

**REQUEST FOR INFORMATION ABOUT YOUR FOOD & NUTRITION SERVICES (FNS)
FORMERLY FOOD STAMPS**

Federal law limits some adults between ages 18 and 49 to three months of Food and Nutrition Services from January 2016 through December 2018 unless they work, volunteer, or are in an approved training program for a total of 20 hours per week. These individuals are referred to as **Able-Bodied Adults without Dependents (ABAWD)**.

See the attached information for a full statement of the new work requirements and exceptions. You are receiving this letter because you or another adult member in your household have been identified as a potential ABAWD listed below:

We have sent you this form because we don't have enough information to know if the potential ABAWD in your household is required to work or if he or she is already working. **You are not required to answer these questions right now to keep your FNS.** However, if you don't answer them now and it turns out that the ABAWD in your household was not eligible, you may have to pay back some of the FNS benefits you received.

Whether you answer these questions now or not, you will not be charged with fraud or an intentional program violation because it is not your fault we don't have this information yet.

The questions being asked are only for adult members in your household. A yes answer to any one of these questions may allow the potential ABAWD in your household to be eligible for FNS for more than three months. Even if you can answer yes only for part of a month, you should answer yes and list that month.

PLEASE RESPOND IN ONE OF THE THREE WAYS LISTED BELOW.

- 1. Sign this form and mail to it to your County Department of Social Services in the attached envelope.**
- 2. If you are not sure who this letter applies to or do not understand the questions or you are not sure of the answers, wait for us to call you to explain what we are asking and why. You can tell us when and where to call you by filling in the box below and mailing this form back.**

Best Phone Number to reach you? _____ Best time of day to call you? _____

- 3. Call us at 1-866-719-0141.**

It would be helpful to us if you return this form or talk to us by phone BEFORE April 15, 2016.

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? Yes No 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)? Yes No 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)
 Yes No 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 _____

The Food and Nutrition Services (FNS) Program, formerly known as Food Stamps has a work requirement for some adults. **Some** adults may only receive FNS **for 3 months**, unless they are working.

YOU ARE NOT REQUIRED TO WORK TO GET FNS IF YOU ARE:

- Applying for or receiving Unemployment Benefits
- Getting Refugee or Work First Assistance
- A student in school at least half time
- Caring for an incapacitated person (who does not have to live with you)
- Operating a Home School at least 30 hours weekly
- Under the age of 18 or at least 50 years old
- Pregnant
- Physically or mentally unfit for work (even temporarily)
- Part of a FNS household with a child under 18 (even if the child is not eligible for FNS)
- In a drug or alcohol treatment program
- Unable to work due to Alcohol/Drug dependence (even if not in treatment)
- Homeless – Living in a Homeless Shelter or living on the street

If none of the above exceptions are met, you must be working an average of 20 hours per week, in any combination of the following:

- Paid Work (including your own business, even if you are making no money right now);
- Volunteering with a public, private or nonprofit agency such as Food Banks, Food Pantries, Schools, or Religious Organizations; or
- An approved Employment and Training (E&T) program.

If you have been denied FNS because you were not meeting the work requirement, you may be able to get FNS for at least three more months if you:

- Worked 80 hours in any 30-day period since you lost your FNS;
- Have started working, volunteering, or job training; or
- Are now unable to work or meet one of the other exceptions to the rule listed above.