

# SNAP

## Work Requirements

February 25, 2026

# SNAP Provisions Impacts

Change	Description	Effective Date	NYS Impact	NYC Dollar Impact	NYC Client Impact
Admin Cost Shift	State share of Admin \$ from 50%-75%	October 2026	\$168M direct cost	~\$111M direct City cost if State passes cost to NYC	N/A
Benefit Cost Shift	0-15% of benefit costs shifted to state, depending on error rate	October 2027 (likely; could be 2028/2029 depending on PER)	\$1.2 B direct cost	\$750M direct City cost if State passes cost to NYC	N/A
ABAWD Definition	Adds those ages 54-64, and with child between 14-18 to ABAWD definition. Removes exemptions for homeless, vets, individuals under 24 in foster care at age 18	November 2025 new criteria for assessment March 2026 for compliance	~\$800M in lost benefits	~\$360M (annual) in lost benefits	~130K *
Restrict HEAP/SNAP Connection	Ends increase in SNAP benefits for most receiving HEAP auto-benefits. Loss of ~\$200/mo/household	In effect		~\$170M (annual) in lost benefits	~150K individuals in ~70K households
Limit Eligibility for Immigrants	Removes eligibility for refugees/those granted asylum	Immediate, but pending revised federal guidance	~\$108M in lost benefits	~\$40M (annual) in lost benefits	~15K *

USDA estimates each SNAP dollar spent generates \$1.54 of local economic activity. The estimated fiscal impact of lost benefits is ~\$900M in lost economic activity for New York City.

\* Does not include household members of impacted clients who will stay on the caseload but with reduced food assistance to their family

# SNAP ABAWD Work Requirements

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## Exemptions:

- Exempt from the General Work Requirements.
- Medically certified or physically/mentally unfit for employment.
- Pregnant.
- A parent or other member of a household with responsibility for a dependent child under 14.
- Living in an area where the ABAWD Time Limit is waived.

## How to comply with work requirements:

- Work at least 80 hours a month
- Participate in a work program at least 80 hours a month. A work program could be SNAP E&T or another federal, state, or local work program
- Participate in a combination of work program hours for a total of at least 80 hours a month
- Participate in work experience or community service activity for the number of hours assigned each month (number of hours will depend on the amount of SNAP benefit)

# How is ABAWD being implemented?

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- As of November 1, 2025, New York State is required to assess new applicants and households recertifying based upon the new ABAWD criteria.
- The implementation of ABAWD work requirements compliance will begin March 2026 as the existing NY state waiver was reinstated through February 28, 2026, based upon a judge's ruling in the Rhode Island case
- Details can be found on DSS's website:

<https://www.nyc.gov/site/hra/help/able-bodied-adults-without-dependents.page>

# What is happening?

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- **New SNAP Applicants and Recertifying Households not currently identified as ABAWD**
  - During the application or recertification interview individuals are assessed by the new ABAWD criteria. During the interview we also determine if the individual meets any of the exemption criteria.
  - If an individual identifies a medical or mental health barrier to complying with the ABAWD requirements they are instructed to have their clinical provider complete this [Medical Statement Form](#) and return it to HRA via ACCESS HRA app, mail, fax or by dropping off at an HRA Center.
  - Individuals who do not have a clinical provider to complete the medical statement form and indicate a potential barrier to compliance will be referred to a HRA WeCare provider for further assessment

# ABAWD Medical Statement Form

## Able Bodied Adult Without Dependents (ABAWD) Medical Statement

## Able Bodied Adult Without Dependents (ABAWD) Medical Statement (continued)

### Client/Patient Information

Client/Patient Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Case #: \_\_\_\_\_ CIN: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

### Client/Patient Authorization

I authorize the release of medical information and/or documentation of participation in a substance use rehabilitation program requested to the Department of Social Services. I understand that this information will be treated as confidential.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

### Health Care Professionals:

The person named above requests verification of their health condition or program participation. Please fill out this form and return it, signed and completed, to the individual. They have been provided instructions on how to return the form to the Department of Social Services.

Please answer any of the questions below that apply. Please sign and date this form. Include your profession or position in your organization. \*

1) Is this person pregnant?  Yes  No  Unknown  N/A  
If yes, due date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2) Is this person participating in a substance use treatment, rehabilitation, or counseling program?  Yes  No

If yes, what is the expected program end date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3) Does this person have a temporary or permanent mental and/or physical health condition, which limits their ability to work 20 or more hours each week (80 hours monthly)?  
 Yes  No

If yes, please state the time frame the person will not be able to work 20 or more hours a week (80 hours monthly) because of this condition:

less than 30 days  1-3 months  4-6 months  
 6-12 months  more than 12 months/or indefinitely

I certify that the information provided on the previous page is true and accurate.

Name (please print) \_\_\_\_\_ Title/Profession \* \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date form signed \_\_\_\_/\_\_\_\_/\_\_\_\_

\* This form may be signed by any of the following: physician, physician's assistant, nurse practitioner, osteopath, licensed or certified psychologist, substance use counselor, certified mental health counselor, licensed independent clinical social worker, licensed certified social worker, and certified midwife. For purposes of verifying a person's participation in a rehab or counseling program (Question #2), the director of the program or the individual's counselor may also sign this statement.

### Health Care Professionals:

**You can help adults with disabilities or conditions keep their Supplemental Nutrition Assistance Program (SNAP) benefits**

SNAP benefits (formerly food stamps) allow people with low incomes to buy the food they need. Many SNAP recipients aged 18 to 64 who do not live with a child under 14 in the SNAP household are at risk of losing their SNAP benefits due to a SNAP rule referred to as Able-Bodied Adult Without Dependents (ABAWD) time limit. This rule restricts SNAP eligibility to three months unless the person is working or participating in certain work activities for at least 20 hours per week.

**With just a few minutes of your time, you can easily help.**

A person who cannot work 20 or more hours a week because of a physical or mental health issue is not considered an ABAWD.

### Frequently Asked Questions:

**What is the definition of someone who is physically or mentally "unfit for work" under the ABAWD rule?**

Being determined physically or mentally unfit for work is a broader exemption than being disabled. A person is considered physically or mentally unfit for work if they have an illness, injury, or some other mental or physical limitation, whether temporary or permanent, that does not allow them to work at least 20 hours per week as required pursuant to federal ABAWD time limit rules. Some patients have mental or physical health conditions that prevent them from working altogether; others have conditions that allow them to work but they may not be able to work full time, or even 20 hours per week. This standard is much less strict than the Social Security standard for disability and does not require a specific diagnosis.

**How do I verify that my patient is "physically or mentally unfit for work" based on their condition?**

Fill out the two-sided ABAWD Medical Statement Form. Include the expected time frame of the condition and your signature. **A variety of healthcare professionals can sign this form** including a physician, physician's assistant, nurse practitioner, osteopath, licensed or certified psychologist, substance use counselor, certified mental health counselor, licensed independent clinical social worker, licensed certified social worker, and certified midwife. For purposes of verifying a person's participation in a rehab or counseling program (**Question #2**), the director of the program or the individual's counselor may also sign this statement.

# What is happening?

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- **New SNAP Applicants and Recertifying households not currently identified as ABAWD**
  - If an individual in the household is determined to be an ABAWD they are notified by HRA through the Work Activity Letter Notice outlining the requirements
  - ABAWD eligible individuals who are not meeting the requirements by working, being in school or some other way will also receive a separate notice for appointment at an HRA PACE provider to help individuals find work activities to comply
  - Even though ABAWD compliance tracking will not begin until March, it is important individuals who receive these notices attend their appointments or reach out with questions now.

# What is happening?

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- **Existing SNAP clients identified as ABAWD**
  - Existing ABAWDs received the Work Activity Notice letter outlining the ABAWD requirements and were directed to contact HRA if they are working, in school or otherwise believe they meet the criteria or should be exempt. Individuals are directed to contact HRA via the SNAP On-Demand number.
  - Existing ABAWDS also received appointment notices at an HRA PACE vendor for appointments between November 3-26, 2025
  - We will send additional reminders to ABAWDs about compliance requirements and how we can assist them over the coming months

# What is going to happen?

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- **Compliance**
  - The first countable month where ABAWDs will need to comply with requirements will be March 2026
  - Individuals are allowed 3 months of non-compliance in a defined 36-month period before benefits will be impacted. The current 36-month period goes through September 30, 2026, and will then start a new 36-month period
  - Individuals will receive non-compliance notices from HRA for months where they don't meet the requirements
  - The first possible month where individuals would have benefits impacted is June 2026

# How can CBOs support individuals?

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- HRA has developed two opportunities for CBOs to provide qualifying community service/volunteer opportunities to individuals required to comply with work requirements

## **CBO Partnership Pathways**

- Community Service Provider (CSP)
  - • Formally vetted providers that receive assigned referrals from HRA
  - • Support structured activities that fulfill engagement and compliance requirements
  - • Managed in coordination with PACE Career Services Providers
- Self-Enrolled Voluntary Service Provider (SEVSP)
  - • Voluntary, skill-building activities that clients may choose independently
  - • Activities can fulfill compliance-driven requirements
  - • Ideal for providers offering flexible or supplemental opportunities

# How can CBOs support individuals?

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## How will this work?

- HRA released the **Community-Based Organization Partnership Inquiry Form** where interested CBOs can submit required information on their organization and opportunities available for vetting
- HRA will review the information and determine if the organization can be authorized as a CSP or SEVSP site or if additional information is needed
- Organizations will be informed of HRA's decision and next steps to complete the process. CSP sites will need to sign a standard MOU with HRA. SEVSP sites will not require an MOU

Thank You

Questions?