

# Screening Checklist for Able-Bodied Adults Without Dependents

Name:

SNAP case #:

Address:

County:

Phone:

The federal SNAP (known as Food Assistance Program (FAP) in Michigan) time limits for able-bodied adults without dependents (ABAWDs) will go into effect October 1, 2018 in all counties in Michigan. An individual considered an “ABAWD” may only receive SNAP benefits for a total of 3 full months within a 36-month period—unless s/he lives in a **waived county**, meets an “**exemption**,” or is engaged in **qualifying workactivities**. Use this form to help determine if SNAP time limit rules apply to an individual.

Check all that apply and follow the corresponding Client Action item to ensure that SNAP benefits will not be interrupted.

## Waived County or Jurisdiction

### Living in a waived area

Certain counties in Michigan will not reapply time limits because they still have high unemployment rates. If a person lives in one of the waived areas listed below, s/he is exempt from the time limits until further notice. **(At this time there are no waived counties in Michigan.)**

**CLIENT ACTION** → Contact your local DHHS office to make sure they have your current address information (including zip code).

## Exemptions

- Under age 18 or 50 years or older**  
SNAP time limit rules only apply to those age 18-49.

**CLIENT ACTION** → Provide proof of your age to the local DHHS office.

- Physically or mentally unable to work, or a current victim of domestic violence**  
Many of those categorized as ABAWDs are not “able-bodied,” but the DHHS office may not be aware if the individual does not receive a federal or state disability benefit. An individual can be exempt from the three month time limit if s/he has a physical or mental condition that “*reduces their ability to work.*” Being determined to be unable to work has a much lower standard of unfitness than SSI or Social Security Disability and does not require a specific diagnosis or submission of medical testing result, however still requires a letter from a medical provider.

**CLIENT ACTION** → Provide a letter from a medical provider stating that you are not able to work to your local DHHS office. (Visit [foodgatherers.org/ABAWD](http://foodgatherers.org/ABAWD) for a sample medical statement letter.) The letter should include the medical professional’s contact information, and can come from any of the following:

- Doctor/Physician
- Physician’s assistant

- In an in-patient or out-patient substance abuse treatment program**

**CLIENT ACTION** → Provide proof of your participation in an in-patient or out-patient substance abuse treatment program and inability to work to your caseworker. (Visit [foodgatherers.org/abawd](http://foodgatherers.org/abawd) for a sample medical statement letter.)

- Receiving disability benefits from a government or private source**  
Private benefits include pensions, Worker’s Comp, and disability insurance. Government disability benefits include Social Security, SSI, and veterans benefits.

**CLIENT ACTION** → Contact your DHHS office and let them know what disability benefits you are currently receiving.

- Receiving unemployment benefits or have a pending application for unemployment benefits**

**CLIENT ACTION** → Contact your DHHS office and let them know that you are receiving or have applied for unemployment benefits.

**Living with a child under age 18 who is part of your SNAP household**

This can be the SNAP recipient's own child, sibling, or the child of a family s/he lives with.

**CLIENT ACTION** → Contact your DHHS office and let them know that you are currently living with a child who is under 18 and part of your SNAP household. Additional proof may be needed.

**Pregnant**

Women at any stage of pregnancy are not subject to SNAP time limits.

**CLIENT ACTION** → Contact your DHHS office and let them know that you are pregnant. Additional proof may be needed.

**Caring for a person with a disability or a child under 6**

The person does not need to live with you.

**CLIENT ACTION** → Contact your DHHS office and let them know you are currently caring for a person with a disability. Additional proof may be needed.

**A student:**

- enrolled in high school and 18 years old or older, OR
- enrolled at least half-time in job skills training, college, or any other recognized institute of higher education and meeting the student eligibility criteria to receive SNAP

**CLIENT ACTION** → Contact your DHHS office and let them know you are currently a student enrolled in one of the above educational settings. Provide proof of your enrollment. Additional information may be needed to determine if you are an eligible student under SNAP rules (does not apply to high school students).

**A victim of domestic violence**

The incident must be a current situation.

**CLIENT ACTION** → Contact your DHHS office and let them know you are currently a victim of domestic violence.

**Chronically homeless:**

- A person who is homeless with a disabling condition and living in a place not meant for human habitation, a safe haven or an emergency shelter
- Has been homeless and living in one of these places for at least 12 months or on 4 occasions in the last 3 years (Combined lengths must total 12 months)

**CLIENT ACTION** → Complete the Chronic Homeless Verification Form and return to your

## Qualifying Work Activities

A qualifying work activity is only necessary if a client is not already exempt for a reason listed above. If a person is already working, participating in a qualifying work/training program, volunteering, or doing community service, they **may be** meeting the work requirement under the time limit rule and **may be** able to continue to receive SNAP beyond the three month limit.

- Working at least 20 hours per week on average, including self-employment or in-kind work (working for goods and/or services)**

**CLIENT ACTION** → Contact your DHHS office and let them know you are currently working. You will need to provide one of the following:

- Last four weeks of pay stubs
- A signed and dated statement on employer's letterhead with anticipated weekly hours and pay per hour
- Proof of your self-employment
- 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 a week**

**CLIENT ACTION** → Contact your DHHS office and let them know you are currently in a work training program. You will need proof of your participation in the work-training program. This activity must be approved by the DHHS office.

- Doing volunteer work or "community service" work at a public or private non-profit organization, including faith-based organizations**

The number of required hours per month is the amount of your monthly SNAP benefit divided by 9.25 (state minimum wage of \$9.25 an hour effective January 1, 2018). Volunteering at places like schools, food pantries, and local churches would all count as a work activity. Monthly verification will be required.

**CLIENT ACTION** → Contact your DHHS office and request the Community Service Activity Report (Form 1997) from your caseworker. Ask the volunteer coordinator at your volunteer/community service site to complete it and return to your caseworker. The letter must include:

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

## If none of the above apply

If a person does not meet an exemption above and is not participating in work or a qualifying work activity or a combination of these for at least 20 hours a week, then this person will only be able to receive SNAP for 3 months in the 36 month period starting on October 1, 2018. People in this situation should contact their DHHS office right away to find out more about what work or work programs may be available to them to meet the work requirement and continue to receive SNAP past three months.

## Additional Resources

To find your local DHHS office:

[www.michigan.gov/ContactMDHHS](http://www.michigan.gov/ContactMDHHS)

[www.michiganalliancetostohunger.com/resources](http://www.michiganalliancetostohunger.com/resources)

This site houses an array of resources, including our SNAP ABAWD Time Limit Checklist, policy updates, a medical statement template, DHHS communications and a client flyer.

[www.foodgatherers.org](http://www.foodgatherers.org)

[www.fbcmich.org](http://www.fbcmich.org)



Prepared by Food Bank Council of Michigan and Food Gatherers, with information from Michigan Department of Health and Human Services. This institution is an equal opportunity employer.

