



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

Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case/IES No.: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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, or pregnant.
<input type="checkbox"/> I am a student, enrolled at least half-time in a school of higher education or training program. You must meet special student eligibility requirements.
<input type="checkbox"/> I am in a drug addiction or alcohol treatment and rehabilitation program.
<input type="checkbox"/> I have applied for or receive Unemployment Insurance.
<input type="checkbox"/> I am responsible for the care of an incapacitated person. (The incapacitated person does not have to live in the home with you).
<input type="checkbox"/> I live in a SNAP household with a child under age 18.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This section to be completed by the Family Community Resource Center**

**Instructions: 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: \_\_\_\_\_