

SUMMARY OF

SNAP Work Requirement Exemptions Attestation



, (DOB:
from the SNAP work requirements:

) attests to the following exemptions

DETAILS ABOUT

SNAP Work Requirement Exemption Information

Confirmation code:

Date of submission:

Client Information

Name:

Birthdate: _____, (Age _____)

Phone Number:

E-mail Address:

Case Number:

Last 4 digits of SSN:

Exemptions Attested

I am a member of an Indian tribe or nation.

I live with a child under 14.

I am caring for a child under age 6.

I am caring for an incapacitated person.

Details of care:

I am pregnant.

Expected due date:

I am in a job-training program or SNAP E&T program.

Name of organization or program:

Hours a week attending this program:

I am getting unemployment benefits, or I have applied for unemployment benefits.

I am receiving the following Disability Benefits.

(SSDI) Social Security Disability Benefits

SSI (Supplemental Security Income)

Veteran's disability

Worker's compensation

Disability pension

Disability insurance payments

Disability-related Medicaid

Other:

I am working 30 hours per week on average, including self-employment, or I am earning at least \$217.50 a week.

Hours worked per week:

Weekly amount earned before taxes:

I am a seasonal or migrant farmworker under contract or an equivalent agreement to start work within the next 30 days.

I am doing community service or volunteer work.

Hours a week volunteering:

Name of organization or program:

I am attending school at least half-time.

I am participating in a drug or alcohol treatment program.

Name of the program:

Fitness for Work

The following condition(s) prevent(s) me from working at least 20 hours a week:

I do not have a regular place to sleep and shower

I am struggling with drugs or alcohol

I am experiencing domestic violence

I have a physical or mental medical condition that prevents me from working at least 20 hours per week

Other

More information about how my condition prevents me from working 20 hours a week:

Signature

I certify under penalty of perjury that the information provided on this form is true and correct.

Full legal name:

Date: