



Maryland

DEPARTMENT OF HUMAN SERVICES

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.

ABAWD Screening Tool

Head of Household Name: Last: _____ First: _____ Case ID: _____ District: _____ Office: _____ Date: _____

✓ Check YES OR NO for **each** question. **Is anyone in your household:**

Household Questions	YES	NO
1. 13 years of age or younger who is not on the SNAP case?		
2. Native American: American Indian, Urban Indian, or California Indian?		
3. Age 65 or older?		
4. Pregnant?		
5. Disabled, unable to work, or experiencing a temporary or permanent physical or mental condition that prevents your ability to work?		
6. Responsible for providing care to an individual who requires assistance with daily living activities?		
7. Receiving or have applied for any public or private disability or sick benefits, such as SSI, Workers Compensation, Veterans Disability Benefits, or vocational rehabilitation services?		
8. Age 18 or older and enrolled in a vocational school, college, or training at least half-time?		
9. Receiving or waiting for a determination for unemployment insurance benefits ?		
10. Participating in an alcohol or drug treatment program?		
11. Receiving TCA and in compliance with the associated work program?		

✓ Check YES OR NO and comment if needed. **Is anyone in your SNAP household:**

Employment and Community Service Questions	YES	NO
12. Engaged in community service or volunteering with a local agency?		
If yes, where? (company name)	How many hours per week?	
13. Employed?		



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If yes, where? (company name)	How many hours per week?
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(✓Check YES OR NO) **Are any of the remaining household members:**

Good Cause Review	YES	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.