



Massachusetts Department of Transitional Assistance
Supplemental Nutrition Assistance Program
ABAWD Work Program Participation Report

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: ABAWD PARTICIPATION INFORMATION

Name of ABAWD Participant:		Participant's Agency ID Number:		Date:	
Mailing Address:		Telephone Number:			

You must meet the work rules for Able-Bodied Adults without Dependents (ABAWDs). Based on information known to DTA, you are:

- not exempt from the work rules,
- not working at least 20 hours per week, or
- not in an employment/training activity at least 20 hours per week.

If you are exempt, working or in employment/training, please call 877-382-2363 to let us know. Otherwise, to keep getting SNAP benefits, you must volunteer at a non-profit or public organization. To make sure that a community service site you choose meets the requirement, or for help finding a site, visit SNAPPathtoWork.org or call the **SNAP Path to Work Line at 888-483-0255**.

You may use this form to prove that you will be volunteering at a non-profit or public organization. The number of hours that you must volunteer is determined by dividing your monthly SNAP benefit by the current Massachusetts minimum wage. Example: If you get \$150 per month in SNAP and the state minimum wage is \$15, you must volunteer for 10 hours per month.

NOTE: The community service site cannot be in the office of a candidate's campaign for public office.

For help figuring out how many hours you must volunteer, or if you think you have a good reason for not volunteering, call the **DTA Assistance Line at 877-382-2363**. Visit <https://www.mass.gov/info-details/work-rules-for-snap-clients> to see a list of exemptions and call 877-382-2363 if you meet one. If you need the work rules explained to you, visit www.mass.gov/snapworkrules.

To prove that you will be volunteering at a non-profit or public organization: Have a staff person from the Community Service site **complete the section on the back of this page**.

Part 2: TO BE COMPLETED BY STAFF AT COMMUNITY SERVICE SITE

Client Name:		APID:	
Address:			

Name of Non-Profit or Public Organization

Address

Phone Number

Is this organization public or non-profit?

☐ Public

☐ Non-Profit

☐ Neither

What is the start date and total hours per month this individual will volunteer?

Start Date

Hours

If this individual is already volunteering, how many hours did they volunteer last month?

Hours

Fill this out if the individual needs proof that they volunteered for a month DTA did not know about.

Month

Year

Hours per Month

Printed Name of Staff Person

Title of Staff Person

Signature of Community Service Site Staff Person

____/____/____
Date

Please return the completed form to DTA by:

- submitting proof online: Go to DTAConnect.com or download the DTA Connect mobile app
- mailing to DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420
- fax at 617-887-8765; or
- giving the completed form to the community service participant so they can return the form to DTA.

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.