

10 **NA Able Bodied Adult Without Dependents – Overview**

REVISION 48
(01/01/20 - 12/31/20)

Effective for benefit month 04/2020 until further notice, see [Urgent Bulletin](#) emailed 03/27/2020 regarding work requirements.

Consider an able-bodied adult without dependents as an ABAWD participant. The ABAWD certification must not exceed three months in a 36-month period (3-month time limit) unless the participant meets an ABAWD exemption or the [ABAWD work requirements](#), or has good cause for not meeting the ABAWD work requirements.

Policy and procedures regarding eligibility determinations for NA ABAWD participants are outlined as follows:

- [ABAWD Work Requirements](#)
- [ABAWD Good Cause Exception](#)
- [ABAWD Exemptions](#)
- [ABAWD Countable Months](#)
- [ABAWD Participation and Referral](#)
- [ABAWD Extensions](#)
- [ABAWD Reporting Requirements](#)
- [ABAWD Regaining Eligibility](#)
- [ABAWD Policy Desk Reference](#) (PDF 14 KB)
- [ABAWD Keying Compliance and Noncompliance Desk Reference](#) (PDF 58 KB)

A ABAWD - Work Requirements

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Effective for benefit month 04/2020 until further notice, see [Urgent Bulletin](#) emailed 03/27/2020 regarding work requirements.

Compliance with ABAWD work requirements means that the participant meets one of the following:

- Works 20 hours per week, averaged monthly, at a minimum of 80 hours per month. This includes any combination of paid work, self-employment, volunteer work, or [in-kind](#) work. Do not use conversion factors when determining the 80-hour work requirement.

Key EM in the WERE EXPT RSN FS field.

Key EV in the WERE EXPT RSN FS field for volunteer work.

NOTE When the ABAWD would have worked 80 hours per month but missed some work, determine whether there is [good cause](#).

- Works and the average weekly earnings equal the [Federal minimum wage](#) multiplied by 30 hours, regardless of the number of hours worked. Do not use conversion factors when determining the earnings work requirement.

Key EM in the WERE EXPT RSN FS field.

- Consider a migrant or seasonal farm worker as employed, when all of the following apply to the farm worker:

Is following the job stream

Is not living in the participant's home project area

Meets either of the following:

- Is working a minimum of 30 hours weekly
- Is under contract or agreement to begin employment within 30 days

Key EM in the WERE EXPT RSN FS field.

- CA participants who are mandatory Jobs or Tribal NEW referrals. The participant must be actively participating and in compliance with the CA jobs program.

Key WN in the WERE EXPT RSN FS field.

- Participates and complies 80 or more hours per month with one of the following programs:

[SNAP Employment and Training \(SNA E&T\)](#)

[Workforce Innovation and Opportunity Act \(WIOA\)](#)

[Trade Adjustment Assistance \(TAA\) Act](#)

NOTE Work requirements must be verified with WIOA and TAA.

Key PC in the WERE EXPT RSN FS field.

NOTE Participants can combine work with SNA E&T activities to meet the 80-hour requirement. The job search and job search training component of the SNA E&T activities must be less than 10 hours per week.

When the participant's work hours fall below 80 hours per month, it is their responsibility to report the change in accordance with reporting requirements.

.04 ABAWD – Work Requirement Good Cause Exception

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(04/01/16 - 05/31/16)

When the participant would have worked 80 hours per month but missed some work for good cause, the participant is considered to have met the work requirement. The absence from work must be temporary and the participant must retain his or her job.

Good cause includes circumstances beyond the individual's control, such as, but not limited to:

- Illness
- Illness of another household member requiring the presence of the member
- A household emergency
- The unavailability of transportation

- Lack of adequate childcare
- Natural disasters

Key EM in the WERE EXPT RSN FS field.

The reason for good cause does not need to be verified unless it is questionable. Verify that the participant remains employed.

B ABAWD – Exemptions

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Effective for benefit month 04/2020 until further notice, see [Urgent Bulletin](#) emailed 03/27/2020 regarding work requirements.

ABAWD participants are not subject to a three-month time limit when any of the following work registration exemptions apply:

- [Age](#)
- [Residing with a minor child](#)
- [Mentally or physically unfit for work](#)
- [Pregnant](#)
- Exempt from other work requirements (see [NA Work Requirement Exemptions](#))
- [Geographic](#)

Consider an entire month exempt when an exemption occurs any time during the month.

An ABAWD participant may be determined to have more than one ABAWD exemption. When this occurs, apply the exemption reason that allows the participant an exemption for the longest period first.

EXCEPTION

Use the geographic exemption only when the participant does not qualify for any other exemption.

When the exemption reason requires verification, the exemption may not be applied until verification is received.

When an ABAWD participant does not meet any of the previously listed ABAWD exemptions and wants to voluntarily participate in SNA E&T to comply with the ABAWD work requirements, key both of the following to create a referral to [SNA E&T](#):

- Key NE (No Exemption) in the WERE EXPT RSN FS field.
- Key RA in the WORW PAR/EXEM FS field

.04 Age ABAWD Exemption

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(01/01/18 - 12/31/18)

Participants are exempt from [ABAWD work requirements](#) when they meet either of the following:

- Under 18 years of age
The 18-year old is exempt through the month in which they turn 18.
- Age 50 and over
The 50-year old becomes exempt the month in which they turn 50.

Keying a WERE EXEMPTION REASON Code is not required. AZTECS allows the age exemption based on the participant's identified age.

.05 Residing With a Minor Child (Under Age 18) Exemption

[REVISION 39](#)
(12/01/15 - 01/31/16)

Participants who reside with a minor dependent child are exempt from [ABAWD work requirements](#). The minor participant is not required to be eligible for NA benefits but is required to be included in the same budgetary unit to qualify for this exemption.

When there is at least one minor dependent child in the home, adult participants may qualify for this exemption. This exemption applies through the month in which the minor turns 18.

Key CH in the WERE EXPT RSN FS field.

.06 Mentally or Physically Unfit for Work Exemption

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Individuals who are physically or mentally unfit for work are exempt from the ABAWD time limit and work requirements. Unfitness for work can include anything that affects the ability to work, maintain employment or restrict the range of employment opportunities, such as:

- Mental conditions
 - Learning disability
 - Emotional challenges
 - Difficulty handling stress, amongst others
- Physical condition
 - Recovering from surgery
 - Physical limitations due to disability
 - Receipt of temporary or permanent disability benefits from a governmental or private source
- Life circumstances
 - Homelessness
 - Victim of domestic violence

A person does not need to be disabled to be unfit for work. Unfitness for work may not always be visually obvious. Unfitness for work may be temporary or permanent.

Individuals considered temporarily unfit for employment are exempt until their next interview; unless verification is received that specifies a different expected end date for the exemption reason.

Long-term or permanently disabled individuals are exempt from the [ABAWD work requirements](#) and the ABAWD three-month time limit.

An obvious determination of unfit for work may be made during a face-to-face or telephone interview.

Documentation of obvious unfitness for work must include at least the following:

- What conversation the worker held with the participant. Include the details of the participant statement and the reason the statement was accepted.
- What observations were made by the worker e.g. cast, sling, wheelchair, behavior health issues.
- Why further verification was not requested.

When unfitness for work is not obvious, the worker must complete the following:

- Explain to the participant what verification is needed.
- Give the participant the Verification Unfitness for Work for Adults (FAA-1533A) form during a face-to-face interview.
- Send the Verify Unfit for Work for Adults (024) notice during a telephone interview.
- Explain to the participant that the FAA-1533A or A024 notice needs to be completed by a [medically qualified source\(g\)](#).

Verification of unfitness for work may include proof of receipt of temporary or permanent disability benefits from governmental or private sources, including, but not limited to:

- VA disability benefits
- Worker's Compensation
- SSI (or pending application for SSI)
- State-issue temporary or permanent disability benefits
- Participation in a Vocational Rehabilitation program
- Social Security Disability benefits

When verification is required and not in the [casefile\(g\)](#) see [Verification and Cooperation Overview](#).

Complete the following when verification of the unfitness has been requested:

- For regular households, do not key WERE or WORW with the DI exemption until verification is received. Leave the field as populated by AZTECS.

- For NAX households, do not key WERE or WORW with the DI exemption until verification is received. When there is no other appropriate exemption reason, key NE on WERE and RA on WORW. When verification of disability is provided, key DI on WERE and WORW.
- Upon receipt of verification, review WERE, WORW, and CODF to ensure the months are counted correctly.
- When the initial month was prorated, it should display as not countable on CODF. No changes are needed.
- Review any additional months displayed on CODF for months which were counted and should not be counted due to a verified exemption. Report changes of an X to an O to FAA Systems Help Desk by using the Cherwell Information Technology Request Portal.

Key DI in the WERE EXPT RSN FS field.

.07 Geographic Exemption

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Participants who reside in a geographic exempt area are exempt from the ABAWD work requirements.

WARNING

Use the ABAWD geographic exemption only when the participant does not qualify for any other exemption.

Participants who reside in the following geographic exempt areas are exempt from ABAWD work requirements:

- All American Indian Reservations
- Apache County
- La Paz County
- Navajo County
- Santa Cruz County
- Yuma County

Key GE in the WERE EXPT RSN FS field.

.08 Pregnancy Exemption

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Individuals, who are pregnant, in any trimester are exempt from ABAWD work requirements.

The person who is pregnant is not required to verify the pregnancy unless it is questionable. (See [Verifying Pregnancy](#))

Key PG in the WERE EXPT RSN FS field.

C ABAWD - Countable Months

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An ABAWD participant may receive only [three countable months](#) in the 36-month period unless the participant qualifies for an [ABAWD exemption](#) or receives an [ABAWD extension month](#).

Months from other states that have implemented ABAWD time limits are countable when the NA benefits were received during the 36-month clock in use by Arizona. Contact the state agency that provided NA benefits when the budgetary unit includes an ABAWD participant who received NA in another state. (See [State Contacts](#))

[ABAWD work requirements](#) apply to participants who do not meet an ABAWD exemption. When an ABAWD participant does not meet an [ABAWD exemption](#), key both of the following to create a referral to [SNA E&T](#):

- Key NE (No Exemption) in the WERE EXPT RSN FS field.
- Key RA in the WORW PAR/EXEM FS field

When the ABAWD wants to participate in SNA E&T, key the Y indicator in the VOL field on WORW.

AZTECS displays the benefit indicators on CODF depending on the Exemption Code keyed in the WERE EXPT RSN field. CODF summarizes the months of benefits received by each participant as follows:

- X displays when the month is countable toward the three full month limit
- E displays when the ABAWD participant has received an ABAWD extension month

- F displays when the ABAWD discretionary exemption is applied (entered by Help Desk and designated staff only)
- O displays when the month is not countable due to one of the following reasons:
 - NA benefits were prorated
 - The participant received terminated income
 - The participant qualifies for an exemption

AZTECS deauthorizes NA and sets an ACTS alert when the three countable months limit is reached. When a review determines that the budgetary unit does not qualify for an ABAWD extension or exemption, complete one of the following:

- Budgetary units with ABAWD participants only, key the AB Denial Closure Reason Code to deny the application or stop NA benefits.
- Budgetary units with ABAWD participants and other participants, key the participation code DE in the PT field on SEPA to disqualify the ABAWD participant.
- Send the appropriate notice allowing for NOAA.

Complete the following at each interview or reported change to determine whether the participant received three countable months of NA in a 36-month period:

- Key Y in the WERE TIME LIMIT DISPL FS column.
- Press ENTER to access CODF. Review CODF to determine the COUNTABLE months.
- Count backward to 01/2019 beginning with the month before the month for which NA benefits are being determined. Do not include months before 01/2019.
- Select one of the following for procedures:
 - [No Countable Months](#) since 01/01/19
 - [Three Countable Months](#) since 01/01/19

.04 No Countable Months

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Complete the following when the participant has no Xs displayed on CODF since 01/01/19, and the participant is otherwise eligible:

- Review the TI-BEGIN field. When it does not contain a month and year, key the month and year that the first full month of NA are issued.

NOTE AZTECS updates the TIME-LTD MONTHS USED field and updates the Xs and Os.

- Process the eligibility determination through FSAD and authorize as applicable. The approval period of nonexempt ABAWD participants must be limited to separate eligibility periods of three full months unless the participant qualifies for an exemption.
- When no exemption exists, the participant is provided with a [form or notice](#) that informs them of work requirements and provides contact information for [SNA E&T](#). Work requirements must be explained to the participant. Encourage the participant to begin complying with SNA E&T as early as possible before compliance becomes mandatory.
- Send the appropriate [approval notice](#).

NOTE AZTECS updates the TIME-LTD MONTHS USED field and updates the Xs and Os.

.05 Three Countable Months

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Effective for benefit month 04/2020 until further notice, see [Urgent Bulletin](#) emailed 03/27/2020 regarding work requirements.

When the participant meets any of the following, the participant is eligible for any remaining months:

- Has not received three full countable months of NA
- Meets exemptions
- Has not had months counted correctly

NOTE Approve the NA benefits for remaining months and assign the applicable approval period depending on the circumstances of the case.

Complete the following when the participant has a total of three Xs displayed on CODF for any months since 01/01/19:

- Determine whether the participant meets an [ABAWD Exemption](#) for any of the months displaying an X. Ensure CODF reflects countable or not countable coding correctly. (See [ABAWD – Countable Months](#).)
- When the participant has received three full months, see [ABAWD Extensions](#) when one of the following is reported:
 - Loss of employment
 - Loss of participation in a work program

Complete the following when the participant has a total of three Xs displayed on CODF and does not meet an ABAWD exemption or qualify for an ABAWD extension:

- During the interview, inform the PI of [ABAWD work requirements](#). Explain the requirements for NA participation as an ABAWD, include the following:
 - The three-month ABAWD time limit
 - The ABAWD 80-hour work or training requirement
 - Where to receive assistance to complete the 80-hour work requirement for continuing NA eligibility

- When an interview is conducted in an FAA office, provide the PI with a copy of the ABAWD Participation and Referral (FAA-1530A) form. Explain the importance of compliance with the NA work requirements and the ABAWD work requirements to be eligible for NA. When the PI is claiming an exemption and signs the FAA-1530A form place a copy of the FAA-1530A form in the [case file\(g\)](#).
- When an interview is conducted by telephone send the ABAWD Participation and Referral ([F035](#)) notice to the PI. Explain the importance of maintaining compliance with the NA work requirements and the ABAWD work requirements to be eligible for NA benefits.
- Key RA in the WORW PAR/EXEM FS field next to any ABAWD participant who does not meet an exemption.

NA participants have the opportunity to meet the ABAWD work requirements through voluntary participation in the SNA E&T program.

SNA E&T staff notify FAA of initial compliance for the ABAWD participant. Also, SNA E&T staff notify FAA of noncompliance status after initial compliance with SNA E&T has been established. SNA E&T staff notify FAA with the following alerts in ACTS:

- ABAWD WORK REQ MET (compliance)
- ABAWD WORK REQ NOT MET (noncompliance)

Complete the following when the FAA office receives notification that the ABAWD work requirement is met:

- Key PC for the participant in the WERE EXPT RSN FS field on WERE.
- Key RA in the WORW PAR/EXEM FS field as applicable on WORW.
- Process the determination through FSAD and authorize approval when the participant is otherwise eligible.
- Send the appropriate approval notice.

Complete the following when the FAA office receives notification that the ABAWD work requirement is not met:

- For budgetary units with ABAWD participants only, key the AB Denial Closure Reason Code to deny the application or stop the NA benefit.
- For budgetary units with ABAWD participants and other participants remain eligible, complete the following:
Key the participation code DI in the PT field on SEPA to disqualify the ABAWD participant.
Send the appropriate [notice](#) allowing for [NOAA](#).
- For budgetary units with an ABAWD participant and other participants that are income ineligible, complete the following:
Key the participation code DI in the PT field on SEPA to disqualify the ABAWD participant.
Key IA in the DENIAL CLOSURE REASON field on FSED and stop NA benefits.
Send the NA ABAWD Denial/Closure (F231) notice allowing for NOAA.

Due to changes, the ABAWD participant may meet an exemption or a work requirement. After the interview, the ABAWD participant has the responsibility to report these changes to FAA.

D ABAWD – Participation and Referral

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(01/01/20 - 12/31/20)

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An ABAWD may meet the [ABAWD work requirements](#) by voluntarily participating in the [SNA E&T program](#).

Months in which an ABAWD participant meets the ABAWD work requirements do not count toward the ABAWD time limit.

The ABAWD Participation and Referral (FAA-1530A) form and the [F035 notice](#) informs the ABAWD participant of the following:

- The ABAWD time limited eligibility period is three full months.
- Eligibility may extend beyond the three-month time limit. Continuing eligibility is granted to ABAWD participants who complete 80 hours of employment or 80 hours of approved training within 30 days of their NA application date.
- The SNA E&T contact information.

At a new or renewal interview provide the FAA-1530A form or the F035 notice to all NA participants for whom the following apply:

- Meet the [ABAWD](#) definition
- Do not qualify for an [ABAWD exemption](#)

At each interview ensure the ABAWD participant understands the following information:

- Voluntary participation in SNA E&T allows the participant to meet the ABAWD work requirements and may continue to be eligible.
- After receiving three months of benefits and voluntarily participating in SNA E&T and meeting the ABAWD work requirements.
- After receiving three months of benefits, noncompliance with the ABAWD work requirements would mean NA ineligibility.

NOTE At reapplication, after receiving three months of benefits, allow 10 days for the ABAWD participant to provide proof of ABAWD work requirement compliance.

When the FAA-1535A form or F035 notice is provided and explained to the participant, document the [case file\(g\)](#).

E ABAWD - Extension Period

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(12/01/15 - 01/31/16)

The three-month extension is allowed only ONE TIME in a 36-month period. The extension is a three CONSECUTIVE month period.

Policy and procedures regarding NA Able Bodied Extensions are outlined as follows:

- [NA ABAWD Extension Requirements](#)
- [NA ABAWD Extension Authorization](#)

.04 Extension Period Requirements

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When an ABAWD [regains eligibility](#) through work, participation in a work program or a combination of both and then becomes ineligible again, they may get one additional 3-month period of eligibility within the 36-month period.

An ABAWD can be given the extension period only once in the 36-month period. Document the case file to indicate that the one-time extension has been used.

.05 Extension Authorization

[REVISION 39](#)
(12/01/15 - 01/31/16)

Complete the following when it has been determined the participant meets the ABAWD extension requirements:

- Review WERE for each participant to determine whether the time limit counter displays three full months of NA benefits paid.

NOTE Determine and process each participant individually when the budgetary unit contains more than one participant.

- Determine the first eligible extension month.

NOTE The first eligible month of the extension period is the first month NA eligibility is reestablished after the loss of employment or training.

- Key LE (loss of employment) or LP (loss of participation in training) in the FS EXT RSN/LENGTH field and press ENTER. When LE or LP is keyed, AZTECS completes the following:
 - Displays 3 in the LENGTH field and advances to the CODF screen for that participant.
 - Displays E in the PAYMENT INDICATOR field on CODF when NA are issued in up to three of the following months.
- Process the determination through FSAD and approve NA.
- Send an NA approval notice to the PI indicating the extension has been approved.
- Document the [case file\(g\)](#) with the reasons for approval.

NOTE AZTECS displays the edit message INVALID TIME LIMITED REQUIREMENT - CHECK WERE/CODF when the participant's three extension months have expired and they are still coded IN on SEPA. NEXT to SEPA and change the Participation Code to DI before authorizing benefits.

Key the AB Denial Closure Reason Code when the budgetary unit is limited to only the ABAWD participant.

When a loss of employment or a loss of participation in a training program is discovered, determine any eligible extension months as follows:

Review CODF to see whether three full months of NA benefits were paid for months in which the participant did not meet [ABAWD work requirements](#). (See [ABAWD Countable Months](#))

- Determine the number of full months of NA benefits paid when a total of three Xs are displayed on CODF when the participant failed to report and they no longer met the ABAWD work requirements.
- Update CODF with the E Code for each month the participant received a full month of NA benefits that should have been countable as ABAWD extension months.

Complete the following when the participant has received the additional three months extension:

- Close the case using the AB Denial Closure Reason Code when the only participant is an ABAWD. When the budgetary unit includes other non-ABAWD participants, disqualify the ABAWD participant by changing the Participation Code on SEPA from IN to DI.
- Send the appropriate notice allowing for [NOAA](#).

NOTE An overpayment exists when a participant does not meet the ABAWD Work Requirements or [ABAWD Exemptions](#) and receives NA more months than they were eligible to receive.

When the approval period ends before the participant's or budgetary unit's third full benefit month, an application must be turned in for the remaining months of the extension.

F ABAWD – Reporting Requirements

[REVISION 41](#)
(04/01/16 - 05/31/16)

Able bodied adults without dependents (ABAWDs) are assigned to reporting requirements as follows:

- When the certification period for a budgetary unit containing an ABAWD participant is longer than three months, the budgetary unit is assigned to Simplified Reporting.
- When the certification period for a budgetary unit containing an ABAWD participant is three months or less, the budgetary unit is assigned to Standard Reporting.

NOTE ABAWDs must report a drop in work hours below 80 per month for both Simplified and Standard Reporting. This requirement is in addition to NA reporting requirements. This requirement also applies to budgetary units containing members who would be considered ABAWDs subject to the three-month time limit if they did not have a work exemption.

G ABAWD - Regaining Eligibility

[REVISION 48](#)
(01/01/20 - 12/31/20)

When an ABAWD stopped receiving NA benefits due to reaching the 3-month limit, the ABAWD may become eligible again when they have completed one of the following:

- Worked at least 80 hours in any 30-day period
- Participated in a work program for at least 80 hours in a 30-day period
- A combination of work and work program participation for at least 80 hours in a 30-day period

The participant can also regain eligibility when any of the following occurs:

- Meets an ABAWD exemption
- Enters a new 36-month period
- Works or participates in an employment and training program

NOTE Include the ABAWD participant for NA benefits in the month they meet one of the listed requirements.

The participant can also regain eligibility as many times as they meet an exemption category.

NOTE When participant regains eligibility through work, participation in a work program or a combination of both and then becomes ineligible again, they may get one additional 3-month period of eligibility within the 36 month period. (See [ABAWD Extension Period](#))

H ABAWD Discretionary Exemption

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The State of Arizona has a limited number of exemptions that can be used at the state's discretion. These exemptions may be used for, but not limited to, ensuring that no ABAWD participant receives more than three [countable ABAWD months](#) within a 36-month period.

These exemptions are evaluated by the FAA Systems Help Desk on a case-by-case basis. The discretionary exemption may only be applied to nonexempt ABAWD participants for months that all the following apply:

- The ABAWD does not meet any [other exemption criteria](#)
- The ABAWD is not meeting [ABAWD work requirements](#)
- The month is not an [extension month](#)

WARNING

ABAWD benefit months that are classified as discretionary exemptions are not overpayments.

Discretionary exemptions are indicated as F months on the AZTECS CODF screen and may only be entered by FAA Systems Help Desk staff or designated staff.

The CODF screen may show that an ABAWD who does not meet any exemption received more than 3 countable months of NA benefits. This may happen when a review of the [case file\(g\)](#) indicates that the ABAWD exemption was given in error and the participant does not qualify for another exemption.

When this occurs, contact the FAA Systems Help Desk and complete the following:

- Request that the benefit months when the ABAWD was not meeting an exemption be applied to the discretionary exemptions.
- Explain why the ABAWD exemption given is not valid.
- Confirm that the information in the case file shows the ABAWD does not qualify for a different exemption.