

# **Arizona Department of Economic Security Family Assistance Administration**

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

**An Able Bodied Adult  
Without Dependents  
(ABAWD) is a Nutrition  
Assistance (NA)  
participant who is 18 to  
54 years old and does not  
meet a work requirement**

**See pages 29-34 for USDA/EOE/  
ADA disclosures**

**or an exemption. These participants are limited to three full months of NA benefits in a fixed three year period.**

**Review the work requirements and exemptions, if any of these apply to you, mark the boxes, sign, date, and return this form to FAA.**

## **ABAWD Work Requirements**

**Work at least 20 hours per week (or 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 value of the work and the number of hours worked.**

**Participating and complying with the work requirements of**

**any of the following programs 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**
- Any combination of working and**

**participating in a work program for at least 20 hours per week.**

## **ABAWD And NA Work Requirement Exemptions**

**Under the age of 18 years old OR age 55 years or older**

**Lives with a child, under 18, who is a member of the budgetary unit, even if they are not eligible for NA benefits**

**Unable to work  
because of a physical  
or mental health  
reason**

**Pregnant**

**Homeless**

**A veteran who served  
in the United States  
Armed Forces,  
regardless of your  
discharge status**

**Age 24 or younger and  
in foster care on the  
participant's 18<sup>th</sup>  
birthday**

**Participating in a drug  
or alcohol treatment**

**program**

**Providing for an incapacitated person**

**Receiving**

**Unemployment**

**Insurance (UI) or has a pending UI application**

**Attending school, training program, or college at least half time**

**Participating and complying with the work requirements of one of the following programs:**

- **Cash Assistance**



- (CA) jobs program,**
- **Refugee Resettlement Employment program,**
- **Tribal Native Employment Works (NEW) program**
- **Tribal TANF Employment Programs**

**Receiving Social Security Supplemental Income (SSI)**

**Earn an amount equal to or more than the Federal minimum wage**

**multiplied by 30 hours per week, regardless of the number of hours worked. (A total of at least \$217.50 per week or \$870 per month).**

**A migrant or seasonal farm worker under contract or agreement to return to work within 30 calendar days.**

**Can show good cause for not meeting work requirements:**

**In some cases, a person who is**

**employed and who has been meeting the 20 hours per week (or average of 80 hours per month) work requirement may have good cause for 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.**

**Living in a  
geographically exempt  
area (on tribal land,  
the cities of Buckeye  
and Apache Junction,  
or outside of Maricopa  
County)**

**Participant's Name:**

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**Case Number:**

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**Signature:**

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

## **How To Give Us Your Information**

**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**

**Health-e-Arizona Plus account, 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 an ABAWD exemption and are not currently meeting the ABAWD work requirements, you may contact the Supplemental Nutrition Assistance Program Career Advancement Network (SNAP CAN) for assistance. The SNAP CAN Program providers have resources that can help you meet your ABAWD**



**work requirement. The SNAP CAN Program 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 any month you meet the work requirement, the time limit will not apply to you.**

**For information about SNAP CAN:**

**-Visit the SNAP CAN website at [www.azsnapcan.com](http://www.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](http://arizonaatwork.com)**

## **Regaining Eligibility After Your Benefits Stop**

**When a participant loses NA eligibility because of reaching the 3-month 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 in a 30 day period:**

- **Works 80 hours**
- **Participates in a work program for 80 hours**
- **Has a combination of work and work program participation for 80 hours**

**2. Meets any exemption**

**3. Enters a new three-year period, the three-year period restarts on 01/01/2025.**

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

**ABAWDs may be eligible for one extension period, which is an additional three months of NA benefits. ABAWDs may be potentially eligible when all of the following apply to the ABAWD participant:**

- **Was determined ineligible for receiving three**

**countable months of NA in the current three-year 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 three-year period.**

**If You Have Questions  
Or Need Assistance**

**Contact us if you**

**need help in 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 gross income for your household totals more than 130% of the federal poverty level (FPL) per month (Gross income is the amount of your income before any deductions).**
- **When you are an able-bodied adult between the ages of**



**18 and 52 with no dependent children, you must report if your work hours are decreased 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 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.](http://www.)**

**[dnalegalservices.org](https://dnalegalservices.org)**

**or 1 (800) 798-5781.**

**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 273.247**

**Fiscal Responsibility Act of 2023**

## **Where To Find The Rules**

**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/)**
- **By asking for a copy at any Department of Economic Security Family Assistance Administration office**  
**Time limit for able-bodied adults:**  
**7 Code of Federal Regulations (CFR) section 273.247**
- **Fiscal Responsibility Act of 2023**

**In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.**

**Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.**

**To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed**

**to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:**



## **1.mail:**

**Food and Nutrition  
Service, USDA**

**1320 Braddock Place,  
Room 334**

**Alexandria, VA 22314; or**

## **2.fax:**

**(833) 256-1665 or (202)  
690-7442; or**

## **3.email:**

**[\*\*\[COMPLAINTS@usda.gov\]\(mailto:COMPLAINTS@usda.gov\)\*\*](mailto:FNSCIVILRIGHTS</a></u></b></p></div><div data-bbox=)**

**This institution is an equal  
opportunity provider.**

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**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.**