

Able-Bodied Adult without Dependents (ABAWD) 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 18 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 am a veteran.
- ☐ I am under 25 and was in foster care when I turned 18.
- ☐ I am experiencing homelessness. Start date: _____ If staying with another individual are you planning on staying more than 90 days? ☐ Yes ☐ No
- ☐ 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 am working, self-employed and/or doing unpaid work.**

Unpaid work is volunteering, bartering or community service. Bartering is working in exchange for something other than money. For example, doing work in exchange for a place to live. (Do NOT include activities assigned to you by Oregon Employment Department (OED) as part of your ABAWD case plan. Complete the table below and attach a paystub, employer letter or other proof. If self-employed, attach a ledger, taxes or other proof).

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)
			<input type="checkbox"/> Yes			
			<input type="checkbox"/> No			

☐ **Good Cause:** I was unable to complete my work hours or plan assigned to me due to reasons beyond my control. (Report things that prevented you from completing the required activities. Examples include illness, injury, unplanned childcare, transportation problems or other reasons).

Reason and details	Beginning date	Ending date

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

Name: _____ Date: _____
DOB: _____ Phone: _____
Address: _____
Mailing Address (if different) _____