

Technical Assistance: Return of ABAWD Time Limit Example Letter for States

How to use this material:

FNS-SNAP is providing the example on the following pages to help all States develop their own letter/notice to provide to households about the return of the time limit and work requirement for able-bodied adults without dependents (ABAWDs). Sending such a letter/notice is a best practice. Your State should send the letter after the Federal Public Health Emergency ends and 30-60 days prior to the return of ABAWD requirements. Please note that if your State has a Statewide or partial ABAWD waiver in effect when the Federal Public Health Emergency ends, you should wait to send the letter to ABAWDs in waived areas until 30-60 days prior to the waiver's expiration. States may also use content from this example to develop other informational materials.



State Department of Human Services
123 Main Street
Hometown, ST 12345-6789

Case ID Number:
Letter Date:
Program:

SNAP Time Limit Rules

You Must Follow These Rules to Continue to Receive SNAP Benefits

Dear [Name],

This letter is to tell you that we will resume the Supplemental Nutrition Assistance Program (SNAP) **Time Limit Rules** on [insert date]. **If you don't follow these rules, your SNAP benefits may decrease or end.** Different people in your house may need to follow different work rules. This letter tells you what you need to do.

What do you need to know?

Beginning on [insert date], you must follow the **Time Limit Rules**. These apply to you because you are between ages 18 and 49, do not live with a child under 18, and are considered physically and mentally able to work. This is often called the Able-Bodied Adult Without Dependents (ABAWD) work requirement.

You can only get SNAP benefits for 3 months in 3 years unless you meet the Time Limit Rules. Keep reading to find out what to do.

What do you need to do?

After [insert date], you **must** follow these **Time Limit Rules** to keep your SNAP benefits:

1. **Spend at least 80 hours each month** doing one or a combination of the following activities:
 - Working,
 - Participating in a job training or work program, or
 - Volunteering.

OR

2. **Participate in workfare** for the number of hours we assigned to you each month.

Please tell us if you are already doing one of these things, or you begin doing one of these things. You can call **1-800-123-4567**.

If your work hours **drop below 80 hours** a month, **you will need to call us at 1-800-123-4567** within 10 days. You may need to provide paystubs or a letter from your employer.

Does everyone need to meet these Time Limit Rules?

Visit www.dhs.st.gov to apply for assistance or view case information.

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Si lo solicita, podemos traducir esta información para usted. Por favor, llame al 1-800-123-4567.

You **may not** have to follow **any** of these Time Limit Rules if you are:

- Younger than age 18, or age 50 or older,
- Living with someone in your house who is younger than age 18,
- Not working because of a physical or mental health reason,
- Pregnant,
- Taking care of a child younger than age 6 or someone who needs help caring for themselves,
- Already working at least 30 hours a week,
- Already earning \$217.50 or more per week,
- Receiving unemployment benefits, or you applied for unemployment benefits,
- Going to school, college, or training program at least half time,
- Meeting the work rules for Temporary Assistance for Needy Families (TANF), or
- Participating in a drug or alcohol addiction treatment program.

What should you do if you think one of these reasons applies to you?

Call us at **1-800-123-4567** as soon as possible if you think one of these might describe you. If we find that it does, you **will not** need to follow these Time Limit Rules.

What happens if you do not follow these Time Limit Rules?

We will count each full month that you receive SNAP benefits but do not meet these Time Limit Rules without a good reason. Once we have counted 3 full months, **you will lose your benefits until [insert date]**.

What if you have a good reason for not following these Time Limit Rules?

Call us as soon as possible at 1-800-123-4567 if you think you have a good reason for not following these Time Limit Rules. Good reasons include issues you can't control such as getting sick or not having transportation. These are some examples of good reasons, but there are others, too. If we determine that you have a good reason, there will be no change to your SNAP benefits.

If you lose your SNAP benefits, how can you get them back?

If you start meeting these Time Limit Rules, **you can get SNAP benefits again.**

You can also get SNAP benefits again if something changes in your life, and there are reasons you no longer need to follow these rules. For example, you may get SNAP benefits back if you have a new physical or mental health reason for not working or because of other reasons listed above.

Why do I need to follow the Time Limit Rules now?

Congress suspended these rules due to the COVID-19 pandemic. Now, the COVID-19 Federal public health emergency is coming to an end. This means that the Time Limit Rules will go back in effect starting on **[insert date]**.

What if you need more help?

Visit www.dhs.st.gov to apply for assistance or view case information.

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Si lo solicita, podemos traducir esta información para usted. Por favor, llame al 1-800-123-4567.

If you have questions or need more information, please call us at 1-800-123-4567, Monday through Friday, 7:30 a.m.–7:30 p.m. You may also visit our website (www.dhs.st.gov) for more information.

Sincerely,

State Department of Human Services
123 Main Street
Hometown, ST 12345-6789
1-800-123-4567
www.dhs.st.gov

Please read on to find out more about your rights and responsibilities.

For notices in large print or another format, please call our helpline at 1-800-123-4567 or TDD 1-800-456-7890.

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1. mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: FNCSIVILRIGHTSCOMPLAINTS@usda.gov

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Note: Please do not send any application materials to the address above. The address above is for civil rights complaints only. Please send application materials to the address below:

 State Department of Human Services
123 Main Street
Hometown, ST 12345-6789

If you have questions or need more information, please call us at 1-800-123-4567, Monday through Friday, 7:30 a.m.–7:30 p.m. You may also visit our website (www.dhs.st.gov) for more information.