

C ABAWD Continued Eligibility



This policy explains how an [Able Bodied Adult Without Dependents\(g\)](#) that has received three countable months of NA benefits may be potentially eligible for NA benefits.

Policy

An Able Bodied Adult Without Dependents (ABAWD) who has received three countable months of NA benefits may be potentially eligible for NA benefits when **any** of the following apply:

- The ABAWD three-year period restarts on 01/2025
- The ABAWD participant regains eligibility
- The ABAWD participant qualifies for a three-month extension

Regaining Eligibility

When a participant loses NA eligibility because of reaching the three-month limit, the participant may regain eligibility when **any** of the following occurs:

- Meets the ABAWD work requirement by completing **any** of the following:
 - Works at least 80 hours in any thirty-day period
 - Participates in a work program for at least 80 hours in a thirty-day period
 - Has a combination of work and work program participation of at least 80 hours in a thirty-day period
 - Works or participates in an employment and training program
- Meets an ABAWD exemption
- Enters a new three-year period

NOTE The ABAWD participant becomes potentially eligible for NA benefits in the month they meet one of the listed requirements.

There is no limit to the number of times an ABAWD participant can regain eligibility.

Extension Period

ABAWDs may be eligible for an extension period, which is an additional three months of NA benefits. ABAWDs may be potentially eligible when **all** of the following apply to the ABAWD participant:

- Was determined ineligible for receiving three countable months of NA in the current three-year period.
- Met the ABAWD work requirement during any 30 consecutive day period and is no longer meeting the ABAWD work requirement.
- Has not received an ABAWD extension period in the current three-year period.

The three-month extension is allowed only one time in a three-year period. The extension period is three consecutive months. The first month of the extension period is the first month NA eligibility is reestablished after the loss of employment or training.

Procedures

Complete **all** of the following when the participant reports a loss of employment or when no longer participating in an employment and training program:

- Review ABAWD exemptions with the participant, to determine whether an exemption is met. When an ABAWD exemption is met, the participant has regained eligibility, complete **all** of the following:

Document the case file.

Send the appropriate notice.

- Determine whether the loss of employment is due to Voluntary Quit (VQ) or Reduced Work Effort (RWE). When the loss of employment is due to VQ or RWE, determine whether good cause exists. (See [Work Requirement Disqualifications](#) for more information). When good cause does not exist, complete **all** of the following:

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 or an ABAWD exemption. (See [ABAWD Exemptions and Tracking](#) for more information).

Impose a mandatory disqualification period when the participant voluntarily quit or reduced work efforts without good cause and document the case file supporting the disqualification.

NOTE Consider extension months used when the participant is ineligible due to a voluntarily quit or reduced work efforts disqualification. Document the [case file\(g\)](#) to indicate the one-time extension has been used.

Document the case file.

Send the appropriate notice.

- When the loss of employment or training is not a result of VQ or RWE, or when the participant had good cause, complete **all** of the following:

Document the case file.

Determine whether the participant meets the ABAWD extension requirements.

Extension Period

When the ABAWD participant has received three countable months and does not meet an exemption, complete **all** of the following:

- Determine whether the participant meets the ABAWD extension requirements.
- Determine the extension months.
- Send the appropriate notice.

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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 **all** of 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 is 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 reason 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.
- 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 meet 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.

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Complete **all** of 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\(g\)](#).

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.

Verification

System interface and the [case file\(g\)](#) must be reviewed before verification is requested. No additional verification is needed when AZTECS interface or HEAplus hubs have verified the information.

The participant has the primary responsibility for providing verification. (See [Participant Responsibilities – Providing Verification](#) for additional policy.)

For verification on exemption reasons see, [Exemption and Tracking](#).

AZTECS Keying Procedures

Complete **one** of the following when FAA receives notification that the ABAWD work requirement is not met:

- For budgetary units with ABAWD participants only, complete **all** of the following:
 - Key the AB Denial Closure Reason Code to deny the application or stop the NA benefit.
 - Send the appropriate notice allowing for NOAA.
- For budgetary units with ABAWD participants and other participants that remain eligible, complete **all** of 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.

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For budgetary units with an ABAWD participant and other participants that are income ineligible, complete **all** of 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.

Complete **all** of the following when verification is received that the ABAWD work requirement is met through employment and training programs:

- 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.

DBME Job Aid in SharePoint

[ABAWD Time Limit – Job Aid](#)

[Regaining ABAWD Eligibility – Job Aid](#)

Legal Authorities

7 CFR 273.24(b)(1)

7 CFR 273.24(b)(2)

7 CFR 273.24(b)(3)

7 CFR 273.24(c)

7 CFR 273.24(g)

FNS Waiver

[New Policy](#)

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