Massachusetts Department of Transitional Assistance
Supplemental Nutrition Assistance Program

ABAWD Training Program Information Request

Give this form to DTA

- By Mail: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420
- By fax: (617) 887-8765
- In person at your local DTA office.

Part 1: To be completed by the Client/Participant

Name _____

Address _____

_____

Client/participant's authorization

I hereby authorize the release of training/education program information requested to the Department of Transitional Assistance.

Signature _____ Date ___/____/_____

Agency ID or Last 4 digits of SSN: _____

One way to meet the Able Bodied Adults Without Dependents (ABAWD) requirement is to participate in certain training or education programs 20 hours per week.

People who participate in certain refugee employability programs are exempt from the work requirement. People who are exempt do not have to meet the work requirement.

If you are **currently participating** in a program that may exempt you from or meet the work requirement, ask staff at the program that you attend to complete part 2 of this form.

Do not use this form to verify high school or college enrollment. If you are a high school or college student, call DTA at 1-877-382-2363 to find out how to verify your student status.

See Reverse Side

Part 2: To be completed by the Education/Training program staff

I hereby certify that _____ is a current participant in:

Program Name: _____

Agency Name/Address: _____

This program is a/an: (check all that apply)

- ☐ HiSet program
- ☐ ESOL program
- ☐ Other ABE program
- ☐ Job readiness program
- ☐ Job search program
- ☐ Occupational skills training program
- ☐ On-the-job training program
- ☐ Vocational or technical training program
- ☐ Other: _____

Start date: _____**Anticipated Completion date:** _____

Number of hours per week that client participates in the program: _____

Of these hours, how many hours per week are devoted to job search/job readiness activities?
_____

Note: To meet the ABAWD work requirement, a client must participate in a total of 20 hours of allowable activity per week.

This program is:

- ☐ a WIA/WIOA funded program
- ☐ a program under section 236 of the Trade Act of 1974
- ☐ a federally recognized refugee employability service (approved, funded, or operated by the federal Office of Refugee Resettlement (ORR)

_____ _____
Signature of Program Contact Person Date

_____ _____
Printed Name of Program Contact Person Telephone Number