

Monthly ABAWD Education & Training Participation Record

Instructions

Able-Bodied Adults Without Dependents (ABAWDs) who aren't working can meet federal ABAWD work rules. They can do this by participating in specific education or training programs for at least 20 hours a week (80 hours a month). If you are exempt from federal ABAWD work rules, you don't need to complete this form.

If you are in an education or training program, take this form to your program provider after the end of each month. Ask them to fill out Part 2 of this form.

You must give the completed form to ABAWD@livingstoncountyny.gov by the 10th of the month following the month(s) that you participate in the education or training program. This shows you are meeting the federal ABAWD work rules. If you don't submit proof of your participation, you may lose your SNAP benefits.

Do not use this form to show proof of high school or college enrollment. Contact your local social services district to learn how to prove you are in high school or college.

If something stops you from attending your education or training program, inform your local social services district about the reason and date(s) you couldn't attend.

Part 1: To be completed by the Client

Client name:

Case #:

County:

Address:

Client Authorization

I authorize the release of requested education/training program information to the Department of Social Services.

Client signature:

Date:

Part 2: To be completed by the Education/Training Program Staff

Program name:

Provider/agency name:

Provider/agency address:

Report month (previous month):

This program includes: (check all components that apply)

GED

English as a Second Language (ESL)

Work-Based Learning (including internships, apprenticeships, on-the-job training, etc.)

Job Search

Adult Basic Education

Vocational or Technical Training

Job Readiness Training

Other:

Date client began program:

Number of hours client participated in program during previous month:

Number of hours per week devoted to job search/job readiness activities during previous month:

Did the client complete all program components during the previous month?

Yes No Date client completed program(s):

Is the client still participating in at least one program component?

Yes No Date client expects to complete program(s):

This program is: (check one)

A WIOA Title 1 program

A program under section 236 of the Trade Act of 1974

An employment and training program serving veterans that is offered by the Department of Labor Or the Department of Veterans Affairs

A federally recognized refugee employability service (approved, funded, or operated by the federal Office of Refugee Resettlement)

Program Certification

I certify that the client identified in Part 1 participated in the program above during the previous month.

Signature of program staff:

Date:

Printed name of program staff:

Telephone:

Title of program staff: