

**DSS ADMINISTRATIVE LETTER NO. ECONOMIC AND FAMILY
SERVICES 3-2016
Able-Bodied Adults without Dependents (ABAWD) Policy
Clarifications and Procedural Requirements
(March 16, 2016)**

Food and Nutrition Services (FNS)

TO: County Directors of Social Services

ATTENTION: FNS Administrators, Managers, Supervisors and
Program Integrity Supervisors

DATE: March 16, 2016

SUBJECT: FNS ABAWD Policy Clarifications and Procedural
Requirements for Applications and Reapplications.

EFFECTIVE: Upon receipt

I. GENERAL INFORMATION

The purpose of this letter is to provide additional policy clarifications and procedures regarding Potential ABAWD assessments for exemptions and work requirements at application and reapplication.

II. POLICY PROCEDURES

****This information applies to the 23 ABAWD Counties****

Alamance, Alexander, Buncombe, Cabarrus, Catawba, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Haywood, Henderson, Iredell, Lincoln, Mecklenburg, New Hanover, Orange, Randolph, Union, Wake, Watauga, and Yadkin.

APPLICATIONS - ABAWD Exemptions and Work Requirements

ABAWDs must be evaluated to determine if the individual meets any ABAWD exemption or Work Requirement exemption. The evaluation must be completed prior to terminating any individual's assistance for exhausting their three free months.

As previously instructed, ensure that all ABAWDs are evaluated and all pertinent information is gathered. Update the casefile to reflect ABAWD's responses. Use the attached ABAWD Questionnaire to document the responses for any application that was submitted between March 1, 2016 and March 18, 2016 and contains a potential ABAWD for which the evaluation was not previously completed. The ABAWD Questionnaire must be stored with the application/reapplication (see documentation below).

The questions on the ABAWD Questionnaire have been incorporated in the DSS-8207, Application for Food and Nutrition Services (Rev. 2-16). The NC FAST guided interview and ePASS application is scheduled to be updated the weekend of March 19, 2016 to incorporate the additional questions.

The ABAWD Questionnaire is not needed for applications taken on or after March 21, 2016.

Reminder: ABAWD requirements must be explained to all households containing a potential ABAWD at application/reapplication. In addition, the attached ABAWD Requirements form must be mailed along with the DSS-8550 Change Report form upon approval. This is required for all applications/reapplications upon receipt of this letter until further notice.

Another Administrative Letter regarding evaluation of ABAWDS in ongoing cases and recertifications will follow.

Documentation:

Maintain the ABAWD Questionnaire in one of the following methods.

- Electronic: If your county has the ability to scan documents or create electronic versions, attach a copy of the completed form to the Income Support Application → Contact tab → Attachments → New
- Paper: Maintain a copy of the completed form in the case file.

Submit any questions regarding this policy to the DHHS Operational Support Team (OST) at ost.policy.questions@dhhs.nc.gov.

Sincerely,



David Locklear, Chief
Economic and Family Services Section

Attachments (5):

[ABAWD Questionnaire](#)
[ABAWD Requirements](#)
[ABAWD Requirements \(SP\)](#)
[ABAWD Checklist Tool](#)
[ABAWD Desk Reference](#)