

**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)*.**

**See pages 26-28 for USDA/EOE/ADA/LEP/GINA disclosures**

**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. *The ABAWD's benefits will end following the third (3<sup>rd</sup>) full month of benefits unless the ABAWD meets the requirements in this notice.***

## **This Notice Will Tell You:**

- 1. The work requirements for those who do not meet an exemption.**
- 2. The exemptions to the three (3) month time limit.**
- 3. Information on how to participate in an employment and training program.**
- 4. How to regain eligibility if the ABAWD reaches their time limits and becomes ineligible.**

- 5. Good cause exceptions to not work or not participate in an employment and training program.**
- 6. What reporting requirements are as an ABAWD participant.**

## **Ways to Meet the Work Requirements**

**If the ABAWD is meeting the work requirement, please let us know immediately so we can update our records. The ABAWD can meet the ABAWD work requirement**

**by doing any of these things:**

**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. Participate in an**

**approved Supplemental Nutrition Assistance, Employment and Training (SNA E&T) activity a minimum of 80 hours per month.**

- 3. Participate in a combination of work and an approved SNA E&T activity for a minimum of 80 hours per month.**
- 4. Can show good cause for not meeting work requirements. Good cause is explained in this notice.**

**Any full month that the ABAWD is either not exempt or does not meet the work requirement will count toward their (3) month limit, unless the ABAWD contacts us and participates in an employment and training program.**

## **Exemptions to Time Limits for ABAWDS**

**If the ABAWD meets one or more of the following exemptions, please let us know immediately so we can update our records.**

## **Allowable exemptions:**

**Lives 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.**

**Mentally or physically unfit for work.**

**Disability will qualify you for this exemption, but you do not need to be disabled to qualify. You may also let us know if you are chronically homeless or a victim of domestic**

**violence. You think you have a reason that might make you unfit for work, submit a statement that explains your circumstances.**

**Pregnant.**

**Meets any one of the following exemptions to the general work requirement:**

**Provides care for an incapacitated individual.**

**Has applied for or gets Unemployment Insurance.**

**Is a migrant or seasonal farm worker who is currently working or going back to work within the next 30 days.**

**Receives treatment in a drug or alcohol treatment or rehabilitation program.**

**Attends school, a training program, or college at least half time.**

**Lives in Yuma, Navajo, Apache, La Paz, Santa**

**Cruz counties, or on  
an American Indian  
reservation in Arizona.**

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

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**Case Number:**

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**Signature of Person  
Claiming Exemption:**

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**Date:** \_\_\_\_\_

## **What You Need to Do**

**If the person listed  
meets one of the above  
exemptions, please**

**complete the form above and return it to us using the ways below. If the ABAWD claims one of these exemptions, the ABAWD may need to show us proof of the exemption.**

## **Employment and Training Opportunities**

**If the ABAWD does not meet a qualifying exemption and is not currently doing any of the above work activities to meet the work requirements, the**

**ABAWD may contact us about participating in the SNA E&T Program. The SNA E&T Program has opportunities available to help ABAWDs get jobs or learn skills needed for employment. For any month the ABAWD participates in an authorized employment and training program and meets the work requirement, the time limit will not apply to the ABAWD.**

**For additional information on the SNA E&T Program, please call 1-833-762-8196. The ABAWD may also submit a request via the internet at [des.az.gov](http://des.az.gov) by clicking on "Employment Services", then "Employment and training program for adults receiving Nutrition Assistance", then "Contact SNA E&T".**

# **Ways to Give Us Your Information if You Think the ABAWD Qualifies 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-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.**

## **How to Regain Eligibility if the ABAWD's Benefits Stop**

**If the benefits stopped for the ABAWD because the ABAWD reached the full three (3) month time limit, the ABAWD can become eligible again if the ABAWD:**

- 1. Works 80 hours in any 30-day period;**
- 2. Participates in a work program and work program participation for 80 hours in a 30-day period.**

- 3. Has a combination of work and work program participation for 80 hours in a 30-day period;**
- 4. Meets any exemption; or**
- 5. Enters a new 36-month period.**

**The ABAWD regains eligibility as many times as they meet an exemption category.**

**If the ABAWD regains eligibility through work or employment and training and then**

**becomes ineligible again, the ABAWD can only get one additional three (3) month period of eligibility within the 36-month period.**

## **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 so we can update our records.**

# What You Can Do if You Need Help or Have Questions

**Call us Monday – Friday,  
7:30 a.m. to 5:00 p.m.  
at 1 (855) 432-7587. The  
TTY/TDD number for the  
hearing impaired is 7-1-1.**

**Contact us if you  
need help in getting  
documents or other  
information.**

**To find a DES Office, visit  
this website: [des.az.gov/  
find-your-local-office](https://des.az.gov/find-your-local-office).**

## **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 the ABAWD's work hours fall below 80 hours per month if they 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 the ABAWD qualifies for an exemption.**

## **Free Legal Assistance**

**For Free Legal Assistance, you may contact:**

- **In Maricopa, Mohave, San Luis, Yavapai, and Yuma Counties: Community Legal Services as [www.clsaz.org](http://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](http://www.sazlegalaid.org)  
or 1-800-640-9465;**

- **In Coconino County:  
DNA-People's Legal  
Services at [www.  
dnalegalservices.org](http://www.dnalegalservices.org)  
or 1-800-789-5781.**

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

## **Legal Authority**

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

**You can find these laws at any of the following:**

- **At a public library**
- **On the Internet at: [www.ecfr.gov/](http://www.ecfr.gov/); and**
- **By asking for a copy at a DES Office**

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**The USDA is an equal opportunity provider and employer • 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.**