

## ABAWD ELIGIBILITY TRACKING FORM

**CASE NAME:** \_\_\_\_\_ **CASE NUMBER:** \_\_\_\_\_

**NAME OF ABAWD (If different)** \_\_\_\_\_

OCTOBER 2016 – SEPTEMBER 2019					
MONTH	STATUS	MONTH	STATUS	MONTH	STATUS
10/16		10/17		10/18	
11/16		11/17		11/18	
12/16		12/17		12/18	
1/17		1/18		1/19	
2/17		2/18		2/19	
3/17		3/18		3/19	
4/17		4/18		4/19	
5/17		5/18		5/19	
6/17		6/18		6/19	
7/17		7/18		7/19	
8/17		8/18		8/19	
9/17		9/18		9/19	

**Form Coding:**

- A** = Non-Prorated Month countable toward the time limit of 3 ABAWD months
- E** = Fixed 3-Month Extension Period
- W** = Month Meeting Work/Training Requirement

**ABAWD:** An individual who is age 18 through 49, able-bodied, and a member of a food assistance household with no persons under the age of 18 (or 18 and receiving TANF).

**Non-ABAWD:** Anyone who is under age 18 (or 18 and still receiving TANF) or age 50 and older; or is physically or mentally unfit for employment; or is a member of a food assistance household with a person under the age of 18 (or 18 and still receiving TANF); or is pregnant; or is responsible for care of an incapacitated HH member; or gets UC; or is in alcohol/drug treatment; or is a student enrolled at least half-time, including GED classes. ( *may or may not be exempt from meeting work-related requirements* )

**ABAWD Work Requirement:** To be employed an average of 20 hrs/wk, earning at least minimum wage, OR participating in WIA/TAA/other approved employment and training program 20 hrs/wk or more.

**Time Limit of 3 Non-prorated Months Plus Possible Extension:** Applies to an ABAWD who regains eligibility as defined, but then is later not meeting the work requirement. The one-time extension of three months of eligibility is available if the individual worked at least 80 hours in a 30 day period or participated in WIA/TAA/other approved employment and training program. The extension is a 3 consecutive months fixed period. See KEESM 2522 and 2523 for details.

**Unlimited Eligibility:** A non-ABAWD or an ABAWD meeting the work requirement have no limitation on months of eligibility.

**Disqualified ABAWD:** This individual is coded "DI" for SEPA participation. ( *A pro-rata share of income and all resources continue to count for the rest of the household* )

**Certification Period:** A 12 month review is used, even when the ABAWD individual is disqualified. **Set an alert to monitor for the three months of limited eligibility.**

- Changes:**
- ABAWD to Non-ABAWD \_\_\_\_\_ effective the month the change is reported.
  - ABAWD to ABAWD meeting the work requirement \_\_\_\_\_ effective the month the change is reported.
  - Non-ABAWD to ABAWD \_\_\_\_\_ effective the month after the month the change is reported.
  - ABAWD meeting the work requirement to ABAWD \_\_\_\_\_ effective the month after the month the change is reported.