

**DSS ADMINISTRATIVE LETTER NO. ECONOMIC AND FAMILY
SERVICES 5-2016
Able-Bodied Adults without Dependents (ABAWD) Policy
Clarifications and Procedural Requirements
(March 28, 2016)**

Food and Nutrition Services

TO: County Directors of Social Services

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

DATE: March 28, 2016

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

EFFECTIVE: Upon receipt

I. GENERAL INFORMATION

The purpose of this letter is to provide additional policy clarifications and procedures regarding necessary information that must be provided to potential ABAWDs at application and reapplication.

****This information applies to All 100 counties****

II. POLICY PROCEDURES

Application / Reapplication / Recertification / Change

To ensure every household that contains an ABAWD or potential ABAWD is properly informed of the ABAWD requirements, exemptions, and time limits. At each Application, Reapplication, Recertification, and Change the worker must:

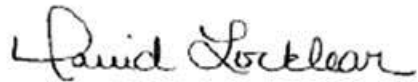
- a. Explain all ABAWD requirements to the household including:
 - Which individuals the ABAWD requirements currently apply.
 - Which individuals are potential ABAWDs even if the individual is exempt at the time of application.
 - The 36-month period fixed time clock.
 - The ABAWD's 3 countable months.
 - ABAWD exemptions.

- ABAWD non-countable months.
 - Explain to the household that the failure to report a change in ABAWD status may result in the termination of benefits at the end of their 3 month time limit.
- b. Provide the household with the ABAWD explanation form along with the DSS-8640, Work Requirement responsibilities, which explains ABAWD work requirements.

Document the record indicating that the information was provided to the household.

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

Sincerely,

A handwritten signature in black ink that reads "David Locklear". The signature is written in a cursive, slightly slanted style.

David Locklear, Chief
Economic and Family Services Section

Attachments (2):

[ABAWD Requirements Form](#)

[ABAWD Requirements Form \(SP\)](#)