OREGON DEPARTMENT OF
Human Services
Self-Sufficiency Programs

USDA Supplemental Nutrition Assistance Program
SNAP
Putting Healthy Food Within Reach

Able-Bodied Adults Without Dependents (ABAWD) under 14 Report of Exemptions, Paid or Unpaid Work, or Good Cause

ONE case number:	Date:
JSID:	
ONE case name:	

Please provide the completed form to Oregon Department of Human Services (ODHS) or OED, call 1-833-947-1694, or email SNAP.ABAWDTeam@odhsoha.oregon.gov. Please complete one form per person.

☐ **I believe I am exempt from the work-related requirements.** Check each exemption reason on this page that applies to you. Attach proof if applicable.

☐ I live in a county or tribal land that is waived from the SNAP time limits.

☐ A child under 14 now lives with me and should be added to my SNAP case. (Please apply for SNAP benefits for them)

☐ I am pregnant. Estimated due date:_____

☐ I am enrolled in school or training program ☐ half-time ☐ full-time. Start date:_____
School type (i.e., High School, Trade School, College): _____
Employment program: ☐ Refugee (IRCO) ☐ Voc Rehab ☐ WIOA
☐ Other: _____

☐ I care for a person with a disability. Name: _____ Start date: _____

☐ I attend an alcohol or drug treatment program. Start date: _____

☐ I have applied for (and not yet been denied) unemployment. Date applied: _____

☐ I am receiving unemployment insurance. From what state? _____

☐ I am unable to work due to health reasons *(*physical, behavioral, or mental health*)*. This includes injuries and disabilities. Start date: _____ Please explain:
_____

☐ I am participating in the TANF JOBS program.

☐ I, my parent, or grandparent are enrolled members of a federally recognized tribe or a shareholder in an Alaska Native Regional Corporation or Village

☐ I am receiving services from Indian Health Services, Tribal Health Clinics, or Urban Indian Clinics.

Work activities can include unpaid work, bartering, or employment.

Unpaid work means volunteering, community service or helping without pay. **Bartering** means working in exchange for something other than money. For example, doing work in exchange for a place to live. **Employment** means working for pay. Fill out the table below and attach proof of your work activities. Proof can be a paystub, a letter from your

employer, or other documents. If you are self-employed, attach proof such as a ledger, tax documents or other records.

☐ **I am working, self-employed and/or doing unpaid work.**

Do not list activities assigned by the Oregon Employment Department (OED) WorkSource as part of your ABAWD case plan. Report those directly to your SNAP Coach with OED.

Employer, Business or person you barter with	Hours per week	Date activity/job started	Is this paid work?	Pay Rate	Date the pay at current rate first received	Pay Frequency (weekly, every two weeks, twice a month, monthly)
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			

☐ **Good Cause:** While attempting to complete my assigned work hours with OED, I was unable to complete all hours in my plan this month due to reasons beyond my control. (Report things that prevented you from completing the required activities. Examples include illness, injury, unplanned lack of childcare, transportation problem, etc.).

Reason and details	Beginning date	Ending date

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Name: _____Date:_____

DOB: _____ Phone: _____

Address: _____

Mailing Address (if different) _____