



Urgent SNAP Client Information
Exemptions to New Time Limits
For people ages 18 through 49

The SNAP (Food Stamp) program has work requirements, and time limits on how long “able-bodied” adults without dependents (called “ABAWDs”) can receive SNAP benefits without meeting those work requirements. For many years, these time limits have been “Waived” (not enforced) by the federal and state governments. A recent state decision, however, now means if you are considered an ABAWD, you may only receive SNAP benefits for a total of 3 *full* months during any 36-month period, *unless* you are exempt.

What You Can Do

Use this form to describe your situation so your County Welfare Agency can determine if you are exempt from the time limit or if you are already meeting the ABAWD work requirements. Give the completed form and any verification to your County Welfare Agency, and also the One Stop Career Center if you have been told to go there.

<p>Section 1: Your Information</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone Number: _____</p> <p>SNAP Case Number (or SSN if you do not have or know your case number): _____</p> <p>_____</p> <p>Date of Birth: _____</p>
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Section 2: Check **all that apply to you** and give the CWA the information below.

I am working at least 20 hours per week on average, including self-employment.

ACTION: Give the CWA or One Stop Worker one of these documents:

- last 4 weeks of pay stubs;
- a signed and dated letter from your employer with scheduled weekly hours;
- or
- proof of your self-employment (20 hours or more).

- I am physically or mentally unable to work 20 hours per week.**

ACTION: Give the CWA and/or One Stop Center a completed Medical form. If you are applying for or receiving WFNJ benefits, you should get a Med-1 form from your caseworker. You can also get a letter from a medical or mental health provider stating you are not able to work 20 hours per week.

- I am in a substance abuse treatment program.**

Name of the program: _____

ACTION: Give the CWA and/or One Stop Center a completed Med-1 form or a document that shows your participation in the treatment program.

- I am homeless:**

Describe your situation: _____

ACTION: If you are homeless, you may be eligible for an exemption, depending on your circumstances. If you have a social service agency, church, or other organization trying to help you, get a signed statement from them stating that you are homeless and that you are unable to work 20 hours per week.

- I live with a child under age 18.** This can be your own child or sibling, or the child of another family you live with, if you all get SNAP together as one household.

Name and age of the child: _____

- I am pregnant** (at any stage of pregnancy). Your due date (if known):

- I am caring for a person with a disability.** (The person does not need to live with you but if they don't you must explain why you can't work because of the care you provide for them.)

Name of the person you are caring for _____

What you do for this person:

I am in a work-training program.

You must attend at least 20 hours per week to meet the ABAWD work requirement, or 30 hours per week if you have a general work requirement.

Name of the program: _____

Hours that you attend the program each week: _____

ACTION: Give the CWA and/or One Stop Center document that shows your participation in the work-training program.

I go to school at least half-time.

Name of School: _____

ACTION: Give the CWA and/or One Stop a document from the school that confirms your program is at least half-time.

I am getting Unemployment benefits or I have applied for Unemployment benefits.

I get disability benefits from a government or private source.

Private benefits include disability pensions, Worker's Comp, and disability insurance. Government disability benefits include Social Security, SSI, and Veterans benefits. What benefit do you get?

I am doing volunteer work or "community service" work.

If you are volunteering at a church or at a community agency, this may be considered "workfare" and meet the ABAWD work requirement. In most cases, you must do this activity at least 23 hours **per month** to meet the requirement.

ACTION: Give the CWA and/or One Stop Center a letter from the place where you do volunteer work. The letter must include:

- the phone number and address where you volunteer;
- the number of hours (on average) that you volunteer each month; and
- the signature of a staff person and the date.

Section 3: Client Signature

Signature: _____

Date Submitted: _____

**Be sure to keep a copy of this form and anything
you submit with it for your records.**

**If you need help getting a SNAP time limit exemption,
you can call LSNJLAWSM, Legal Services of New Jersey's
Statewide Legal Hotline, at 1-888-LSNJLAW for legal advice,
information, and referral.
You may also apply for help online at www.lsnjlawhotline.org.**



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