



**ABLE - BODIED ADULTS WITHOUT DEPENDENTS (ABAWDs)
SNAP WORK REQUIREMENT - REQUEST FOR EXEMPTION**

Date: _____

Case Number: _____

Case Name: _____

Office Name: _____

Address: _____

Office Address: _____

Address: _____

City/State/Zip: _____

Phone: _____

TTY: _____

Fax: _____

Complete this section to request an exemption from the SNAP work requirement. You may be asked to provide proof that you qualify for an exemption. If your request is denied you will need to meet the SNAP work requirement to maintain your eligibility for SNAP. You have the right to appeal the decision.

I, _____ request to be exempt from meeting the SNAP work requirement because:

<input type="checkbox"/> I am physically or mentally unable to work.
<input type="checkbox"/> I am pregnant.
<input type="checkbox"/> I live in a SNAP household with a child under age 18.
<input type="checkbox"/> I am a veteran.
<input type="checkbox"/> I am homeless.
<input type="checkbox"/> I am currently age 24 or younger. At the time of my 18th birthday, I lived in foster care in:
<input type="checkbox"/> Illinois
<input type="checkbox"/> In the State of _____

Customer Signature: _____ Date: _____

Once the form is completed you can:

- Submit this form electronically by selecting Manage My SNAP work requirement button from your Manage My Case (MMC) dashboard at abe.illinois.gov; or
- Return it by mail or in-person to your Family Community Resource Center; or
- Mail it to the Central Scanning Processing Unit (CSU P.O. Box 19138, Springfield, IL 62763)

This section to be completed by the Family Community Resource Center

Instructions: If verification is needed, allow the exemption while the verification request is pending. Complete this section when verification is returned to the FCRC.

Your request for an exemption has been reviewed and we have decided to:

- Approve your request for an exemption. Deny your request for an exemption.

Reason for denial: _____

Policy reference: PM 03-25-01

FCRC Staff Printed Name: _____

FCRC Staff Signature: _____ Date: _____