

**Request for ABAWD
Work Program Exemption**
For 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

SNAP rules say that you are limited to 3 months of SNAP benefits unless you work, volunteer, or participate in certain employment and training programs. This rule does not apply to all clients. Use this form to tell us about your situation so we can determine if you are exempt from or already meeting the work program requirements. Give the completed form and any verification 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 all that apply to you and give us the requested information.

I am working at least 20 hours per week on average, including self-employment.

Give us one of these verifications:

- last 4 weeks of pay stubs
- a signed and dated letter on employer's letterhead with anticipated weekly hours and pay per hour
- proof of your self-employment.

I am physically or mentally unable to work 20 hours per week.

You need to give us a completed SNAP ABAWD Work Requirement Medical Report form or a letter from a medical or mental health provider stating you are not able to work 20 hours per week.

I am in a substance abuse treatment program.

Name of the program: _____

You need to give us a completed ABAWD Work Program Requirement Medical Report form or a document that shows your participation in the treatment program.

See Reverse Side

___ I live with a child under age 18. (This can be your own child or sibling, or the child of another family you live with.)

Name and age of the child:

___ I am pregnant (any stage of pregnancy). Your due date (if known): _____

___ I am caring for a person with a disability. (The person does not need to live with you.)

Name of the person you are caring for _____

What you do for this person:

___ I am in a work-training program.

Name of the program: _____

Hours that you attend the program each week: _____

Give us a document that shows your participation in the work-training program.

___ I go to school at least half-time.

Name of School: _____

Give us a document that confirms your program is at least half-time.

___ I am getting Unemployment benefits or I have applied for Unemployment benefits.

___ I get disability benefits from a government or private source.

Private benefits include pensions, Worker's Comp, and disability insurance.

Government disability benefits include Social Security, SSI, Veterans, MassHealth as disabled, and EAEDC.

What benefit do you get? _____

___ I am doing volunteer work or "community service" work.

Give us a letter from the place where you do volunteer work. The letter must include:

- the phone number and address where you volunteer
- the number of hours (on average) that you volunteer each month
- the signature of a staff person and the date.

Section 3: Client Signature

Signature _____ Date _____

This institution is an equal opportunity provider.