Massachusetts Department of Transitional Assistance

ABAWD Work Rules Exemption Request Form

SNAP rules say that certain individuals are limited to 3 months of SNAP benefits unless they are working, volunteering, or participating in certain employment and training programs. Use this form to tell us if

_____ is exempt due to one of the following:
Name of individual who must meet the work rules

Experiencing homelessness?	☐ **YES** ☐ **NO**
Served in any branch of the US armed services (including the Reserves)?	☐ **YES** ☐ **NO**
Currently age 24 or younger, and was in foster care (or in the care of the Department of Children & Families (DCF) on or after their 18th birthday?	☐ **YES** ☐ **NO**
Pregnant? If **yes**, what is the estimated due date? _____	☐ **YES** ☐ **NO**
Enrolled at least half-time in a school, training program, or college? This includes refugee training programs, business or technical schools, trade or vocational schools, etc. If **yes,** what is the name of the school? _____ What is the expected graduation or completion date? _____	☐ **YES** ☐ **NO**
Caring for a child under 6 or a disabled adult, even if the person being cared for is not living in the same household?	☐ **YES** ☐ **NO**
Participating in a substance use treatment program?	☐ **YES** ☐ **NO**

Has a health problem or a disability that **prevents being able to work at least 20 hours per week**? This could be mental, physical, sensory, learning, intellectual, cognitive, developmental, substance dependency or as a victim of domestic violence, sexual harassment, sexual assault or stalking.	☐ **YES** ☐ **NO**

By signing below, I am agreeing under penalty of perjury that this information in this form is true and correct.

_____ ___/___/_____

Signature **Date**

This institution is an equal opportunity provider.

We must not discriminate due to race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. If you think that we have discriminated against you, call 617-348-8555 to find out how to file a complaint.

To give this form to DTA:

- Upload to DTA Connect
- Mail to the DTA Document Processing Center: P.O. Box 4406, Taunton, MA 02780
- Fax to 617-887-8765
- Scan at a local DTA office
- Call the DTA Assistance Line at 877-382-2363