



Massachusetts Department of Transitional Assistance
Supplemental Nutrition Assistance Program

Request for ABAWD Work Program Exemption Supplement
For homeless people ages 18 to 49

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

As a homeless individual, you might be exempt from the ABAWD Work Program requirement. Use this form to tell us about your situation so we can determine if you are exempt. Give the completed form to DTA. If you have questions or need help, call DTA at (877) 382-2363.

Section 1: Client Information

Name: _____

Address: _____

Phone Number: _____ Agency ID or Last 4 digits of SSN: _____

Section 2: Check the box next to your response to each question below.

1) Do you have a stable night time residence?

Yes No I prefer not to answer

2) Do you have a high school diploma or equivalency (GED or HiSet)?

Yes No I prefer not to answer

3) During the last 3 years, have you been steadily employed for at least 6 months or a full-time student for at least 6 months?

Yes No I prefer not to answer

4) Do you regularly access health care that you need, such as dental care, psychiatric care, and treatment for an ongoing illness?

Yes No I prefer not to answer

5) Have you been hospitalized during the last 6 months?

Yes No I prefer not to answer

Section 3: Signature

Signature _____ Date _____

This institution is an equal opportunity provider.