

What is ABAWD and its meaning? ABAWD stands for Able-Bodied Adults Without Dependents and is a term within the Supplemental Nutrition Assistance Program (SNAP) to identify individuals between the ages of 18 and 64 who are not disabled or who do not have children who are 13 years or younger. ABAWDs are only eligible for 3 months of SNAP benefits within a set 36-month period unless they meet certain work requirements or are exempt.

The ABAWD screening sheet below includes a series of questions to help determine whether someone is subject to work requirements since the passing of H.R.1. Screening must be completed at application, redetermination, and interim change (including Maryland Benefit Review) for each customer.

ABA	WD Screening To	ool		
	Case ID: District Office:	Date:		
✓ Check YES OR NO for each questi	ion. Is anyone in y	our household:		
Household Questions			YES	NO
1. 13 years of age or younger who is no	t on the SNAP case	?		
2. Native American: American Indian, l	2. Native American: American Indian, Urban Indian, or California Indian?			
3. Age 65 or older?				
4. Pregnant?				
5. Disabled, unable to work, or experie physical or mental condition that pr				
6. Responsible for providing care to an daily living activities?	individual who req	uires assistance with		
7. Receiving or have applied for any pu such as SSI, Workers Compensation, vocational rehabilitation services?	•	•		
8. Age 18 or older and enrolled in a voc least half-time?	cational school, colle	ege, or training at		
9. Receiving or waiting for a determination benefits?	ation for unemployr	ment insurance		
10. Participating in an alcohol or drug treatment program?				
11. Receiving TCA and in compliance w	ith the associated v	vork program?		
✔Check YES OR NO and comment	if needed. Is anyo	ne in your SNAP ho	useho	old:
Employment and Community Serv	rice Questions		YES	NO
12. Engaged in community service or vo	olunteering with a l	ocal agency?		
If yes, where? (company name)	J	How many hours p	er wee	k?
13. Employed?		1		



If yes, where? (company name)	How many hours per week?

(✔Check YES OR NO) Are any of the remaining household members:

Good Cause Review		NO
Experiencing homelessness or facing homelessness?		
Having transportation difficulties?		
Unable to work due to a temporary or permanent physical or mental health condition, or facing barriers such as domestic violence?		
A migrant or seasonal farm worker?		
Experiencing childcare difficulties?		
Convicted of an offense and they are working unpaid in lieu of their sentence?		

CONCLUSION		YES	NO
Were any of the questions above answered "Yes"?			
If yes, please list the household member.	Which question(s)?		

Your eligibility worker may reach out to you for additional information based on the answers provided on this form.