE/
ADA/LEP/GINA disclosures**

This notice will tell you:

- 1. The exemptions to the 3-month time limit.**
- 2. The work requirements for those who do not meet an exemption.**
- 3. Information on how to participate in an employment and training program.**
- 4. Good cause exceptions to not work or not participate in an employment and training program.**
- 5. How to regain eligibility if you reach your time limit and become ineligible.**
- 6. What your reporting requirements are as an ABAWD participant.**

Exemptions To Time Limits For Able Bodied Adults Without Dependents (ABAWD)

If you meet one or more of the following exemptions, please let us know immediately so we can correct our records. Allowable exemptions include:

You are a migrant or seasonal farm worker who will be going back to work within the next 30 days.

You live in a geographically exempt area. (Inside of Apache Junction, all American Indian Reservations (except the Yavapai-Prescott Indian Reservation) or Maricopa, Pima and Yuma counties.)

You are 50 years of age and over or under 18 years of age.

You live with a minor child under 18 years of age, who is a member of the household, even if they are not eligible for nutrition assistance benefits.

You are mentally or physically unfit for work. Disability will qualify you for this exemption, but you do not need to be disabled to qualify. If you think you have a reason that might make you unfit for work, you can come in for an interview or submit a statement that explains your circumstance.

You are receiving Supplemental Security Income (SSI).

You are chronically homeless.

You are receiving treatment in a drug or alcohol treatment or rehabilitation program.

You are providing care for an incapacitated individual.

You are pregnant.

You have applied for or are receiving Unemployment Insurance.

You are attending school, a training program, or college at least half time.

You are receiving DES Cash Assistance benefits and have already been referred to the Jobs Program or Tribal Native Employment Works (NEW), or you participate in an approved Refugee Resettlement Program job or training component.

You are receiving Transitional Benefit Assistance.

You are a victim of domestic violence.

I am exempt for the reason(s) checked above.

Name (*Last, First, M.I.*):

Case Number:

**Signature of Person Claiming
Exemption:** _____

Date: _____

What You Need To Do

If one of the above exemptions applies to you, please complete the form above and return it to us using the methods below. If you claim one of these exemptions, you may be required to show proof of the exemption.

Ways To Meet The Work Or Employment And Training Requirements

If you would like to continue receiving Nutrition Assistance benefits, you must meet one of the following requirements each month if you do not qualify for an exemption:

- 1. Works 80 hours per month. This includes any combination of:**
 - **Paid work**
 - **Self-employment**
 - **Volunteer work**
 - **In-kind work: working in exchange for food, rent, or other needs. Proof must include the value of the work and the number of hour worked.**
- 2. Weekly earnings equal the Federal minimum wage multiplied by 30 hours (\$217.50), regardless of the number of hours worked.**
- 3. Participate in an approved Nutrition Assistance Employment and Training activity a minimum of 80 hours per month.**
- 4. Participate in a combination of work and an approved Nutrition Assistance Employment and Training activity for a minimum of 80 hours per month.**

5. Can show good cause for not meeting work requirements. Good cause is explained in this notice.

If you are meeting any of the above work requirements, please let us know immediately so we can update our records. Any full month that you are not exempt or you do not meet the work requirements will count toward your 3-month limit, unless you contact us or participate in an employment and training program.

**Ways To Give Us Your Information
If You Think You Qualify For
An Exemption Or Are Meeting The
Work Requirements**

You can submit your information to us in any of the following ways:

**1. Health-e-Arizona Plus accounts
ONLY:**

You can use your on-line account to:

- **Scan and upload verification, OR**
- **Print Health-e-Arizona Plus fax cover sheets and fax verification to the number on the fax cover sheet.**

**2. Return it by mail to:
Department of Economic Security
P. O. Box 19009
Phoenix, AZ 85005-9009**

Please include your printed name and case number on each document you send to us.

3. If you do not have an account Health-e-Arizona Plus, fax to:

- **602-257-7031, if faxing from area codes 602, 480, or 623; or**
- **1-844-680-9840, TOLL FREE if faxing from any other area code.**

Please include your printed name and case number on each document that you fax to us.

4. Take this notice to the local Department of Economic Security, Family Assistance office.

Employment And Training Opportunities

If you do not meet a qualifying exemption and are not currently doing any of the above work activities, you may contact the Supplemental Nutrition Assistance Employment and Training (SNA E&T) Program for assistance. The SNA E&T Program has opportunities available to help you get a job or learn skills needed for employment. For any month you participate in an authorized employment and training program and meet the work requirement, the time limit will not apply to you.

For additional information please call 1-833-762-8196.

Good Cause To Not Work Or Participate In An Employment And Training Program

In some cases, a person who is employed and who has been meeting the 80 hour requirement may have good cause for missing work and not meeting the work or participation requirement. Good cause is a temporary situation that is not in the person's control. Some examples of good cause may be illness, illness of a household member, lack of transportation, household emergency or natural disaster. If you think you have good cause, please let us know immediately using the instructions above.

Regaining Eligibility

If you lose eligibility for not complying with work and participation requirements, you may regain eligibility.

To regain eligibility, you must qualify for an exemption or meet any of the work requirements listed in this notice within the 30 days from the date you reapply. To remain eligible, you must meet an exemption or continue meeting the work or participation requirements for each month you are receiving benefits.

Reporting Changes

Reporting requirements are changing. You are required to report when your income changes to 130% of the Federal Poverty Level or above. You must report when your work hours fall below 80 hours per month if you are working.

These changes must be reported within 10 days of the beginning of the month following the change. It is your responsibility to inform us when you think you qualify for an exemption.

What You Can Do If You Need Help Or Have Questions

Call us at 1 (855) 432-7587. You can call us Monday through Friday, 8:00 a.m. to 5:00 p.m. The TTY/TDD number for the hearing impaired is 7-1-1. If you need help in getting documents or other information, please let us know so that we can assist you.

Free Legal Assistance

If one of the above exemptions applies to you, please complete the form above and return it to us using the methods below. If you claim one of these exemptions, you may be required to show proof of the exemption.

For Free Legal Assistance, you may contact:

- **In Maricopa, Mohave, San Luis, Yavapai, and Yuma Counties: Community Legal Services as www.clsaz.org or 1-800-852-9075;**
- **In Apache, Cochise, Gila Graham, Greenlee, Navajo, Pima, Pinal and Santa Cruz counties: Southern Arizona Legal Aid at www.sazlegalaid.org or 1-800-640-9465;**
- **In Coconino County: DNA-People's Legal Services at www.dnalegalservices.org or 1-800-789-5781.**

These free legal assistance programs are not a part of DES or AHCCCS.

Legal Authority

This action is based on 7 Code of Federal Regulations (CFR): 7 CFR 273.24.

Time limit for Able Bodied Adults: 7 CFR Section 273.24;

You can find these laws at a public library or on the Internet at:

CFR: www.gpo.gov/fdsys/ and click on Code of Federal Regulations on the right.

AAC: www.azsos.gov/public_services/table_of_contents.htm

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;**
- (2) fax: (202) 690-7442; or**
- (3) email: program.intake@usda.gov.**

This institution is an equal opportunity provider.

DES/TANF Agencies are Equal Opportunity Employers/Programs • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits

discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.