**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
 |  | Federal law provides that each state be allotted a number of individual exemptions equal to 15 percent of the state's annual SNAP caseload that is subject to the ABAWD time limit. Each 15 percent exemption is equal to one full month of CalFresh eligibility for one individual. |

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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** |
| Including but not limited to:* Veteran’s disability benefits (any rating of disability) Workers compensation
* SSI in a non-pay status (only for the months SSI benefits are not paid) Pending SSI application
* State-issued temporary or permanent disability benefits
 | This subcategory requires a discussion with the individual about their ability to work 80 hours a month. It can include things like a broken leg or an apparent mental illness. Eligibility workers are required to make this determination regardless of whether the interview takes place in-person or over the phone. In general, this category includes things that can be seen, heard or smelled including dental and personal hygiene issues.  | The CWD can provide the individual a CalFresh Request for Medical/Mental Health Verification (currently in draft) form that may be completed by a qualified medical or mental health professional.Qualified medical or mental health professionals include, but are not limited to, any of the following: audiologist, dentist, designated representative of the physician’s office, drug and/or alcohol counselor, mental health counselor, midwife, nurse, nurse practitioner, occupational therapist, optometrist, orthodontist, osteopath, psychologist, physical therapist, physician, physician’s assistant, podiatrist, social worker, etc. |
| **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

An individual shall be considered chronically homeless and exempt from the ABAWD time limit if they meet the CalFresh definition of homeless and if the individual:* Has been homeless for six months or more;
* Has been homeless more than one time in the last year; or
* States they are unable to meet their basic needs. Basic needs include, but are not limited to: adequate shelter, heating and cooling, electricity, running water, food, and clothing.
 | * This indicator requires a determination by an eligibility worker

Individuals who are not participating in a treatment/rehabilitation program but are dependent on drugs or alcohol to maintain day to day functioning may also be considered struggling with addiction. | * This indicator requires a determination by an eligibility worker

A victim of domestic violence if defined as an individual who is fleeing from any type of assaultive, coercive or battering behavior occurring within a domestic relationship. |

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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** |
| The incapacitated person does not have to be in the CalFresh household or be a relative. |  | * Includes farm workers who have a contract to begin work in the next 30 days
 | The student exemption applies during vacation and recess.Enrollment in high school counts as at least half time for ABAWD rules. Many high school seniors turn 18 in their senior year.  |

**ABAWD Work Requirement**

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| --- | --- | --- | --- |
|  | **Work** | **Work activities** | **Workfare** |
| **Examples** | Employment Self-employmentIn-kind work | CalFresh E & T componentsA program under WIOAA program under the Trade Act of 1974Community service or volunteer work  |  |
| **Hours required** |  80 hours monthly(20 hours a week averaged) |  80 hours monthly(20 hours a week averaged) |  |
| **Can it be combined?** | Yes | Yes | No |
| **Notes** |  |  |  |

**Good Cause**

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| --- | --- |
| **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**

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| --- | --- |
| **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.
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| **Notes** |  |

**Regaining Eligibility**

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| **After using up their 3 countable months,****clients can regain CalFresh eligibility in the future if:**  | * Satisfy the ABAWD work requirement for any consecutive 30-day period; OR
* Qualify for an ABAWD exemption for any part of the month; OR
* Move to a waiver area; OR
* Reach the end of the 36-month time clock.
 |
| **Notes** |  |

**Consecutive Months**

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| **What is it:** | These are three months of benefits that are available to individuals after they have exhausted their three countable months. This only applies to ABAWDs who have regained eligibility by satisfying the work requirement for any 30 consecutive calendar days, but have subsequently stopped satisfying the work requirement.  |
| **Key points** | * These “consecutive months” are only available once in the 36-month time clock and they must be used consecutively.
* Once the first of the three consecutive months is issued, the other two months will automatically follow even if the ABAWD satisfies the work requirement during that time.
 |
| **Notes** |  |