



## Community Partner ABAWD Exemption Request

Dear Community Partner,

Your client, \_\_\_\_\_, has requested an exemption from required work-related activities associated with their application for/receipt of Supplemental Nutrition Assistance Program (SNAP).

Your client has a 3-month SNAP time limit because they are an ABAWD. According to our records they are:

- Between the ages of 18-52\* (\*On October 1, 2024, the age limit for ABAWDs will increase to 54);
- Living in a SNAP household where no one is under age 18;
- Not receiving disability payments;
- Not pregnant;
- Not experiencing homelessness;
- Not working at least 80 hours a month;
- Not under age 25 and in foster care on their 18th birthday.
- Not a veteran who served in the armed forces of the United States and was honorably or dishonorably discharged;
- Not participating in a SNAP E&T program or WIOA funded program;
- Living in: Burrillville, Barrington, Bristol, Coventry, Cranston, Cumberland, East Greenwich, East Providence, Exeter, Foster, Glocester, Hopkinton, Jamestown, Johnston, Lincoln, Little Compton, Middletown, Narragansett, Newport, North Kingstown, North Providence, North Smithfield, Pawtucket, Portsmouth, Richmond, Scituate, Smithfield, South Kingstown, Tiverton, Warren, Warwick, Westerly, West Greenwich, and West Warwick

If you believe the above information to be incorrect, please assist your client with reporting that to DHS.

If the above information is accurate, your client may be exempt from the ABAWD work requirement and able to maintain benefits beyond 3 months, if they are physically, mentally, or emotionally unfit for work.

Your familiarity with the SNAP applicant may help us to determine whether they meet the unfit for work criteria.

- Does your client have multiple weekly medical (including counseling) appointments making it difficult for them to get or maintain employment? A note on official letterhead from health care professional/health center may serve as verification.

Yes      No

- Does your client have regular meeting and obligations as part of their engagement with your agency that hinders their ability to get or maintain employment? A note on agency letterhead indicating the frequency of commitment may serve as verification.

Yes      No

- Does your client struggle with any of the following making it difficult for them to get or maintain employment?

Making eye contact      Talking to people      Organization of time  
Access to bathing/hygiene      No safe place to keep belongings

Is there anything you think we should know about your client to help us determine their ability to find and maintain employment?

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Name of person completing this form \_\_\_\_\_ Date \_\_\_\_\_

Agency/Title \_\_\_\_\_ Phone \_\_\_\_\_

**Submit the completed and signed application through the following pathways:** Mail to RI Department of Human Services, P.O. Box 8709, Cranston, RI 02920-8787, drop off in person or at a drop box location listed below, or by logging in to the Customer Portal account at <http://www.healthyrhode.ri.gov> . Note: If your client is applying or recertifying at this time, they may submit it with their DHS forms.

**REGIONAL FAMILY CENTER OFFICES**

**PROVIDENCE**

1 Reservoir Avenue  
Providence, RI 02907

125 Holden Street  
Providence, RI 02908

**WARWICK**

195 Buttonwoods Avenue  
Warwick, RI 02886

**WAKEFIELD**

808 Tower Hill Road  
Suite G1  
Wakefield, RI 02879

**PAWTUCKET**

249 Roosevelt Avenue  
Pawtucket, RI 02860

**MIDDLETOWN**

31 John Clarke Road  
Middletown, RI 02842  
Wakefield, RI 02879

**WOONSOCKET**

219 Pond Street  
Woonsocket, RI 02895