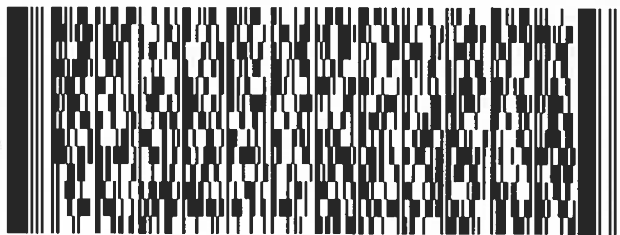


**SNAP WORK RULES - REQUEST FOR EXEMPTION**

4e6b4c33-d2c2-4349-b27f-35048b3b1140

Date: _____

Case Name: _____

Address: _____

Address: _____

City/State/Zip: _____

Case Number: _____

Office Name: _____

Office Address: _____

Phone: _____

TTY: _____

Fax: _____

Tenemos este aviso en español. Para solicitar avisos en español, por Internet vaya al sitio ABE-MMC o llamas al 1-800-843-6154 (TTY 1-866-324-5553 TTY/Nextalk, 711 TTY Relay).

You can manage your account online at: ABE.illinois.gov.

Complete this section to request an exemption from the SNAP work requirement. You may be asked to provide proof that you qualify for an exemption. If your request is denied you will need to meet the SNAP work requirement to maintain your eligibility for SNAP. You have the right to appeal the decision.

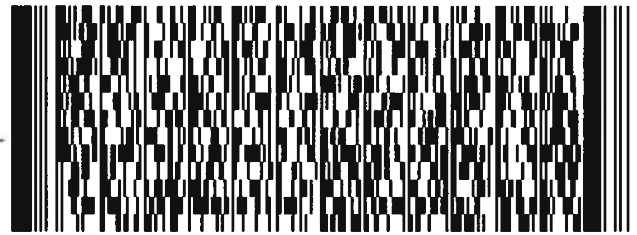
I, _____ **request to be exempt from meeting the SNAP work requirement because (select all that apply):**

<input type="checkbox"/>	I have a physical or mental condition that prevents me from working or makes it difficult to maintain work.
<input type="checkbox"/>	I am experiencing chronic homelessness.
<input type="checkbox"/>	I am pregnant.
<input type="checkbox"/>	I live in a SNAP household with a child under age 14.
<input type="checkbox"/>	I am attending a school, college, or training program at least half-time.
<input type="checkbox"/>	I have applied for or am receiving unemployment benefits.
<input type="checkbox"/>	I am in a drug or alcohol addiction treatment program or suffering from substance addiction.
<input type="checkbox"/>	I am currently receiving TANF and am participating and complying with the TANF work and training requirements.
<input type="checkbox"/>	I am an Alaskan Native, American Indian, American Urban Indian, or California Indian (as defined in the Indian Health Care Improvement Act).
<input type="checkbox"/>	I am providing care for another person who needs help caring for themselves. (This person does not have to be living in your home).
<input type="checkbox"/>	I am responsible for the care of a child under the age of 6. (Does not have to be your child or living in your home).
<input type="checkbox"/>	I am an AmeriCorps VISTA volunteer working 30 or more hours a week paid, unpaid, or paid in-kind (living stipend).
<input type="checkbox"/>	I am a migrant or seasonal farm worker under contract with an employer to begin employment within 30 days for an average of 30 hours per week or earning wages at least equal to \$217.50 per week before taxes and other deductions (federal minimum wage \$7.25 multiplied by 30 hours).





SNAP WORK RULES - REQUEST FOR EXEMPTION



4e6b4c33-d2c2-4349-b27f-35048b3b1140

You may be considered exempt by working* an average of 30 hours or earning wages at least equal to \$217.50 per week, before taxes and other deductions, (federal minimum wage \$7.25 multiplied by 30 hours).

You may be considered meeting the work requirement by working* an average of 20 hours per week or more.

*This includes paid work, unpaid work (volunteer or community service), and/or work in exchange for goods or services for the required number of hours.

Report your work through Manage My Case, by completing a Change Report form, or by contacting your local FCRC listed above.

Customer Signature: _____ Date: _____

Once the form is completed you can:

- Submit this form electronically by selecting Manage My SNAP work requirement button from your Manage My Case (MMC) dashboard at abe.illinois.gov; or
- Return it by mail or in-person to your Family Community Resource Center; or
- Mail it to the Central Scanning Processing Unit (CSU P.O. Box 19138, Springfield, IL 62794)

This section to be completed by the Family Community Resource Center

Instructions: If verification is needed, allow the exemption while the verification request is pending. Complete this section when verification is returned to the FCRC.

Your request for an exemption has been reviewed and we have decided to:

☐ Approve your request for an exemption.

☐ Deny your request for an exemption.

Reason for denial: _____

Policy reference: PM 03-25-01

FCRC Staff Printed Name: _____ FCRC Staff Signature: _____

Date: _____

