



ABAWD Rule 101

The return of the 3-month time limit

A Presentation By:

Jared Call, California Food Policy Advocates

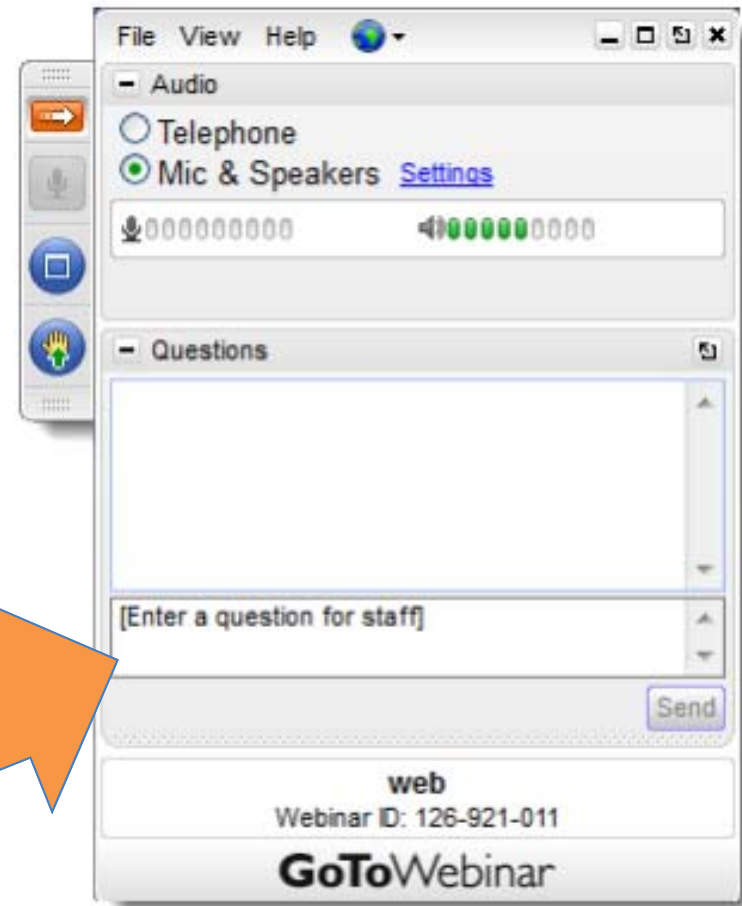
Jessica Bartholow, Western Center on Law and Poverty

Hosted By:

Stephanie Nishio, California Association of Food Banks

Webinar Logistics

- The webinar will be recorded and posted at <http://cafoodbanks.org/calfresh-outreach-resources>
- Ask questions!
 - Type them in the question pane on your control panel



Today's Agenda

- Overview of the SNAP/CalFresh Able Bodied Adult Without Dependents (ABAWD) 3-month time limit.
- Who is impacted? Who is an ABAWD?
- Key Issues:
 - CA Waiver Status
 - Screening & Tracking ABAWDs
 - Helping ABAWDs Keep Benefits
 - Informing & Preparing Community Partners

Who is an ABAWD?

Able
Bodied
Adult
Without
Dependents



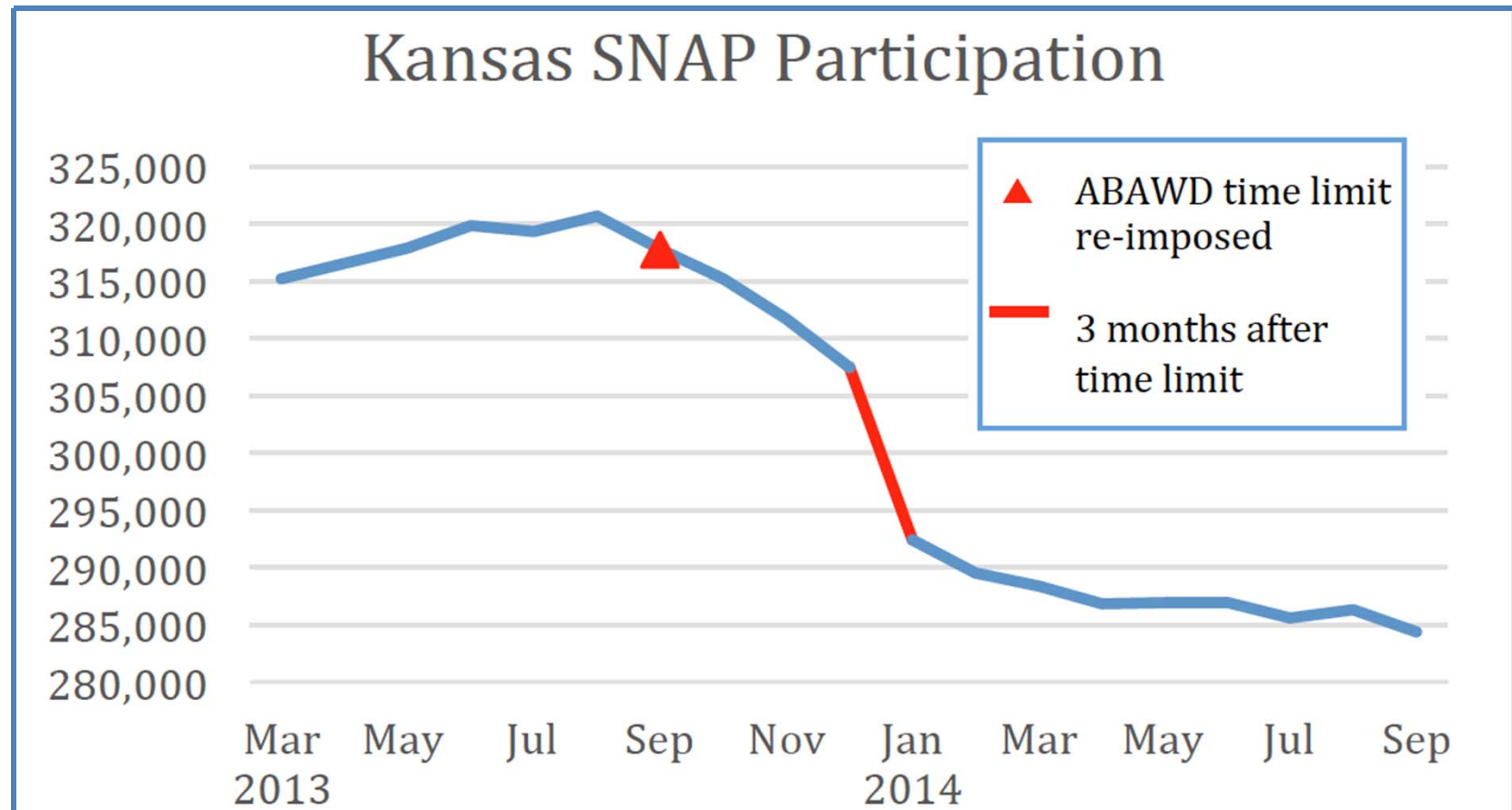
Who is an ABAWD?

- Definition
 - Between 18 and 49 years old
 - Not disabled
 - Not living with children
 - Not otherwise exempt
- Characteristics
 - Very poor with average income under 20% of FPL
 - Only group taxed into poverty by federal income tax
 - Not eligible for other public benefits (CalFresh may be the only assistance they get)

What is the 3-month time-limit?

- 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)
- Benefits are limited to 3 full months per 3 year period to childless adults age 18-49
- Unless the individual:
 - Is working 20 hours a week (Job Search doesn't count!)
 - Is in a qualifying job slot (e.g. E&T) 20 hours a week or doing workfare, volunteering
 - Homeless, or
 - Meets one of the limited exemptions

Caseloads declined drastically in states where time limit newly imposed



Key Issues for Application Assisters

- Knowing County waiver status
- Supporting Effective County Screening
- Identifying ABAWDs Prior & Post
- Helping ABAWDs Keep or Restore Benefits
- Informing the Community

Waivers from the Time Limit

- States can request waivers from USDA for areas with insufficient jobs
- Areas can be statewide, counties, groups of counties, or sub-county areas (i.e. cities)
- California has statewide waiver through December 31, 2017
 - Will submit next waiver request probably Spring 2017
 - Likely that some counties will not receive waivers beyond Jan 1, 2018
 - Will be implementing the complex rules and procedures for first time since 2006

Distinguishing Time Limit from Work Rules

- Is ABAWD Time Limit a Work Rule?
 - ABAWD time limit is NOT a Work Rule
 - ABAWD time limit is related to work in that there is a work obligation for people receiving aid after 3-months in 3-years and not exempt.
- How is ABAWD Time Limit Related to SNAP E&T
 - Mandatory Work Rule Not in Place in CA
 - CalFresh E&T Update – Fresh Success
 - Voluntary Placement

Political Context of Time Limit

- Federal Context
 - The Beginning of ABAWD – PROWRA 1996
 - Politicizing of Work in SNAP Program
 - State Actions on ABAWD Waivers
- California Context
 - What has happened in CA in the past
 - Current Status
 - Legislation & Budget

Messaging & Federal Advocacy

- How Can California Help with Federal Context
 - Share messaging around work & SNAP relationship
 - Support Federal Legislation

SNAP Work Opportunity Program (H.R 1025) Requires states offer a job, an education/training program and/or a community service site before terminating SNAP.

SNAP Work Opportunity & Veterans Protection Act of 2015 (S. 2420) Requires states to offer job, an education/training program and/or a community service site before terminating SNAP benefits. It also includes aSupport Federal Legislation

- Document implementation, outcomes & best practices.

Identifying ABAWDs

- Counties often will not have the information needed to exempt ABAWDs in the case file (e.g. pregnant, unfit for work, homeless, volunteering)
- Sorting whether the rule applies requires an individual assessment.
- Incorrectly applying the rule may result in eligible individuals losing benefits
 - Counties need to notify well in advance to screen ABAWDs for exemptions

Helping Eligible Individuals Keep Their CalFresh Benefits

- Engage your County
 - How will counties identify and individually assess possible ABAWDs?
 - How will applications, forms, and notices change to reflect the return of the time limit?
 - How will Eligibility Workers be trained to assess ABAWDs status?
- Engage and inform ABAWDs about the time limit
 - Help educate and clarify misunderstandings
 - Help people determine if they may be exempt
 - Make sure people know where to go

Exemptions

- Reside in a household with a member under 18
- Pregnant
- Physically or mentally “unfit for work”
 - “Chronically Homeless”
 - Veterans receiving VA disability assistance (regardless of level)
- Eligible Student
- Requalifying (worked 20 hours a week in recent past)
- Already exempt from SNAP/CalFresh work requirements
 - Responsible for the care of a child under 6 or an incapacitated person
 - Receiving unemployment compensation
 - Participating in a drug or alcohol rehab program
 - Students enrolled at least half time

Exempt Because of Unfit for Work

- Medically certified as physically or mentally unfit for work
 - Receives temporary or permanent public or private disability benefits
 - Is obviously unfit as determined by the state agency
 - If not obvious, provide a statement from a:
 - Physician or physician's assistant
 - Nurse or nurse practitioner
 - Physician's office
 - Psychologist
 - Social worker
 - Any other medical personnel the state determines appropriate

Example Screening Forms: Pennsylvania DHS



Name _____
Record No. or SSN _____

As of March 1, 2016, an Able-Bodied Adult Without Dependents (ABAWD) in your area must be working at least 20 hours per week or be participating in an approved Supplemental Nutrition Assistance Program (SNAP) employment and training component in order to remain eligible for SNAP after receiving three months of benefits, unless they are exempt.

In an effort to ensure everyone who is eligible keeps their SNAP benefits, please complete the survey below and return it in the enclosed postage paid envelope as soon as possible-preferably within 10 days:

Individual and Household Questions - Circle Yes or No:

- Yes No Is anyone in your house under the age of 18?
Yes No If yes, do you purchase and prepare your meals with this person?
Yes No Are you pregnant?
Yes No Is your ability to work at least 20 hours a week limited by your physical or mental health?
Yes No Are you receiving or have you applied for any public or private disability or sick benefits, such as SSI?
Yes No Are you needed in the home to care for an ill or incapacitated household member?
Yes No Are you participating in a drug or alcohol treatment program?
Yes No Are you unable to work because of domestic violence? Circle Yes if:
• You or your children will be at risk of being harmed if you work, or
• It will be more difficult for you to recover from abuse if you work.
Yes No Are you homeless or facing homelessness?
Yes No Are you receiving or have you applied for Unemployment Compensation?
Yes No Are you expected to return to work within the next 60 days?
Yes No Are you a migrant or seasonal farmworker returning to work within 30 days?
Yes No Are you enrolled in school or training at least half time?

Employment, Training, and Community Service Questions - Circle Yes or No:

- Yes No Are you working?
If yes, where? _____
How many hours a week? _____
Yes No Are you taking classes to learn English?
If no, are you interested in taking free classes? _____
Yes No Are you in school or a training program?
If yes, what are you studying? _____
How many hours a week? _____
Yes No Are you interested in going back to school at least 20 hours a week?
Yes No Are you doing community service or volunteering with a local agency?
If yes, where? _____
How many hours a week? _____

If you have questions about this survey, or need help completing it, please call the
Statewide Customer Service center at 1-877-395-8930. In Philadelphia, please call
215-560-7226.

CM 558 1215



ABAWD Time Limit Medical Exemption Form

Dear Medical Provider:

The Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp program), limits Able-Bodied Adults without Dependents (ABAWD) to only 3 months of SNAP within 36 months. This rule applies unless the adult is working a minimum of 20 hours per week or is exempt from the time limit because the individual is medically certified as physically or mentally unfit for employment or falls within another exemption. Please help us determine whether your patient meets the exemption due to medical or mental issues and can be exempted from the ABAWD provisions.

Patient's name: _____ Date of birth: _____

Patient/participant's authorization:
I hereby authorize the release of the medical information and/or rehabilitation participation requested to the Pennsylvania Department of Human Services.

Signature: _____ Date: ____/____/____

Please answer one or more of the following questions in the box below. Please sign and date this form including your title or position in your agency*.

1. Is this individual pregnant?
☐ Yes ☐ No If yes, due date? ____/____/____
2. Is this individual a participant in drug/alcohol treatment or counseling program; mental health counseling program; or a vocational rehabilitation program?
☐ Yes ☐ No If yes, specify program: _____
Is this program ongoing? ☐ Yes ☐ No If no, date program will end: ____/____/____
3. Does this patient have a mental and/or physical illness or disability which reduces his or her ability to financially support him or herself?
☐ Yes ☐ No If yes, specify disability: _____
Is this condition ongoing? ☐ Yes ☐ No If no, date it is expected to end: ____/____/____

I certify that the information provided above is true and accurate.

Name (please print) _____ Title/profession* _____

Signature _____ Date form signed ____/____/____

Address and phone number _____

* This form may be signed by any of the following: physician, physician's assistant, designated representative of the physician's office, nurse practitioner, osteopath, psychologist, drug and alcohol abuse counselor, mental health counselor, social worker, midwife, podiatrist, audiologist, physical therapist, occupational therapist, optometrist, or any other medical personnel whose services may be reimbursed by Medical Assistance.

PA 1921 1215

Capturing Qualifying Work

- Ensure all application and report forms collect information on qualifying work activity (# of hours per week/month)
- Qualifying work activity includes
 - Paid, in-kind or volunteer work
 - CalFresh E&T (but not stand alone job search)
 - Workfare (divide benefit amount by state minimum wage)
 - Work and qualified training can be combined
 - E.g. person works 15 hours/week and volunteers 5

Informing the Community

- County workers
- Decision-makers
- Food pantries
 - Food requests
 - Work requests
- Partnering organizations
- Community members

What Community Groups Should Know

The federal SNAP (food stamp) time limits for able-bodied adults without dependents (ABAWDs) go back into effect January 1, 2016 in Pennsylvania. This is a federal law that was suspended for many years. Individuals considered “ABAWDs” may only receive SNAP benefits for a total of 3 full months within a 36 month period—unless the person meets an “exemption” or complies with certain work requirements.

Who is an ABAWD?

An ABAWD is an able-bodied adult between 18 and 49 years old who is not disabled, pregnant, or living in a household with minor children. Persons under age 18 or age 50 or older are not subject to this rule.

Who is exempt from the time limit?

The 3 month SNAP limit **does not apply** if the ABAWD meets any of the following:

- Working 20 hours or more per week, including self-employment or in-kind work;
- Receiving a disability-based benefit (SSI, social security disability, VA pension, Worker Comp) ;
- Certified as physically or mentally “unfit” for employment by a health professional;
DHS has a special SNAP Time Limit Medical Exemption Form, form number PA 1921, that can be signed by a wide range of health care providers. Including any whose services are paid by Medicaid.
- Is homeless;
- Receiving—or has applied for— Unemployment Compensation (UC);
- Participating in a drug or alcohol treatment program or a mental health treatment program;
- Is a student enrolled at least 1/2 time in an education program;
- Lives in a household with any child under 18—does not need to be child of the ABAWD;
- Is pregnant—at any stage of pregnancy;
- Is providing care for a disabled person or a frail elder ;
- **Lives in any of the following counties:** Bedford, Cambria, Cameron, Carbon, Clearfield, Clinton, Delaware, Fayette, Forest, Fulton, Huntingdon, Lackawanna, Luzerne, Mifflin, Monroe, Northumberland, Philadelphia, Pike, Potter, Schuylkill, Somerset, Sullivan, Tioga, Wyoming; **OR**
- **Lives in any of the following cities:** Allentown, Berwick Borough (Columbia County), Bethlehem, Easton, Harrisburg, Lancaster, Lebanon, McKeesport, New Castle, Reading, Williamsport, York.

Over.....

Additional Resources

- Center on Budget & Policy Priorities
 - <http://www.cbpp.org/research/food-assistance>
 - SNAP Academy webinars
- Food Research and Action Center
 - www.frac.org
- CFPA CalFresh page
 - <http://cfpa.net/calfresh>

Homework for Peer to Peer Meeting

- **Ask your county:** How many ABAWDs are in your county?
- **Brainstorm:** How can *you* identify ABAWDs in your community?
- **Bring:** Ideas on how to reach hard-to-reach populations
- **Be prepared:** Come ready to share the number of ABAWDs in your county, and your ideas and insights

Thank You!

For further information, contact:



Jared Call

jared@cfpa.net

213-482-8200 x201



Jessica Bartholow

jbartholow@wclp.org

916-282-5119