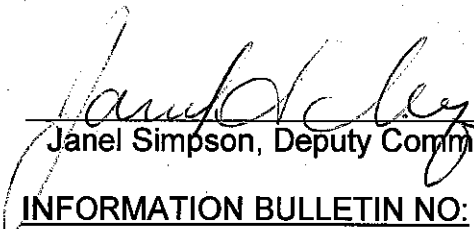


STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
PROGRAM INFORMATION BULLETIN


 Janel Simpson, Deputy Commissioner

2/8/19 Revised
 Effective Date

INFORMATION BULLETIN NO: 19-02

PROGRAM (S): SNAP

Subject: Able Bodied Adults Without Dependent(s) – ABAWD

This supersedes Program Information Bulletin 17-04

Introduction: An ABAWD is an able bodied adult without dependents who, unless exempt, can only receive SNAP assistance for 3 full months in a 36-month period.

WHO IS AN ABAWD	An ABAWD is an able bodied adult age 18 through 49 years old who has no dependents living with him or her. This individual has a time limit on the number of months he or she can receive SNAP benefits.
WHAT IS THE TIME LIMIT	<p>The time limit is three (3) full months of SNAP assistance in a 36-month period, unless the ABAWD satisfies an exemption to the time limit or is meeting the ABAWD work requirements. The three full months are called countable months. The countable months do not have to be consecutive.</p> <p>Once the ABAWD reaches the time limit, the ABAWD is ineligible to receive additional SNAP assistance during the rest of the 36-month period, unless the ABAWD becomes exempt or meets the ABAWD work requirement.</p>
WHO IS EXEMPT FROM THE ABAWD TIME LIMIT	<p>An individual is exempt from the ABAWD time limit if he or she:</p> <ul style="list-style-type: none"> • Is under 18 years old; or • Is 50 years old or older; or • Lives in a town that has high unemployment or insufficient jobs (for purposes of this bulletin, we will refer to these towns as <u>exempt towns</u> or • Lives with a member of the same SNAP household who is a dependent child or is living in a SNAP household where a household member is under age 18, even if the household member who is under 18 is ineligible to participate in SNAP (e.g. an ineligible non-citizen, someone who has committed an intentional program violation or other circumstances); or • Is obviously physically or mentally unfit for employment, as observed by the regional office worker; or • Is physically or mentally unfit for employment, as verified by a medical professional; or • Is physically or mentally unfit for employment based on a statement from a medical professional saying you cannot work based on participation in vocational rehabilitation program or a mental health program; or • Is receiving temporary or permanent disability benefits issued by governmental or private sources • Is pregnant; or

	<ul style="list-style-type: none"> • Is otherwise exempt from general SNAP work requirements (Under age 16 or over age 59; complying with the work requirements of another program; responsible for a child under age 6; responsible for the care of an incapacitated person ; physically or mentally unfit; already working more than 30 hours a week or earning the equivalent federal minimum wage times 30; participating in a drug or alcohol rehab program; student enrolled at least half-time; receiving or applying for unemployment compensation)
<p>WHEN IS SOMEONE CONSIDERED PHYSICALLY OR MENTALLY UNFIT FOR EMPLOYMENT</p>	<p>Regional office workers should determine, based on their personal observations, whether someone is obviously physically or mentally unfit for employment, and therefore exempt from the ABAWD time limit. Some circumstances that may lead a worker to determine that an individual is obviously unfit for employment include but are not limited to: (1) clear signs of mental illness, such as an unkempt appearance, very poor personal hygiene, and/or strange statements or behavior, or (2) clear signs of serious physical impairment, such as quadriplegia or an inability to control bodily movements, or (3) *chronic homelessness, or (4) addiction to drugs or alcohol.</p> <p>There may be many reasons that a person is obviously physically or mentally unfit for employment. If a worker is unsure whether the observed circumstances are sufficient to demonstrate that the individual is obviously physically or mentally unfit for employment, the worker should require medical documentation. When a worker determines that an individual is obviously physically or mentally unfit for employment, the worker must include this finding in the case narrative.</p> <p>SNAP regulations prohibit the worker from requiring medical documentation from an individual when it is obvious that he or she is physically or mentally unfit for employment. Accordingly, workers should only request medical verification if the unfitness for employment is not obvious.</p> <p>* <u>The Department's standardized definition of chronic homelessness :</u></p> <p>CT defines chronic homelessness as an individual who:</p> <ul style="list-style-type: none"> • has been continuously homeless for a year; or • has had at least 4 episodes of homelessness in the last 3 years. <p>“Homeless individual” is defined at 7 CFR 271.2 as: An individual who lacks a fixed and regular nighttime residence or an individual whose primary nighttime residence is:</p> <ul style="list-style-type: none"> • A supervised shelter designed to provide temporary accommodations (such as a welfare hotel or congregate shelter); • A halfway house or similar institution that provides temporary residence for individuals intended to be institutionalized; • A temporary accommodation for not more than 90 days in the residence of another individual; or • A place not designed for, or ordinarily used, as a regular sleeping accommodation for human beings (a hallway, a bus station, a lobby or similar places)

<p>WHAT DOES IT MEAN TO BE EXEMPT FROM ABAWD TIME LIMITS</p>	<p>If the ABAWD is exempt from the ABAWD time limit, he or she does not have to comply with ABAWD work requirements and can continue to receive SNAP assistance as long as he or she is otherwise eligible.</p>
<p>WHAT ARE THE ABAWD WORK REQUIREMENTS</p>	<p>If the ABAWD is not exempt, as indicated above, he or she must meet certain ABAWD work requirements to continue to receive SNAP assistance beyond the time limit.</p> <p>The client must:</p> <ul style="list-style-type: none"> • Work or participate in a work program (e.g., employment and training (E&T)) at least 80 hours per month; or • Combine work and participation in a work program to meet the 80 hours per month; or • Participate in a workfare program the number of hours equal to his or her SNAP benefit divided by the minimum wage. The minimum wage in Connecticut is currently \$ 10.10 per hour in Connecticut. Please consult the following webpage for up-to-date information on the minimum wage: https://www.ctdol.state.ct.us/wgwkstnd/wage-hour/history.htm for up-to-date <p>For purposes of complying with the work requirements, WORK means:</p> <ul style="list-style-type: none"> • Performing a task in exchange for money; • Performing a task in exchange for goods & services (“in-kind” work); • Performing a task and not getting paid, such as volunteer work or helping a friend, neighbor or family member with childcare; or <p>Any combination of the above.</p>
<p>WHAT IS GOOD CAUSE FOR NOT MEETING THE ABAWD WORK REQUIREMENTS IN A GIVEN MONTH</p>	<p>If an individual works or participates in a work program for fewer than 80 hours in a month, the work requirement is still satisfied if (1) the failure to reach 80 hours was due to a temporary absence from work or the work program, or (2) the individual retains the job or other allowable activity and the individual has good cause for not working or participating in a work program for 80 hours in a month. Good cause means circumstances beyond the ABAWD’s control, such as, but not limited to:</p> <ul style="list-style-type: none"> • Illness; or • Illness of another SNAP member that requires the presence of the ABAWD; or • A household emergency; or • Lack of transportation
<p>WHAT ACTIVITIES QUALIFY AS WORK PROGRAMS</p>	<p>ABAWDS may fulfill the ABAWD work requirement by participating in certain work programs for 80 hours per month. Work programs include but are not limited to:</p> <ul style="list-style-type: none"> • Those under the Workforce Innovation and Opportunities Act (WIOA); • Those under section 236 of the Trade Act of 1974; and • An E&T program, other than a job search or job search training program operated or supervised by a State or town, including activities under the SNAP E&T.

<p>HOW TO DETERMINE THE THREE (3) FULL MONTHS IN A 36-MONTH PERIOD</p>	<p>PIB 17-04 clarifies that effective January 1, 2016 Connecticut is using an individual fixed clock, not a rolling clock, to measure the 36- month period.</p> <p>CT uses a fixed clock with individual 36 month time periods for our ABAWDs based upon date of application or loss of exemption. CT must only account for countable months that fall within the ABAWD's individual fixed clock in CT.</p> <p>Any month in which the ABAWD does not receive a full month of benefits is NOT a countable month. For example, if benefits are prorated during the month of application, that initial month would not be a countable month.</p> <p>The individual fixed clock measure has a definite start and stop date. It starts on a given date and runs continuously for 36 months.</p> <p>For example, if an ABAWD applies October 1, 2016, the measure starts October 1 2016 and runs continuously to September 30, 2019.</p> <p>When an ABAWD has received 3 full countable months, then that ABAWD is no longer eligible to receive SNAP, unless he or she becomes exempt from the 3 month time limit or the 36 month period has stopped. The participant's slate is wiped clean 36 months from the date of application and a new 36 month period begins.</p>
<p>HOW TO DISCONTINUE AN ABAWD WHO HAS MET THE TIME LIMIT IN EMS</p>	<p>When the ABAWD has received three (3) full, countable months of SNAP benefits and is not exempt, is not meeting the work requirements, and does not live in an exempt town, then he or she is ineligible for SNAP.</p> <p>To discontinue such an ABAWD, the worker must:</p> <ol style="list-style-type: none"> 1. Enter worker-entered reason code 629 on the SNAP STAT screen, for the individual who is being discontinued. 2. Calculate eligibility. EMS will close the individual and deem the appropriate income or assets to the remaining assistance unit members. 3. Send EMS Letter (FMEN) L103/L104 (Spanish) indicating which three (3) full months of SNAP assistance the client received benefits while he or she was not exempt.
<p>Adjusting the ABAWD Time Clock in ImpaCT</p>	<p>When the ABAWD has received three (3) full, countable months of SNAP benefits and is not exempt, is not meeting the work requirements, and does not live in an exempt town, then he or she is ineligible for SNAP. If the ABAWD-TIME CLOCK page has accurately tracked the 3 countable months the SNAP case should auto close effective the final day of the 3rd countable month with the proper adverse action time period given. A correspondence informing the ABAWD that they have reached their 3 month time limit is issued.</p> <p>If the ABAWD –TIME CLOCK page has not accurately tracked the 3 countable months you will need to manually update the time clock with any countable months received by the ABAWD. The steps for completing this process are available in the How 2 Help Guide called Adjusting the ABAWD Time Clock.</p>

<p>HOW AN ABAWD CAN REGAIN ELIGIBILITY</p>	<p>ABAWDS who have exhausted their 3countable months may regain eligibility if:</p> <ul style="list-style-type: none"> • They meet an exemption from ABAWD work requirements, or • They fulfilled the ABAWD work requirement for 30 consecutive days, or • When their 36 month period expires.
<p>HOW AN ABAWD WHO REGAINS ELIGIBILITY CAN RETAIN ELIGIBILITY</p>	<p>If an ABAWD <u>regains</u> eligibility for SNAP assistance after being determined ineligible for failure to comply with the work requirements, the client must <u>continue</u> to:</p> <ul style="list-style-type: none"> • Work for 80 hours per month; or • Participate in and comply with the requirements of the work program for 80 hours per month; or • Work and participate in a work program (combination) for 80 hours per month; or • Participate in workfare; or • Be exempt. <p>There is no limit on how many times an ABAWD may regain eligibility and subsequently maintain eligibility by meeting the work requirements.</p>
<p>HOW TO DETERMINE IF THE ABAWD IS ELIGIBLE FOR THE ONE-TIME EXTENSION OF THE TIME LIMIT</p>	<p>An ABAWD who regained eligibility by meeting the work requirements described above, but who is no longer fulfilling the work requirements and is not exempt, remains eligible for SNAP for an additional 3 months.</p> <p>The 3 month extension is given only if the client has already exhausted the 3 month time limit.</p> <p>If the ABAWD was working, the 3 month extension begins the first day of the month following the month the client notifies the agency that he or she is no longer meeting the work requirements. If the ABAWD was participating in a work or workfare program, the 3 month extension begins on the first day of the month following the month DSS determines he or she is no longer meeting work requirements. The extension lasts for 3 full, consecutive months.</p> <p>Only one extension is allowed in a 36-month period.</p>
<p>15% EXEMPTIONS FOR ABAWDS</p>	<p>The Food and Nutrition Act of 2008 provides each state agency with an annual allocation of exemptions from time-limited participation for ABAWDs. Each exemption is used to provide one month of benefits to an ABAWD who would otherwise be ineligible due to the time limit. An individual may receive multiple one-month exemptions. Until further notice, Connecticut will only apply the 15% exemption for the following reasons:</p> <ul style="list-style-type: none"> • Receipt of greater than 3 countable months due to adverse action • Employment and Training (E&T) • Conversion issues • Exempt town status changing from non-exempt to exempt in 2 months

Once the ABAWD-Time Clock page has been updated, if the number of time-limited months used exceeds three, take the following steps:

- Refer the client name, case number and client ID number to the ABAWD Liaison in your office with a clear description of how it was determined which months exceeded the three month time-limit.
- If the ABAWD Field Liaison determines that a client meets one of the identified 15% exemption criteria they should report this case to the PAC assigned to the office that will validate that the 15% Exemption can be applied. The PAC will reply to the ABAWD field liaison advising whether or not to update the case in ImpaCT to apply the 15% exemption. If applicable, the field liaison should inform the PAC when the exemption has been successfully applied.

Disposition: Retain for future reference. Please discard Program Information Bulletin 17-04
Distribution: SNAP Eligibility Staff
Responsible Unit: SNAP (860) 424-5030
Date Revised: 2/15/2019