

At **any time** since January 1, 2016 has the potential ABAWD:

1. Applied for or received Unemployment Insurance Benefits (UIB)? Yes No
If yes, Who? _____ Which months? _____
2. Been a student in school at least half time?
Yes No If yes, Who? _____ Which months? _____
3. Cared for or is caring for a disabled person (does not have to live in your home)? Yes No
If yes, Who? _____ Which months? _____
4. Worked at a job? If yes, Who? _____ Where? _____
Hours worked in January? ___ February? ___ March? ___ April? ___ May? ___ June? ___
If you worked less than 80 hours did you have a good reason for not working 80 hours such as illness or family illness? _____
5. Worked in his/her own business (such as doing yard work, even if making no money after expenses)? If yes, Who? _____
Hours worked in January? ___ February? ___ March? ___ April? ___ May? ___ June? ___
If you worked less than 80 hours did you have a good reason for not working 80 hours such as illness or family illness? _____
6. Worked in exchange for goods or services? (such as working instead of paying rent)
If yes, Who? _____
Hours worked in January? ___ February? ___ March? ___ April? ___ May? ___ June? ___
If you worked less than 80 hours did you have a good reason for not working 80 hours such as illness or family illness? _____
7. Operated a Home School for at least 30 hours weekly? Yes No
If yes, Who? _____ Name of School? _____ Which months? _____
8. Been Pregnant or is currently pregnant? Yes No
If yes, Who? _____ Which months? _____
9. Been physically or mentally unfit for work, even temporarily? Yes No
If yes, Who? _____ Which months? _____
10. Lived with a child(ren) under 18 who is included in the FNS household, even if the child is not eligible for FNS? Yes No If yes, Which months? _____
11. Been in an Alcohol or Drug Treatment program? Yes No
If yes, Who? _____ Which months? _____
12. Been unfit for work due to Alcohol and/or Drug dependence? Yes No
If yes, Who? _____ Which months? _____
13. Been homeless (living on the street or in a homeless shelter)? Yes No
If yes, Who? _____ Which months? _____
14. Volunteered with public/private agency such as a charity, schools, hospitals, religious groups, etc.? Yes No
If yes, Who? _____ Where? _____
Hours volunteered in January? ___ February? ___ March? ___ April? ___ May? ___ June? ___
15. Participated in a Work Training Program? Yes No
If yes, Who? _____ Where? _____
Hours participated in January? ___ February? ___ March? ___ April? ___ May? ___ June? ___

The information I have stated above is true to the best on my knowledge.

Signature of Head of Household _____ Date _____
Phone Number _____