



Massachusetts Department of Transitional Assistance
Supplemental Nutrition Assistance Program

ABAWD Training Program Information Request

Give this form to DTA:

- Upload to DTA Connect
- Fax to 617-887-8765
- Mail to the DTA Document Processing Center: P.O. Box 4406, Taunton, MA 02780
- Scan at a 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 rules. People who are exempt do not have to meet the work rules.

If you are **currently participating** in a program that may exempt you from or meet the work rules, 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 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)

- | | | |
|--|--|---|
| <input type="checkbox"/> HiSet GED program | <input type="checkbox"/> English Language Acquisition/ESOL program | <input type="checkbox"/> Work-based learning program (Internships, Apprenticeship, On-the-job training, etc.) |
| <input type="checkbox"/> Adult basic education program | <input type="checkbox"/> Vocational or technical training program | |
| <input type="checkbox"/> Job readiness program | <input type="checkbox"/> Job search program | <input type="checkbox"/> 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 rules, a client must participate in a total of 20 hours of allowable activity per week.

- This program is:
- ☐ A WIOA Title 1 program
 - ☐ A program under section 236 of the Trade Act of 1974
 - ☐ An employment and training program serving veterans that is offered by the Department of Labor or Veterans Affairs
 - ☐ A federally recognized refugee employability service (approved, funded, or operated by the federal Office of Refugee Resettlement)

Signature of Program Contact Person

Date

Printed Name of Program Contact Person

Telephone Number

This institution is an equal opportunity provider.

We must not discriminate due to race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. If you think that we have discriminated against you, call 617-348-8555 to find out how to file a complaint.