

Nutrition Assistance Able Bodied Adult Without Dependents (ABAWD) Time Limits

Case Name: _____ Case Number: _____

ABAWD Participant: _____

A Nutrition Assistance (NA) participant who is 18 to 64 years old and does not meet a work requirement or exemption listed below is considered an Able Bodied Adult Without Dependents (ABAWD). These participants are subject to a three-month time limit within a fixed 36-month period. The benefits will end following the third full month of benefits for the ABAWD participant unless a work requirement or exemption from the list below is met. To continue to receive NA benefits, you need to inform DES and provide proof of the work requirement or exemption.

For ways to give us the information, see *How to Give Us Your Information* section in this form.

ABAWD Work Requirements

Working an average of 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 number of hours worked.
Note: The value of the work is also needed for financial purposes.

Participating in and complying with an approved work program for at least 20 hours per week.

- The Supplemental Nutrition Assistance Program Career Advancement Network (SNAP CAN) program, other than a job search or a job search training program.
Note: The program may contain job search or job search training as a subsidiary component when the component is less than half of the required 20 hours per week.
- Workforce Investment Opportunities Act (WIOA) Program or any component of WIOA.
- Trade Adjustment Assistance (TAA) Act.
- An employment and training program for veterans offered by one of the following:
 - Department of Labor.
 - Department of Veterans Affairs.

Participating in any combination of work and a work program for at least 20 hours per week.

ABAWD Time Limit Exemptions

- Under the age of 18
- 65 years or older.
- Parents or other budgetary unit members who are responsible for a dependent child under age 14.
- Medically certified as mentally or physically unfit for work.
- Pregnant, with verification from a qualified medical source.
- Indians, meaning a member of a federally recognized tribe, band, nation, or other organized group or community.
- Urban Indians, as defined by the Indian Health Care Improvement Act.
- California Indians, as defined by the Indian Health Care Improvement Act.
- Participating in a drug or alcohol treatment or rehabilitation program.
- Providing care for an incapacitated person.
- Receiving Unemployment Insurance (UI), pending an UI application, or appealing an UI decision.
- Attends school, training program, or college at least half time.
- Meets the requirements for a migrant or seasonal farm worker.

Continued on next page.

Working for an average of 30 hours per week. When employed for less than 30 hours per week, the weekly earnings have to be equal to or exceed an amount that is 30 hours multiplied by the federal minimum wage.

Participating in a CA Jobs Program, Tribal (NEW) Program, or Tribal TANF Employment Program.

Participating at least half-time in an Office of Refugee Resettlement Program.

Cuban and Haitian Entrants with Good Cause Reason verified. *(Good cause is - not employment authorized or has a temporary three month employment authorization.)*

Living in one of the following geographically exempt areas:

- Yuma County
- Cocopah Tribal Land
- Hualapai Indian Tribal Land and Off-Reservation Trust Land
- Maricopa (Ak Chin) Indian Tribal Land and Off-Reservation Trust Land
- Salt River Tribal Land
- San Carlos Tribal Land
- Pascua Pueblo Yaqui Tribal Land and Off-Reservation Trust Land

Participant's Name: _____ Case Number: _____

Signature: _____ Date: _____

How To Give Us Your Information

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

1. Online at:
 - a. myfamilybenefits.azdes.gov
 - b. healthearizonaplus.gov
2. Mail to:

Department of Economic Security
P. O. Box 19009
Phoenix, AZ 85005-9009

Please include your printed name and case number on the top of each document you send to us.
3. Fax to:
 - a. (602) 257-7031, if faxing from area codes 602, 480, or 623.
 - b. 1-(844) 480-9840 Toll free when faxing from any other area code.

Please include your printed name and case number on the top of each document you send to us.
4. In person at any Department of Economic Security, Family Assistance Administration office.

Employment And Training Opportunities

When you do not meet an ABAWD exemption and are not currently meeting the ABAWD work requirements, you can contact the Supplemental Nutrition Assistance Program Career Advancement Network (SNAP CAN) with an FAA referral, for assistance. SNAP CAN providers have resources that can help you meet your ABAWD work requirements. Any month you meet an ABAWD exemption or the work requirement, the time limit will not apply to you.

SNAP CAN providers may pay for expenses that are reasonably necessary and directly related to participation in the program, such as:

- Transportation.
- Childcare.
- Personal safety items or equipment.
- Other reasonable required costs, such as tools, books, and uniforms.

For information about SNAP CAN:

- Visit the SNAP CAN website at azsnapcan.com.

Employment services are available to any household member through ARIZONA@WORK. For information about ARIZONA@WORK:

- Visit the ARIZONA@WORK website at arizonaatwork.com.

Good Cause For Not Meeting A Work Requirement

An ABAWD participant will continue to meet work requirements when the participant has a good cause reason for not meeting the 80 hours per month requirement. The good cause reason must be temporary and out of the control of the participant.

Good cause includes, and is not limited, to the following:

- Individual illness
- Illness of a household member
- Lack of transportation
- Household emergency
- Natural disaster

Regaining Eligibility After Your Benefits Stop

When a participant loses NA eligibility because of reaching the 3-month ABAWD time limit, the participant may regain eligibility when any of the following occur:

1. Meets the ABAWD work requirement by completing any of the following during a continuous 30-day period.
 - Work an average of 20 hours per week (or 80 hours per month).
 - Participate in an approved work program at least 20 hours per week.
 - Participate in a combination of work and an approved work program at least 20 hours per week.
2. Meets any exemption.
3. Enter a new 36-month period.

There is no limit to the number of times an ABAWD participants can regain eligibility when they meet the criteria above.

ABAWD participants may be potentially eligible for one three month extension period. These participants must meet all of the following:

- Was determined ineligible for receiving three countable months of NA in the current 36-month period.
- Met the ABAWD work requirement during any 30 consecutive day period and is no longer meeting the ABAWD work requirement.
- Has not received an ABAWD extension period in the current 36-month period.

If You Have Questions Or Need Assistance

Contact us if you need help with getting documents or other information at:

1. Call 1 (855) 432-7587 Monday through Friday 7:00 a.m. to 6:00 p.m.
The TTY/TTD number for the hearing impaired is 7-1-1.
2. In person at any Department of Economic Security, Family Assistance Administration office.

Reporting Changes

You must report any changes listed below by the 10th day of the month following the month the change occurs.

- When the total gross monthly income of all participants included in the NA household (including disqualified members) exceeds 200% of the current FPL. (Gross income is the amount of all income received in the household before any deductions).
- When an able-bodied adult between the ages of 18 and 64 with no dependent children under the age of 14, has a decrease in work hours below 80 hours per month.
- When any household member receives lottery or gambling winnings of \$4500 or more in a single game.

Free Legal Assistance

For Free Legal Assistance, you may contact:

- In Maricopa, Mohave, San Luis, Yavapai, and Yuma Counties: Community of Legal Services at 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 sazlegalaid.org or 1 (800) 248-6789.
- In Coconino County: DNA People's Legal Services at dnalegalservices.org or 1 (833) 362-1102.

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

Rules We Used To Make Our Decision

Time limit for able-bodied adults: 7 Code of Federal Regulations (CFR) section 273.24.

7 United States Code 2015

Where To Find The Rules

You can find this law at any of the following:

- At a public library.
- On the internet at ecfr.gov/
- On the internet at uscode.house.gov/

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., braille, large print, audiotope, American Sign Language) should contact the responsible State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, Program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at [How to File a Program Discrimination Complaint](#) 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:** USDA Food and Nutrition Service, 1320 Braddock Place, Room 334 Alexandria, VA 22314; or
2. **Email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.