

SNAP ABAWD Time Limit Checklist

The federal **Able-Bodied Adults Without Dependents (ABAWD)** time limit rule applies to SNAP recipients ages 18 to 64 who live in households without a child under age 14 and are able to work. Individuals identified as ABAWDs can only receive SNAP benefits for a total of three full months within a 36-month period unless they live in an area with a waiver, meet an exemption, or fulfill work requirements.

The current 36-month period began on October 1, 2026, and ends on September 30, 2029.

Verifying Exemptions

SNAP households should inform their SNAP office if they meet an exemption. SNAP offices must accept a person's self-attestation unless the information is questionable. For questionable information, the office must review the case and use all available information, including data from other public assistance programs, before requiring proof to qualify for an ABAWD exemption. Recipients have at least 10 days to provide needed verification. Exemptions where additional documentation may be requested are noted below.

Exemptions to the ABAWD Time Limit Rule

An individual is exempt from the ABAWD rule if they are:

☐ **Living in an area with a waiver**

The following areas have waivers that run from March 1, 2026, through February 28, 2027:

- Tuscarora Nation Reservation in Niagara County/Buffalo area
- Poospatuck (State) Reservation in Suffolk County

☐ **Under age 18 or 65 years or older**

The month a person turns 18 does not count, unless they turn 18 on the first of a month.

A person is exempt from the ABAWD rule in the month that they turn 65.

☐ **Physically or mentally “unfit for employment” due to one of the following:**

• **Receiving disability benefits from a public or private source**

SSI, SSDI, VA disability (any percentage), NYS Department of Vocational Rehabilitation Services disability, Workers' Comp (any percentage), disability insurance, certain disability retirement pensions, sick pay benefits, and more. The SNAP office may ask for proof of disability benefits.

• **Physically or mentally unable to work at least 20 hours per week**

Injury, illness, or temporary or permanent mental or physical limitation that prevents a person from working the required hours. This is a broader exemption than being disabled and does not require a diagnosis or medical records. SNAP recipients should provide a statement from a medical or mental health provider stating that they are unable to work 20 hours per week. Visit otda.ny.gov/abawd for a medical statement template.

• **Obviously physically or mentally unfit for employment**

The SNAP office must exempt a person if it is obvious to the caseworker that they are physically, mentally, or emotionally unable to work 80 hours a month. Examples may include having a walking boot or cast, using an oxygen tank, difficulty walking or standing, intellectual disability, or domestic violence. This exemption is based on caseworker observation and conversation with the client and does not require additional verification.

- ☐ **Living with a child under age 14 who is part of your SNAP household**
This can be the SNAP recipient's own child, sibling, or the child of a family they live with, even if the child is not eligible for SNAP benefits (such as an ineligible non-citizen child).
- ☐ **Pregnant**
Any stage of pregnancy, including the month the child is born.
- ☐ **Chronically Homeless**
Must impact a person's ability to get ready for work or maintain employment. This includes someone who does not have a regular nighttime residence or lacks access to laundry or shower facilities. Verification beyond caseworker observation/conversation cannot be required by the SNAP office.
- ☐ **Indian, Urban Indian, California Indian, or other Indian eligible for the Indian Health Care Improvement Act**
- ☐ **Enrolled in high school, college, or employment training at least half-time**
Additional proof may be needed.
- ☐ **Meeting TANF work requirements**
- ☐ **Receiving or applying for unemployment benefits**
Additional proof may be needed.
- ☐ **Participating in a drug or alcohol treatment program**
Additional proof may be needed. Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) alone does not qualify.
- ☐ **Caring for a person with a disability or a frail senior.**
The person does not have to live in the SNAP household. Additional proof may be needed.

Qualifying Work Activities

The following activities (or **any combination** of them) fulfill ABAWD work requirements and allow SNAP recipients to receive benefits beyond the three-month limit:

- ☐ **Working at least 80 hours per month (20 hours per week on average)**
Includes self-employment and in-kind work (working for goods and/or services).
Provide your SNAP office with one of the following:
 - Last four weeks of pay stubs—if you are already working at least 30 hours a week or making \$217.50 gross or more a week, you are exempt from the ABAWD rules.
 - A signed and dated statement on the employer's letterhead with anticipated weekly hours and pay per hour.
 - Proof of your self-employment—you may be exempt if you already work 30 hours or more weekly or earn \$217.50 gross or more weekly.
 - A signed and dated statement concerning your in-kind work, including the number of hours worked each week.

☐ **In an eligible work-training program for at least 20 hours per week**

This may include:

- Job search, job readiness activities, skill training, and adult education and literacy activities.
- Job skills training programs and/or educational activities, including college courses, certifications, or credentialed programs that help prepare people for work.

Provide proof of your participation. The SNAP office must approve this activity.

☐ **Work Experience Program (WEP) or volunteer work at a public or non-profit organization, including faith-based organizations**

Calculate the number of required hours per month by dividing the amount of your SNAP benefit by the number of adult SNAP recipients in the household. Then divide by the NYS minimum wage:

- NYC, Long Island, and Westchester: \$17.00
- Rest of state: \$16.00

Provide your SNAP office with a letter from the place where you do volunteer work.

The letter must include:

- Name, phone number, and address where you volunteer
- Number of hours (on average) that you volunteer each month
- Signature of a staff person and the date

This activity must be approved by the SNAP office. Additional information may be required.

Ways to Provide Documentation to the SNAP Office

- NYDocSubmit, an app available in many counties
- myBenefits.ny.gov
- New York City clients: Access HRA website or mobile app
- Visit the social services district office and provide a hard copy or scan via a kiosk
- Mail

Additional Resources

Find your local SNAP/HRA office

Visit otda.ny.gov/workingfamilies/dss.asp, or call 311 (New York City) or 800-342-3009 (rest of state)

NYS Office of Temporary and Disability Assistance

Visit otda.ny.gov/abawd for ABAWD information and resources

HungerSolutionsNY.org/ABAWD

Information and resources for screening and working with SNAP recipients.

SNAP Navigators

Navigators provide free and confidential help with SNAP. Find a local navigator at **FoodHelpNY.org**



HungerSolutionsNY.org

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