

As of March 1, 2016, an Able-Bodied Adult Without Dependents (ABAWD) in your area must be working at least 20 hours per week or be participating in an approved Supplemental Nutrition Assistance Program (SNAP) employment and training component in order to remain eligible for SNAP after receiving three months of benefits, unless they are exempt.

In an effort to ensure everyone who is eligible keeps their SNAP benefits, please complete the survey below and return it in the enclosed postage paid envelope as soon as possible-preferably within 10 days:

Individual and Household Questions - Circle Yes or No:

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| Yes | No | Is anyone in your house under the age of 18? |
| Yes | No | If yes , do you purchase and prepare your meals with this person? |
| Yes | No | Are you pregnant? |
| Yes | No | Is your ability to work at least 20 hours a week limited by your physical or mental health? |
| Yes | No | Are you receiving or have you applied for any public or private disability or sick benefits, such as SSI? |
| Yes | No | Are you needed in the home to care for an ill or incapacitated household member? |
| Yes | No | Are you participating in a drug or alcohol treatment program? |
| Yes | No | Are you unable to work because of domestic violence? Circle Yes if: |
| | | • You or your children will be at risk of being harmed if you work, or |
| | | • It will be more difficult for you to recover from abuse if you work. |
| Yes | No | Are you homeless or facing homelessness? |
| Yes | No | Are you receiving or have you applied for Unemployment Compensation? |
| Yes | No | Are you expected to return to work within the next 60 days? |
| Yes | No | Are you a migrant or seasonal farmworker returning to work within 30 days? |
| Yes | No | Are you enrolled in school or training at least half time? |

Employment, Training, and Community Service Questions - Circle Yes or No:

- | | | |
|-----|----|--|
| Yes | No | Are you working? |
| | | If yes , where? _____ |
| | | How many hours a week? _____ |
| Yes | No | Are you taking classes to learn English? |
| | | If no , are you interested in taking free classes? _____ |
| Yes | No | Are you in school or a training program? |
| | | If yes , what are you studying? _____ |
| | | How many hours a week? _____ |
| Yes | No | Are you interested in going back to school at least 20 hours a week? |
| Yes | No | Are you doing community service or volunteering with a local agency? |
| | | If yes , where? _____ |
| | | How many hours a week? _____ |

If you have questions about this survey, or need help completing it, please call the Statewide Customer Service center at 1-877-395-8930. In Philadelphia, please call 215-560-7226.