

ABAWD Checklist

This checklist is designed to assist workers with determination of ABAWD status and Countable months. This checklist does not replace policy and should not be quoted as policy. ALWAYS consult policy to make your final determinations. This is intended to be used for initial training and will not be updated or maintained.

ABAWD evaluation can be broken down into 4 steps. Each ABAWD and month must be evaluated separately.

Step 1. Is the individual otherwise eligible?

Step 3. Countable or Non-countable?

Step 2. Is the individual an ABAWD?

Step 4. Is the countable month one of the 3 countable months or 3 Bonus months?

Step 1. Is the individual otherwise eligible?																													
<p>1. Does the individual meet all other eligibility requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, continue to Question 2. If No, the case should be denied based on that determination (such as Drug Felon, ineligible student, IPV). STOP there is no need to evaluate further.</p>																													
Step 2. Is the individual an ABAWD? 245.00 Able-Bodied Adults Without Dependents (ABAWDS) If an individual is exempt for any part of the month, the individual is exempt for the entire month																													
<p>2. Is the individual between the ages of 18 and 49? <input type="checkbox"/> Yes <input type="checkbox"/> No Ongoing households begins the month after 18th birthday & ends the month of the 50th birthday. Applications based on age of the member's age on the date of application for 18th birthday. If Yes, continue to Question 3. If No, STOP the individual is exempt from ABAWD work requirements and is not an ABAWD.</p>																													
<p>3. Are there any children (under 18) living in the same FNS unit as the individual? <input type="checkbox"/> Yes <input type="checkbox"/> No This applies even if the individual is neither the parent of the child nor responsible for the child and applies even if the child is ineligible (such as an ineligible alien) If No, continue to Question 4. If Yes, STOP the individual is exempt from ABAWD work requirements and is not an ABAWD.</p>																													
<p>4. Is the individual pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, continue to Question 5. If Yes, STOP the individual is exempt from ABAWD work requirements and is not an ABAWD.</p>																													
<p>5. Is the individual Medically-certified as physically or mentally unfit for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirm by a doctor's statement if not obvious. Accept a signed medical statement from a nurse, nurse practitioner, designated representative at a doctor's office, or other appropriate medical personnel. If the medical condition is obvious, document in NC FAST. Chronic Homelessness resulting in unfitness for work: Living on the street, in a car, or in a homeless shelter. If the ABAWD attests that s/he is homeless because s/he may not have a place of her/his own, but is living in a home with someone else, this individual is <u>not</u> considered "homeless" for the purpose of exemption from ABAWD time limits since s/he has a place to stay. Alcohol / Drug Addiction resulting in unfitness for work: The ABAWD's involvement in alcohol / drug treatment is not required, however a Medical Professional, Social Worker, Counselor, etc. would need to attest that the ABAWD's alcohol / drug addiction negatively effects the individual's fitness for work If No, continue to Question 6. If Yes, STOP the individual is exempt from ABAWD work requirements and is not an ABAWD.</p>																													
<p>6. Is the individual exempt from any one of the following work requirements? See Section 240 for details.</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">a. Age?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">b. Parent/Caretaker?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">c. Receiving Unemployment Benefits?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">d. Physically or mentally unfit for Employment?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">e. Disabled Specified Person?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">f. Employed (average of 30 hours per week)?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">g. Self-Employed?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">h. Narcotics Addict or Alcoholic?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">i. Student?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">j. Caretaker of Incapacitated Person?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">k. Jointly Processed SSI Household?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">l. Refugee Household?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">m. Work First Family Assistance?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">n. Parent operating a home school?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table> <p>If No, The individual is an ABAWD. Continue to Step 3. If Yes, STOP the individual is not an ABAWD.</p>	a. Age?	<input type="checkbox"/> Yes <input type="checkbox"/> No	b. Parent/Caretaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	c. Receiving Unemployment Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	d. Physically or mentally unfit for Employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	e. Disabled Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	f. Employed (average of 30 hours per week)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	g. Self-Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	h. Narcotics Addict or Alcoholic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	i. Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	j. Caretaker of Incapacitated Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	k. Jointly Processed SSI Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No	l. Refugee Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No	m. Work First Family Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	n. Parent operating a home school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Step 3. Countable or Non-Countable toward 3 non-compliant/free months?	
1. Is the month a prorated or full month of benefits? If Full , continue to Question 2. If Prorated , STOP this is a non-countable month.	<input type="checkbox"/> Full <input type="checkbox"/> Prorated
2. Did the ABAWD work an average of 20 hours per week (80 hours in the month)? If No , continue to Question 3. If Yes , STOP this is a non-countable month.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did the ABAWD participate in and comply with their requirements of a work program for an average of 20 hours per week (80 hours in the month)? If No , continue to Question 4. If Yes , STOP this is a non-countable month.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did the ABAWD participate in any combination of working and participating in a work program for an average of 20 hours per week (80 hours in the month)? If No , continue to Question 5. If Yes , STOP this is a non-countable month.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did the ABAWD participate and comply with a Workfare program for the required hours based on the FNS unit allotment divided by minimum wage? If No , this is a countable month go to step 4. If Yes , STOP this is a non-countable month.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Step 4. Is the countable month one of the 3 countable Free months or 3 Bonus months?	
1. Has the individual used three countable free months between January 1, 2016 and December 31, 2018? If No , STOP the individual is eligible for the month. Mark the month as countable and used. If Yes , Continue to Question 2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Can any of the 3 countable free months be recoded as non-countable? If No , continue to Question 3. If Yes , recode the previous month and go back to question 1 in step 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Can the ABAWD regain eligibility and receive 3 bonus months? After exhausting 3 countable months: a) Did the ABAWD work 80 hours or more in a 30 day period? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Did the ABAWD participate in and comply with their requirements of a work program for 80 or more hours in a 30 day period? <input type="checkbox"/> Yes <input type="checkbox"/> No c) Did the ABAWD participate in any combination of working and participating in a work program for 80 hours in a 30 day period? <input type="checkbox"/> Yes <input type="checkbox"/> No If No , STOP the individual has used all months and is ineligible. If Yes to at least one of a-c, the individual may be eligible for 3 consecutive bonus months. Continue to Question 4.	
4. Is the ABAWD continuing to fulfill the FNS work requirement? If No , Continue to Question 5. If Yes , STOP Bonus months do not apply.	
5. Was the individual working? If No , Continue to Question 6. If Yes , STOP this is a bonus month; the consecutive 3 bonus months must start when the participant reports that he or she is no longer in compliance with ABAWD FNS work requirements.	
6. Was the individual participating in a work program or workfare program? If No , STOP Bonus months do not apply. If Yes , STOP this is a bonus month; the consecutive 3 months will start when it is determined the ABAWD is no longer in compliance.	