**NOT subject to time limit OR work requirement if….**

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| --- | --- | --- | --- | --- | --- | --- |
| **Living in an area with a geographic waiver** |  | **Pregnant** |  | **Participating in an Office of Refugee Resettlement Training Program** |  | **15 % Exemption** |
| * Includes all counties except San Francisco, San Mateo and Santa Clara
* The ABAWD time limit may apply to different counties in the future, CDSS will release an All County Letter (ACL) every year
* All counties will track people to whom the ABAWD rules apply
* No verification is required apart from residency
 |  | * Not subject to time limit starting the month of conception
* Countable months can be removed retroactively
* Client statement is accepted unless questionable
 |  | * Must participate at least half-time
* A list of programs can be found here: <https://www.acf.hhs.gov/orr/resource/state-of-california-programs-and-services-by-locality>
* Client should provide verification of participation, collateral contact statements are accepted
 |  |  |

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| --- |
| **Physically or mentally unable to work for 80 hours a month** |
| **Applied/receiving temporary or permanent public or private disability benefits** | **Obviously unable to work based on eligibility worker observation/judgement** | **Medically certified as unable to work for 80 hours a month** |
|  |  |  |
| **Unable to work due to chronic homelessness** | **Unable to work due to alcohol or drug addiction** | **Unable to work due to escaping domestic violence** |
| * This indicator requires a determination by an eligibility worker
 | * This indicator requires a determination by an eligibility worker
 | * This indicator requires a determination by an eligibility worker
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| **Exempt from CalFresh work registration = Exempt from ABAWD time limit** |
| **Responsible for taking care of an incapacitated person or child under 6 (does not have to be a household member or relative)** | **Applied for/receiving unemployment insurance benefits** | **Receiving weekly earnings (from a job or self-employment) equal to or greater than $217.50** | **Enrolled in school, training program or institution of higher education at least half-time** |
|  |  | * Includes farm workers who have a contract to begin work in the next 30 days
 |  |

**ABAWD Work Requirement**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Work** | **Work activities** | **Workfare** |
| **Examples** |  |  |  |
| **Hours required** |  |  |  |
| **Can it be combined?** |  |  |  |
| **Notes** |  |  |  |

**Good Cause**

|  |  |
| --- | --- |
| **What is it:** | Term used to excuse a person when they were unable to meet the work requirement for a reason/situation outside of their control. |
| **Examples** | Good cause can be granted for many reasons including, but not limited to, if a person was sick, had to take care of a sick family member, had an emergency, lacked transportation. Good cause is also applied when there is a declaration of a disaster. There is no verification required, the eligibility worker will document the reason for good cause.  |
| **Notes** |  |

**Countable Months**

|  |  |
| --- | --- |
| **What is it:** | An adult subject to the ABAWD time limit who is NOT exempt and is NOT meeting the work requirement can only receive benefits for three months out of every 36 months, those three months are called the countable months. |
| **Key points** | * Must be a full month of benefits, meaning not prorated or partial benefits. Generally, the month of application will not be considered a countable month since benefits will be prorated for that month depending on the day of the month the client applied.
* If the adult qualifies for an exemption at any time during the month, then it’s not a countable month.
* It is also not a countable month if the adult lives in a waived county or turns 50 during the month.
* Countable months do not have to be consecutive.
* Countable months can be removed retroactively for a month in which either the work requirement was met or an exemption applied. As in the case of when an individual becomes pregnant.
 |
| **Notes** |  |

**Regaining Eligibility**

|  |  |
| --- | --- |
| **After using up their 3 countable months,****clients can regain CalFresh eligibility in the future if:**  |  |
| **Notes** |  |

**Consecutive Months**

|  |  |
| --- | --- |
| **What is it:** |  |
| **Key points** |   |
| **Notes** |  |