

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 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.** *Answer all parts of the exemption reason(s) that apply 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)* Child's name: _____

DOB: _____ SSN: _____ ☐ 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. This includes staying at someone else's home for 90 days or less.

☐ 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 work for pay at least 30 hours a week. *(Fill out the table on the next page)*

☐ I earn \$935.25 a month from work. *(Fill out the table on the next page)*

☐ I am self-employed and earn at least: ☐ \$935.25 and have no business costs
☐ \$1870.50 and have business costs *(Fill out the table on next page)*

☐ I am receiving money due to an injury or disability. *(Attach letter or other proof)*

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

☐ I am participating in the TANF JOBS program.

☐ **I started work or doing unpaid work** (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	IF PAID:		
			Pay Rate	Date the pay at current rate first received	Pay Frequency (weekly, every two weeks, twice a month, monthly)

☐ **Good Cause:** I have a good reason for not completing the work-related requirements assigned to me by OED as part of my ABAWD case plan. *(Report things beyond your control 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

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Name:	Date:
DOB:	Phone number:
Address:	
Mailing address (if different):	