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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Exempt from CalFresh work registration = Exempt from ABAWD time limit** | | | |
| **Responsible for taking care of an incapacitated person** | **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** |  |  |  |