Susana Martinez, Governor Brent Earnest, Secretary Marilyn Martinez, Director

#### **General Information Memorandum**

ISD-GI 16-04

TO: ISD Employees & SL Start

FROM: Marilyn Martinez, Director, Income Support Division

DATE: January 26, 2016

RE: ABAWD INTERVIEW AND DESK GUIDE

The attached ABAWD Interview and Desk Guide has been treated to assist field staff in determining if an individual is an ABAWD subject to the ABAWD requirements. This guide provides guidance to field staff regarding:

- Federal exemptions.
- ABAWD exceptions.
- Good Cause.
- How an ABAWD can regain SNAP ligibility.
- ABAWD forms and the intentions of each form.

This GI has been posted to the form drive:\\disfasv025\ISDForms

If you have questions recording this GI, please contact Marisa Vigil (505)827- 1326 or by e-mail at Marisa.Vigil@state.no.us.

Phone: (505) 827-7250 Fax: (505) 827-7203

### ABAWD INTERVIEW AND DESK GUIDE

Step 1: Do they lee had their requirements had no nved area? If your office is in a waived area this guide is informational and must be discussed with the ABAWD to inform them of move to a mandatory area. See the ABAWD training located in the forms drive in the ASPEN folder.

## Step 2: Do they qualify for a Ledera Exemption or an ABAWD Exception?

Do they reside in a household where a household member is under age 18, even if the household member who is under 18 is not himself eligible for SNAP?	Are they pregnant?	Are they physically or mentally unfittfor work (including Chronically Homeless)?	Are they a student enrolled at least half-time in any recognized school, training program, or institution of higher education?	Are they a regular participant in a drug addiction or alcoholio treatment and rehabilitation program?	Are they applying for SSI?	Are they younger than 18 or 50 years of age older?	Federal Exemption/ABAWD Excepting
During interview/application	Self-attested	If obvious or they receive temporary/permanent disability benefits document in case notes and allow the exemption.  If not obvious FSP300 or Medical documentation	During interview/application	FSP 30t or de diment don from facility	Solvy Scan	dring interview/application	Validate

Validate	Federal Exemption/ABAWD Exception	Validate
terview/application	Are they a TANF recipient?	ASPEN
ın	Are they applying for or receiving unemployment compensation?	DWS scan
r de dment don from	Are they employed or self-employed, working a minimum of 30 hours weekly or earning weekly wages at least equal to the Federal minimum wage multiplied by 30 hours?	During interview/application Check stubs, self-employment records, statement from employer
erview/applicati h	Are they responsible for the care of an incapacitated person?	During interview/application FSP 300 or documentation from Medical Provider
or they receive /permanent disability ocument in case notes and exemption.  lous FSP300 or Medical ation	Are a viving temporary or permanent disability ben fits	SOLQ scan or disability documentation from benefit source and interview
ed	Are they a pyrenty daty al, adoptive, or step) of a household member order are 18, even if the household member who is ander 18 is not himself eligible for SNAP?	During interview/application
erview/application		
A B A WIT IN THE BUILTING		

# Step 3: When should are arms be reviewed? These forms are specific to ABAWDs.

exemptions apply). into ECF (it is scan ed into ECF only if the form is completed; if it is not applicable document in case comments that FSP 200 was reviewed but no or Able Bodied Time Limit Exemption (Link to the form below). If you cannot determine that the individual qualifies for an exception based on your interview, the FSP 200 needs to be reviewed with the applicant, completed (if applicable) and scanned

L:\ISD Forms\FSPSP 200 Sol L:\ISD Forms\FSP 200 Request for de Exencio Límite de Tiempo para Adultos Sanos 12 17 2015.docx

FSP 300 SNAP Medical & Caretaker Exemption Form (Link to the form below). This form can be used to:

ECF and document in case comments. the form was given and that the requirem ats we documentation) that they will be subject incapacitated person, if they don't aready have erification. Explain to the recipient that pending receipt of the verification (either FSP 300 or other Verify a claim of physically or T ally affit if the unfitness is not obvious and they don't already have verification. Verify that they are caring for an ABAWD requirement until we receive this form or other verification. Document in case comments that expained. If a completed FSP 300 is received, enter information in data collection, scan into the

#### L:\ISD Forms\FSP 300 SNAP Medical Caretaker Exemp 15 FINAL.docx

FSP 400 Verification of Able Bodied Adult Time Limit the ABAWD must be informed of their requirements and what options to ire—lent (Link to the form below). If it is determined that they do not meet an exemption ey have to meet the requirement. Remember SL Start is Optional for SL Start.

- This form can be completed by the worker or the applica leone that knows the applicants situation.
- If a phone interview is conducted, the worker must complete te form, sign Section 6, document in case comments and scan into ECF
- If a FTF interview is conducted the ABAWD will sign Section 5, the consequences for not completing the 80 hours a month, averaged All sections are to be reviewed and completed (if applicable) e) y th the er will sign Section 6, document in case comments and scan into ECF. ABAWD to ensure that they understand their responsibilities, the  $\mathbf x$  they have to meet the requirement.

L:\\SD Forms\FSP 400 Verification of Able Bodied Adult Time Limit Requirement 1 5 16.pd LANSD Forms\FSPSP 400 Requisito de verificación de tiempo límite para adultos aptos 1-5-16

Step 4: Do they qualify for a Good Cause? If an ABAWD fails to meet their requirement is known as Good Cause. Good Cause is circumstances beyond the individuals control and is the cause no longer exists (as voluntarily reported by the recipient) or evaluation at recertification, nichever is sooner. is the may obtain temporary excusal from the requirement; this evaluated on an individual basis and only granted until

Step 5: Do they qualify for Regain of SNAP eligibility? If the ABAWD used their three (3) cour failure to meet the ABAWD requirements, they shall regain eligibility to participate in SNAP if tey: nths and was denied SNAP eligibility for

- Work at least 80 hours in a 30 consecutive day period;
- Participate in an approved E&T activity for 80 hours in a 30 consecutive day period:
- Any combination of work and participation in an approved work program for a total of 80 hours in a
- Becomes exempt from work requirements;
- Moves to a waived area; or
- The 36 month period expires and a new 36 month period begins

There is no limit on how many times an individual may regain eligibility.