

**ABLE BODIED ADULTS WITHOUT DEPENDENTS (ABAWD) SELF-SCREENING
EXEMPTION WORKSHEET**

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|-------------|----------------------|
| Client Name | Case Name and Number |
| Date | Worker PCN |

TO ALL CALFRESH CLIENTS BETWEEN THE AGES OF 18 AND 49: As of September 1, 2019, CalFresh rules say that you must work, volunteer, or participate in certain employment and training programs. If you do not, you are limited to three months of CalFresh benefits in a 36-month period. Some people are excused (exempt) from these rules.

PLEASE COMPLETE THIS ENTIRE FORM AND SELECT ALL BOXES THAT APPLY TO YOUR SITUATION.
You may need to provide verification or give your worker additional information.

SECTION ONE- Exemptions

This section will help Contra Costa County determine if you are exempt from the ABAWD work requirements.

- I have a physical, mental or emotional disability, or other personal issue that stops me from working at least 80 hours per month.
- I care for a dependent child under the age of 6 (Does not need to live with you or be your child)
- I am caring for a person with a disability. (The person does not need to live with you)
- I am receiving or have applied for unemployment benefits.
- I am in a drug or alcohol abuse treatment program, or I am struggling with a substance abuse problem.
- I go to school or training at least half time.
- I live with a child under age 18. (The child must be on your CalFresh case)
- I am pregnant (any stage of pregnancy). Your due date (if known): _____
- I am receiving or have applied for disability benefits from any source.
- I am currently homeless and unable to meet my needs.
- I am escaping domestic violence.
- None of the above.

SECTION TWO- Meeting the Work Requirement

Please tell us if you are already working or in an activity that could meet the ABAWD work requirement.

- I am working at least 20 hours per week or 80 hour per month (this includes self-employment).
Employer Name and Number of Hours: _____
- I am participating in employment training activities
Program Name: _____
- I am doing community service activities or volunteer work at least 80 hours per month.
Organization name and number of hours: _____
- I am doing In-Kind (*work in exchange for goods and/or services such as rent*) work for at least 80 hours per month
- I am doing a combination of the above activities. (complete all boxes that apply and list number of hours)
- None of the above

Client Signature: _____ Date: _____