



SNAP Work Requirements Screening Form

DHS Only

Date Received: _____

SSR Name: _____

Household members between the ages of 16 and 59 might be exempt (excused) from the District of Columbia Supplemental Nutrition Assistance Program (SNAP) general work requirements (GWR) and household members between the ages of 18 and 64 might be excused from the SNAP Able-Bodied Adults Without Dependents (ABAWD) work requirements, if they are facing barriers that would make it difficult to maintain a job. Each household member between the ages of 16 and 64 should complete and sign this form so we can determine if the member is exempt (excused) from GWR and/or ABAWD work requirements.

How to Submit: Please return the completed and signed form to the DHS Economic Security Administration (ESA) using one of the following methods.

Online	Mail	Drop-Off at Service Center	Fax
<p><i>Complete Online!</i></p> <p>Scan to complete on Districtdirect.dc.gov</p> <p>or</p> <p>Scan to complete on District Direct Mobile App</p> <p><i>iPhone & Android Compatible</i></p>	<p>District of Columbia Department of Human Services</p> <p>Economic Security Administration Case Record Management Unit</p> <p>P.O. Box 91560 Washington, DC 20090</p>	<p>Anacostia 2100 Martin Luther King Avenue, SE</p> <p>Congress Heights 4049 South Capitol Street, SW</p> <p>Fort Davis 3851 Alabama Avenue, SE</p> <p>H Street 645 H Street, NE</p> <p>Taylor Street 1207 Taylor Street, NW</p>	<p>202-671-4400</p>

SECTION 1 - YOUR INFORMATION

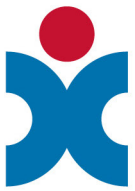
Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Case Number: _____

Note: Your answers may require verification (proof). Your caseworker will let you know what is needed.



SECTION 2 - BENEFIT INFORMATION

A. ABAWD - New Applicants / Household Members Only

1	In the last 3 years, were you subject to the ABAWD time limit in another state?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
	If YES or 'I don't know,' did you use any of your countable months in another state?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
	If YES or 'I don't know,' list the State(s) where you received SNAP benefits:	

If YES, provide a copy of any letter from the State documenting the month(s) you used.

2	Do you identify as any of the following?	<input type="checkbox"/> Indian or Urban Indian <input type="checkbox"/> Californian Indian <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer
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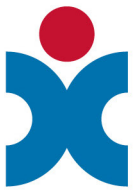
B. Chronic Homelessness

1	Are you homeless and staying somewhere not meant for living or in a shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer
2	If YES , have you been continuously homeless for 1 year or 4 separate times in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer
3	If YES , Do you have any chronic health problems (i.e. trouble with drugs, mental illness)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer

If YES to all questions above (Questions 1-3), you may meet the District of Columbia's definition of chronic homelessness for DC SNAP work requirement exemption purposes.

C. Barriers to Employment

1	Do you have any other barriers to employment? <i>Select all that apply to you</i>	
	<input type="checkbox"/> I have not been regularly employed or a fulltime student for more than 6 months during the past 3 years.	<input type="checkbox"/> Hospitalized in the last 6 Months.
	<input type="checkbox"/> I do not have regular access to needed healthcare (i.e. Dental, medical, psychiatric, and/or mental treatment for an ongoing illness).	<input type="checkbox"/> I prefer not to answer.



D. Drug or Alcohol Addiction

1	Do you regularly attend substance, drug use, or alcohol treatment program(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer
2	Do you regularly attend Alcoholics Anonymous, Narcotics Anonymous, or other substance use anonymous meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer
3	Are you regularly receiving on-going services from a substance use disorder (SUD) provider in the District or Recovery Support Services (RSS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer
4	Are you on a waiting list to participate in a drug or alcohol treatment program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer
5	Do you depend on drugs and/or alcohol to maintain day-to-day functioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer

*If **YES** to at least one of Questions 2-5, a completed SNAP Work Requirements Medical Report Form or other documentary evidence must be submitted.*

E. Caretaker

1	Do you care for a child under age 6 (child does not need to live with you)?	<input type="checkbox"/> Yes, child's name _____ <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer
2	Do you care for an incapacitated person or a person who cannot care for themselves (incapacitated person does not need to live with you)?	<input type="checkbox"/> Yes, Person's name _____ <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer
3	Are you responsible for a child under 14 in your household?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer

F. Unemployment

1	Have you applied for or are you receiving unemployment benefits (you must be following all required work registration, job search, and reporting rules)?	<input type="checkbox"/> Yes, applied <input type="checkbox"/> Yes, receiving <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer
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G. Medical

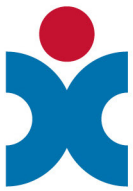
1	Do you have a medical illness, disability, or condition preventing you from working 20 hours per week? <i>This could include but is not limited to physical or mental health issues resulting from experience with domestic violence or other traumatic experiences.</i>	
	<input type="checkbox"/> Yes, temporary <input type="checkbox"/> Yes, permanent <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer	
2	Are you receiving mental health counseling services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer
3	Select any of the following disability benefits that you are currently receiving:	
	Applied for Social Security Disability Insurance or Supplemental Security Income (SSDI/SSI)	<input type="checkbox"/> Receiving Social Security Disability Insurance or Supplemental Security Income (SSDI/SSI)
	<input type="checkbox"/> Veteran’s Disability Compensation (any rating)	<input type="checkbox"/> Short-term Disability Insurance
	<input type="checkbox"/> Interim Disability Assistance (or on waitlist)	<input type="checkbox"/> Workmen’s Compensation
<input type="checkbox"/> Other Disability Benefits		
4	Are you in a Vocational Rehabilitation program or getting Vocational Rehabilitation services from the District or the Department of Veterans Affairs (this includes being in a program even if you are not receiving services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer
5	Are you pregnant?	<input type="checkbox"/> Yes, estimated due date: _____ <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer

*If **YES** to at least one of Questions 1-5, a completed SNAP Work Requirements Medical Report Form or other documentary evidence must be submitted.*

H. Education, Employment, Training Programs

1	Are you participating in any programs to improve your employment skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer
2	Are you participating in a job support program at a Refugee Service Center?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer
3	Are you self-employed, volunteering, or doing unpaid work that is not part of SNAP Employment & Training (E&T) or the SNAP Volunteer Program (workfare)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer

*If **YES** to Questions 1-3, complete a SNAP Verification of Employment, Qualifying Work Activity*



Form or provide proof and submit it to DHS.

4	Are you a student enrolled at least half-time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer
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If **YES**, you must provide school verification of your half-time status.

5	Are you interested in participating in SNAP Employment & Training (E&T) or the SNAP Volunteer (workfare) Programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I prefer not to answer
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I. Good Cause

If you were unable to complete your work hours or work plan for reasons outside your control, report what prevented you from completing the required activities. Include any other reasons you were unable to work.

Personal illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
Illness of a household member requiring customer to provide care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
Illness of a relative requiring presence of customer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
A household emergency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
A declaration of disaster	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
Lack of adequate childcare for children who are at least age 6 but under age 12	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
Lack of available transportation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
A household emergency such as a death in the family	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
The job meets the definition of unsuitable employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
Other (not listed)			

SECTION 3 - CERTIFICATION

I hereby certify the above information is true and accurate

Signature: _____

Case #: _____ Date: ___/___/_____

To access the **SNAP Work Requirements Medical Report Form** or the **SNAP Verification of Employment, Qualifying Work Activity Form**, scan here:

