

**Georgia Division of Family and Children
Services INELIGIBLE ABAWD
SECOND THREE MONTH
PERIOD ADVERSE ACTION**

_____ County Department of Family and Children Services

Date: _____

Co. Name/Location: _____

Case Manager Name _____

AU ID #: _____

Phone Number: _____

Client ID #: _____

Dear Sir/Madam: _____
Head of Household Name

Your **Supplemental Nutrition Assistance Program** (SNAP) benefits will change from \$_____ to \$_____ effective _____ for the reason listed below.

_____ will stop receiving SNAP effective _____, because
Ineligible ABAWD Name Month/Year

_____ is no longer meeting the Able-Bodied Adults Without Dependents (ABAWD) work
Ineligible ABAWD Name
requirement and is potentially eligible for an additional three consecutive month period of eligibility without meeting the ABAWD work requirement.

_____, _____, and _____
Month/Year Month/Year Month/Year

If you need to report new information about your work status, please contact us no later than

_____.

If _____ is an ABAWD, his/her SNAP benefits will end unless he/she gives

gives us proof by _____ that he/she is:

- working (employment or self-employment) an average of 20 hours per week, 80 hours per month; or
- participating in education or training at least 20 hours per week, 80 hours per month; or
- participating in workfare (i.e. work for benefits by volunteering at a nonprofit agency); or
- participating in a Workforce Innovation and Opportunity Act (WIOA) training program; or

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- any combination of **working and participating in a work program** for a total of 20 hours per week.

_____ may be exempt from the ABAWD time limit and work requirements, if
Ineligible ABAWD Name

he/she meets one of the following criteria:

- is under 18 or 55 years of age or older,
- is pregnant,
- is determined by the State agency to be medically certified as physically or mentally unfit for employment. An individual is medically certified as physically or mentally unfit for employment if he or she:
 - is receiving temporary or permanent disability benefits issued by governmental or private sources;
 - is obviously mentally or physically unfit for employment as determined by the State agency; or
 - if not obvious, provides a statement from a physician, physician's assistant, nurse, nurse practitioner, designated representative of the physician's office, a licensed or certified psychologist, a social worker, or any other medical personnel who determines, that he or she is physically or mentally unfit for employment.
- is a *parent* of a household member under 18, even if the household member under 18 is not eligible for SNAP benefits,
- is *residing* in a SNAP household where a household member is under 18, even if the household member under 18 is not eligible for SNAP benefits,
- is a veteran,
- is a homeless individual, or
- is an individual who is 26 years of age or younger and in foster care on their 18th birthday.

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How to Regain Eligibility

If you lose your eligibility for SNAP because you were not working or participating in a qualifying work activity for three months during the time you received SNAP, you could begin to receive SNAP again, if you are otherwise eligible and after you have regained eligibility. You may regain eligibility for SNAP by doing one of the following activities within a 30 consecutive day period:

- working (employment or self-employment) 80 hours or more;
- participating in and complying with the requirements of a work program for 80 hours or more;
- any combination of working and participating in a work program for a total of 80 hours;
- participating in and complying with a workfare program, such as the Comparable Workfare Program; or
- if you meet a work registration exemption.

You will be expected to continue to work or participate in a work program to continue to receive SNAP. For additional information, please contact your local DFCS office or the Customer Contact Center at 1-877-423-4746.

36-Month Period

All ABAWDs will be able to receive benefits for another 3 months in a new 36-month period without meeting the work requirements on December 1, 2026.

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I WANT TO REQUEST A HEARING

If you do not agree with the decision we made on your case, you may request a fair hearing to review the action taken on your case.

Please enter your name and client ID: _____

The reason I want a hearing is:

Please check the correct box if applicable: If your case is active, you may request a hearing within 14 days of the adverse action period and choose to continue your SNAP benefits at the pre- hearing level.

- I do not want to continue receiving benefits while I am waiting for the hearing decision.
- I want to continue receiving benefits while I am waiting for the hearing decision. I understand that I may be required to repay the Department of Human Services, Division of Family and Children Services for any overpayment in SNAP benefits to which I was not entitled to receive as determined by the Hearing Officer. NOTE: SNAP benefits are not continued at the pre-hearing request level beyond the next renewal if benefits are denied at application or renewal.

Signature of Person Requesting Hearing _____ Date: _____

Telephone Number Where You Can Be Reached _____

If you want to request a hearing, sign above and return this form to the County Department of Family and Children Services.

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Hearing Procedures

You may request a hearing either orally or in writing by notifying the County Department of Family and Children Services. You have 90 days from the date on this form to request a hearing. The hearing is held for SNAP by a representative of the Office of State Administrative Hearings. Any member of the staff will be glad to furnish the necessary forms, help you file your hearing request, and assist you in every way possible to prepare for the hearing. You may be represented at such a hearing by an authorized representative such as legal counsel, a relative, friend or other spokesperson or you may represent yourself. Free legal services may be available to you in your community. If you are interested in legal services, see the legal services information listed below.

You may be able to get legal help at no cost. If you want a lawyer to help you, you may call one of the numbers below.

- 1. Georgia Legal Services Program
1-800-498-9469 (Statewide legal services, EXCEPT for the counties served by Atlanta Legal Aid)**

- 2. Atlanta Legal Aid
404-377-0701 (DeKalb County)
678-407-6469 (Gwinnett County)
770-528-2565 (Cobb County)
404-524-5811 (Fulton County)
404-669-0233 (South Fulton/Clayton County)**

- 3. Georgia Advocacy Office, Inc.
One Decatur Town Center
150 E. Ponce de Leon Avenue, Suite 430, Decatur, GA 30030 Telephone: 404-885-1234/TTY\1-800-537-2329 Email: info@thegao.org**