

ABA VERIFICATION OF UNPAID HOURS

This form verifies unpaid work hours to meet your SNAP Able-Bodied Adult (ABA) work requirement.



Includes community service, volunteer work, or in-kind work



At least 20 hours per week (or an average of 80 hours per month)



Report any changes to CJFS within 10 days by calling **844-640-6446**

HOW TO GET THE FORM



Mailed at initial application and reapplication



Download a fillable PDF from

<https://go.cuyahogacounty.gov/JFS07410>

or scan the QR code



Call **1-844-640-6446** and request form to be mailed

HOW TO COMPLETE THE FORM

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SECTION 1: PARTICIPANT INFORMATION

- Enter your full name
- Provide your case number
- Enter your complete address
- Provide your current phone number

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SECTION 2: ACTIVITY CONTACT INFORMATION

- Enter the name of the contact person
- Provide the phone number
- Enter the address
- Provide the email address
- If applicable, enter the agency name and contact person's position/title

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SECTION 3: UNPAID ACTIVITY INFORMATION

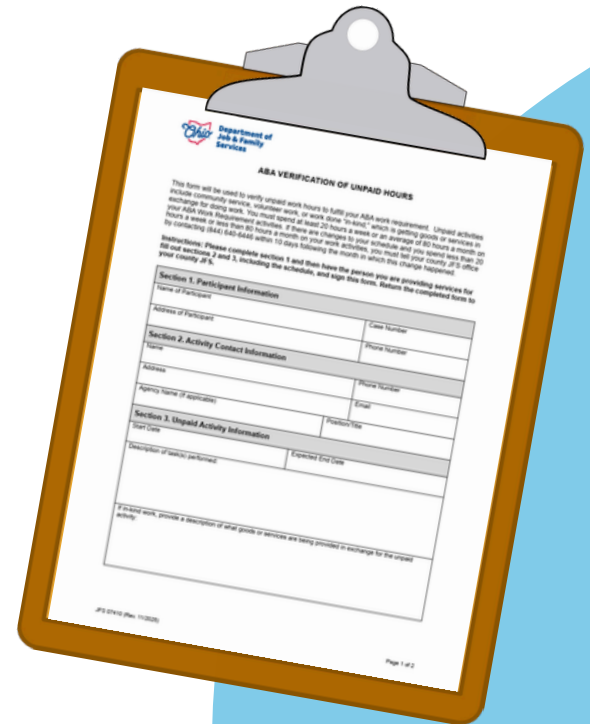
- Enter the start date and expected end date of the activity
- Describe the task(s) you perform
- If in-kind work, describe what goods or services are provided in exchange for the unpaid activity

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SECTION 4: SIGNATURE

- Signature of person completing form
- Printed name of person completing form
- Participant signature



HOW TO SUBMIT



Fax: 216-987-8487



Mail: Address envelope to:
Cuyahoga Job and Family Services
1641 Payne Avenue
Cleveland, OH 44114



Secure Drop Boxes:

- Virgil E. Brown - 1641 Payne Ave.
- Quincy Place - 8111 Quincy Ave.
- Jane Edna Hunter - 3955 Euclid Ave.



This form must be submitted at **reapplication** and when a **change is reported**.



Dept. of Health and Human Services
Cuyahoga Job and Family Services