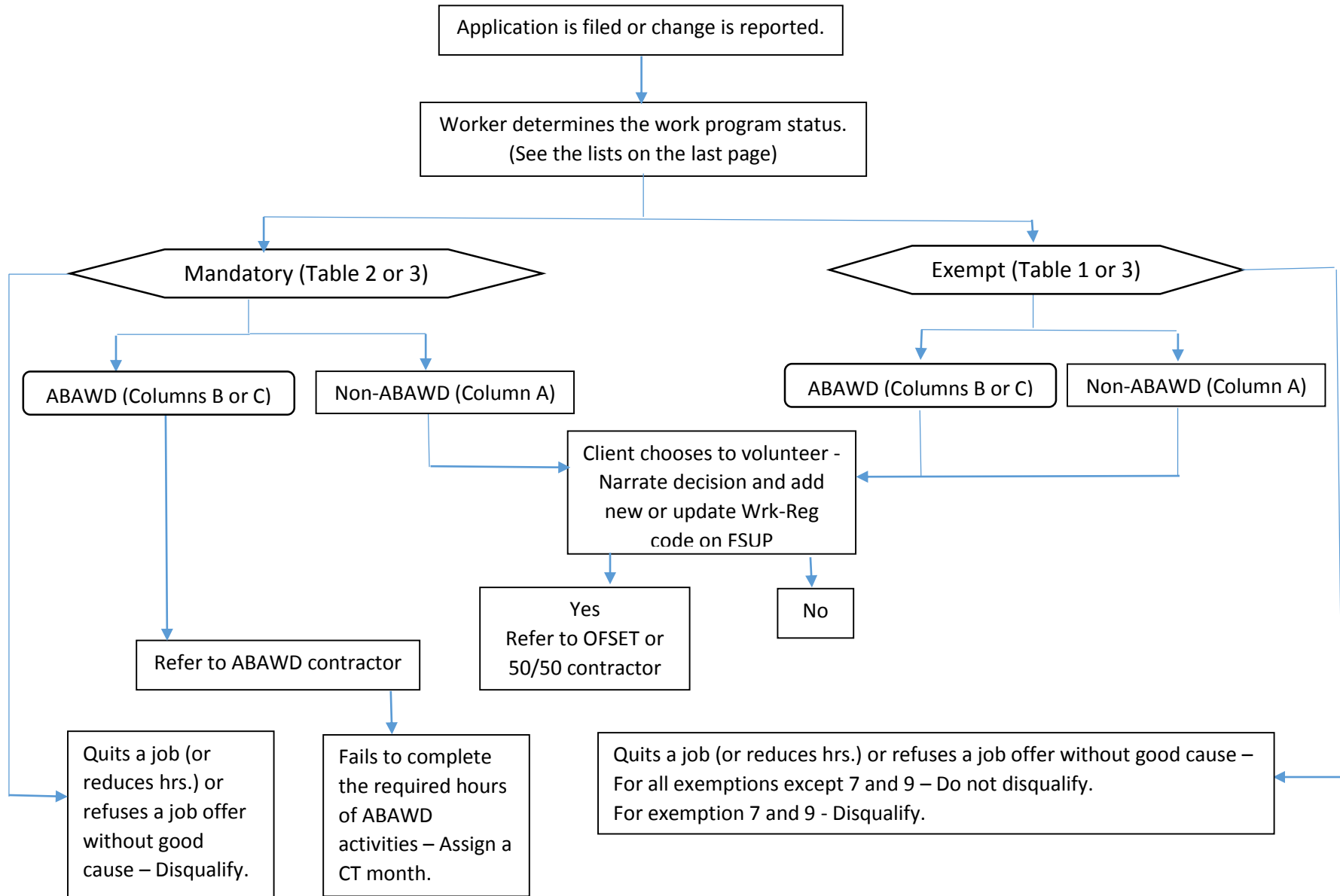


SNAP Employment & Training Work Programs in Non-Waivered (ABAWD Mandatory) Areas (Multnomah, Washington and Clackamas County residents)

When the applicant signs the application, the work registration is completed for all mandatory members of the household.

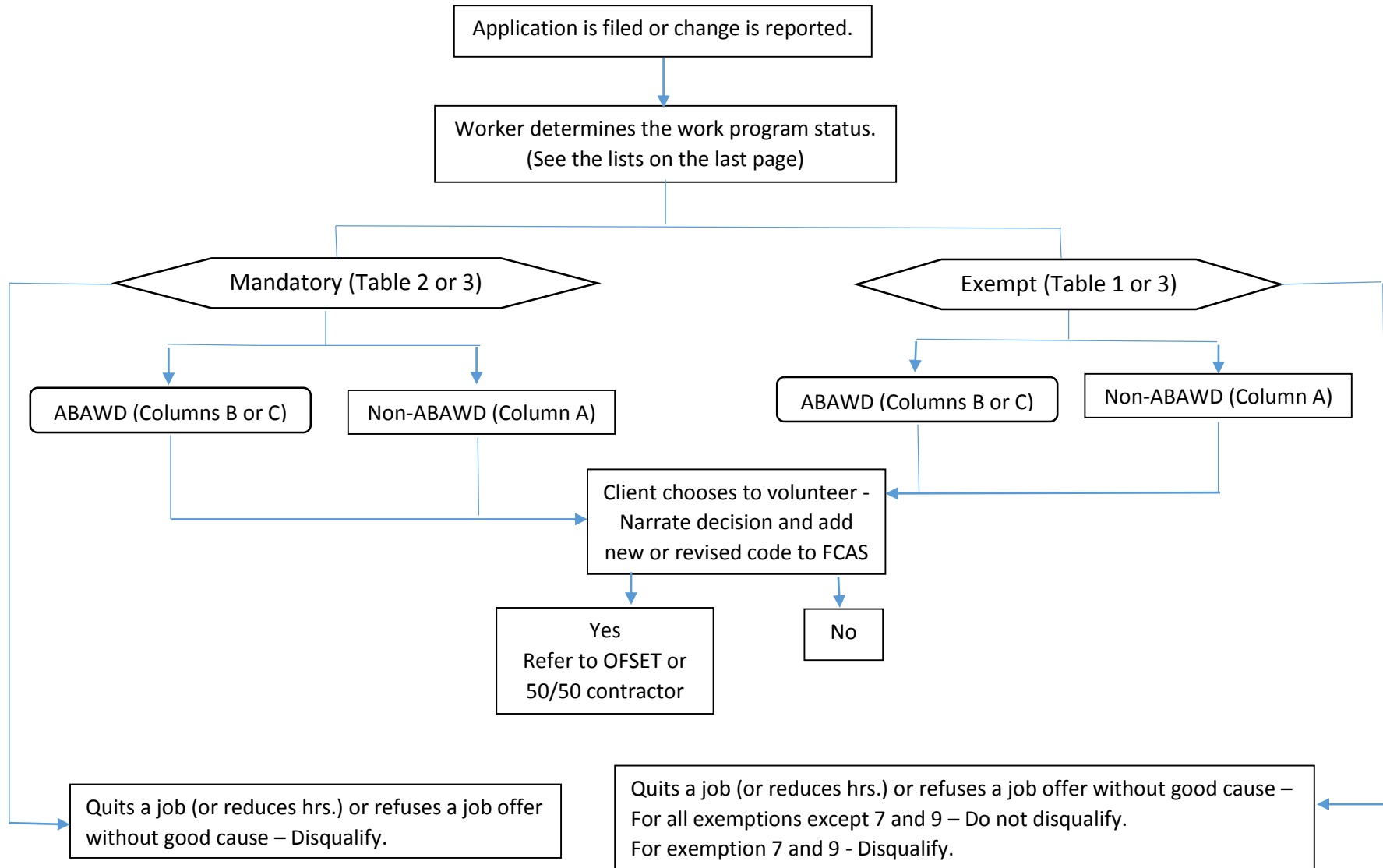
**\*\* Important note:** Please use this flow chart with the last page for the columns and tables.



SNAP Employment & Training Work Programs in Waivered Areas (all except Multnomah, Washington and Clackamas County residents)

When the applicant signs the application, the work registration is completed for all mandatory members of the household.

**\*\* Important note:** Please use this flow chart with the last page for the columns and tables.



Work Program Status

**\*\* Important note:** Please use these tables with the flow charts on pages 1 and 2. **\*\***

TABLES		COLUMNS		
Code on FCAS	<b>TABLE 1 - Exemption Coding Description</b> These are reasons the person is not OFSET mandatory or for ABAWDs, in non-waived areas, the reason the person is not subject to the time-limit.	<b>A</b> OFSET	<b>B</b> ABAWD Waived Area	<b>C</b> ABAWD Non-Waived Area
1	Caring for a dependent child under age 6 in the SNAP filing group or can't pay for child care	X		
2	A student at least half-time by school's definition (including trade school, GED classes, IRCO, etc.)	X	X	X
3	Physically or mentally unfit for work (includes pregnant and chronically homeless)	X	X	X
4	Working for pay at least 30 hrs. per week or the equivalent to Fed Min wage x 30 hrs. = \$935.25/mo.	X	X	X
5	Self-employed earning at least \$935.25/mo. without costs or \$1870.50 with costs	X	X	X
6	In an Alcohol or Drug treatment/rehabilitation program, including AA and NA	X	X	X
7	Receiving TANF or REF while cooperating in the corresponding work program.	X	X	X
8	Caring for a disabled person living in the home. (If not living in the same home must be doing this at least 30 hrs. per week and need proof of need for care)	X	X	X
9	Applied for (and not denied) or receiving Unemployment Compensation.	X	X	X
M	Waiting on proof of a medical disability which is questionable. Use for no more than 3 months.			X

Code on FCAS	<b>TABLE 2 - Mandatory Coding Description</b> The people who are not exempt so must maintain and accept employment. A non-ABAWD or an ABAWD in a waived area is not required to do any additional activities. An ABAWD in a non-waived area must participate in work program activities.	<b>A</b> OFSET	<b>B</b> ABAWD Waived Area	<b>C</b> ABAWD Non-Waived Area
A	Mandatory who volunteered to go to the contractor (not for ABAWDs in non-waived areas)	X	X	
B	Mandatory and chooses not to participate (not for ABAWDs in non-waived areas)	X	X	
C	Mandatory ABAWD referred to the contractor			X
G	No program available (APD, AAA or Multnomah, Washington and Clackamas counties) - OR- Mandatory and chooses not to volunteer.	X	X	
R	Referred to or participating in Workfare.			X
T	Working 20 hours a week, Trade Act or JOBS plus.			X
V	Attending vocational or educational training.			X

Code on FCAS	<b>TABLE 3 - Voluntary Coding Description</b> Mandatory or exempt people who choose to volunteer for a work program. There is no penalty for failure to cooperate but the agency may choose to end the program for the person who does not cooperate.	<b>A</b> OFSET	<b>B</b> ABAWD Waived Area	<b>C</b> ABAWD Non-Waived Area
X	Volunteers in Employment and Training activities.	X	X	