



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
- Upload to the DTA Connect App

**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)

- |  |   |
|--|---|
| <input type="checkbox"/> HiSet program               | <input type="checkbox"/> ESOL program                             |
| <input type="checkbox"/> Other ABE program           | <input type="checkbox"/> Job readiness program                    |
| <input type="checkbox"/> Job search program          | <input type="checkbox"/> Occupational skills training program     |
| <input type="checkbox"/> On-the-job training program | <input type="checkbox"/> Vocational or technical training 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 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

This institution is an equal opportunity provider.