



[REDACTED]-3506

**How to Contact Us**  
Go Online : <https://healthyrhode.ri.gov>

For questions about affordable health coverage or human services programs, call Department of Human Services at 1-855-MY-RI-DHS (1-855-697-4347)

### SNAP Work Requirements

Dear [REDACTED],

Due to recent changes made by the federal government more SNAP recipients are now considered to be Able-bodied Adults without Dependents (ABAWDs) and have to meet work requirements in order to receive SNAP benefits for more than 3 months. The information below will tell you who in your household is an ABAWD and needs to meet the ABAWD work requirements, or be exempt from them, to receive benefits for more than 3 months. Please read this notice carefully. Your SNAP benefits may go down if someone does not meet the work requirements.

This letter is to tell you about the work requirements of the below members of your SNAP household.

Some SNAP recipients are *Work Registrants*. This means they must meet general work requirements to receive or keep receiving Supplemental Nutrition Assistance Program (SNAP) benefits.

Some individuals are also Able-Bodied Adults Without Dependents (ABAWDs). ABAWDs are SNAP recipients ages 18-64, who are not parents of minor children and who are able to work but are not working 80 hours a month. ABAWDs can only receive SNAP benefits for three (3) months in a three (3) year period if they do not meet the ABAWD work requirements, or are exempt from the requirements. The table below will tell you who in your household is a work registrant and/or ABAWD. It will also tell you if someone has a 3-month time limit and how many months they have used.

Who?	Start Date	End Date	Work Requirement Category	ABAWD months used
[REDACTED]	02/01/2026	ONGOING	Work Registrant ABAWD with 3-month time limit	0
[REDACTED]	01/01/2026	01/31/2026	Work Registrant ABAWD with no time limit	0

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**The work registrant(s) and/or ABAWD(s) identified above must meet the requirements outlined in this notice or your household's SNAP benefits may decrease or end.**

If anyone would like to participate in a SNAP Employment & Training Program, please contact DHS at 1-855-697-4347 or visit [www.risnapet.org](http://www.risnapet.org).

### **Someone in my household is a Work Registrant. What do they need to do?**

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The people named above as Work Registrant must comply with the following general SNAP work requirements to be eligible for SNAP benefits:

1. Register for work by completing the SNAP-511 Work Registration Form.
2. Give the Department of Human Services (DHS) enough information to determine your employment status or job availability.
3. If you are working at least 30 hours a week, do not quit or reduce your hours to less than 30 hours a week (unless you have a good reason like illness, discrimination, or not getting paid).
4. Accept a job offer unless it is not suitable for you—for example, if your health and safety are at risk, you can't physically do the work, or another valid reason.
5. Report to an employer if you are referred to one and if the employment is suitable.

You are exempt from the SNAP general work requirements if you are :

- Younger than age 16, or age 60 or older
- Responsible for the care of a child younger than age 6 or another person who needs help caring for themselves
- Already working at least 30 hours a week. Already earning gross weekly wages of \$217.50 per week
- Receiving unemployment benefits, or you applied for unemployment benefits
- Not able to work because of a physical or mental condition/limitation
- Attending a school, college, or training program at least half time (but college students are subject to other eligibility rules)
- Meeting work requirements for another program, like RI Works (TANF) or unemployment insurance
- In a drug or alcohol addiction treatment program

### **Someone in my household is an ABAWD. What do they need to do?**

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ABAWDs are SNAP recipients ages 18-64, who are not parents of minor children and who are able to work but not working 80 hours a month.

The people named above as an ABAWD must comply with the following ABAWD work requirements or qualify for an exemption to receive SNAP benefits for more than 3 months:

- Work (paid, volunteer, in exchange for goods or services) for at least 80 hours per month, or
- Participate in a work training program (such as SNAP E&T) for at least 20 hours per week, or
- Do combination of work/volunteering/work program for 80 hours per month

You are exempt from the ABAWD work requirements and do not have a time-limit if you are:

- under age 18 or age 65 or older
- unable to work due to physical or mental health reasons/limitation
- exempt from the general work requirements (for a reason other than age)
- a parent or other household member with a dependent child under 14 years old in the household
- a pregnant woman
- Indian or an Urban Indian
- California Indian

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Case #: [REDACTED]

**ABAWDs with 3-month time limit:** [REDACTED] can only receive SNAP benefits for three (3) months in a three (3) year period unless they are meeting the ABAWD work requirements or have an exemption to the ABAWD work requirements. **Please let DHS know if they are working or meet an exemption.**

**ABAWDs with no time limit:** [REDACTED] can keep their benefits for more than three (3) months because they are meeting the ABAWD work requirements or currently have an active exemption.

**If you are an ABAWD with no time limit because you are working and/or volunteering 80 hours or more a month, you must notify DHS within ten (10) days if your hours decrease.**

### **Whose ABAWD Work Requirement Category has changed?**

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[REDACTED] has/have changed from an ABAWD with no time limit to an **ABAWD with 3-month time limit.**

### **What happens if these SNAP household members do not meet these requirements?**

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If these SNAP household members do not meet the general work requirements without good reason, **your household may receive reduced SNAP benefits or benefits may end.**

### **What if these household members have a good reason for not meeting the general work requirements?**

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If DHS determines that there is good reason, there will be no change to your household's SNAP benefits. Good reasons include things out of a person's control like illness, lack of childcare for a child younger than age 12, or work conditions that are unreasonable. **If you think there is good reason for not meeting these requirements, contact DHS as soon as possible at 1-855-697-4347.**

### **How long will these household members lose SNAP benefits if they don't meet the general work requirements?**

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- The first time the general work requirements are not met without good reason, the household member will not get SNAP benefits for 1 month.
- The second time these requirements are not met, the household member will not get SNAP benefits for 3 months.
- The third time, the household member will not get SNAP benefits for 6 months.
- The general work requirements must be met before SNAP benefits can begin again.

### **Does anyone need help finding training or a job?**

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If anyone in your household would like help finding or training for a job, you can ask about our SNAP Employment and Training Program. This program can make it easier for you to find and keep a job. You can learn more about the program by visiting the SNAP Employment and Training website (<https://risnapet.org/>). You may also access the SNAP Employment and Training program by contacting a vendor from the website and requesting a referral or talking to someone at DHS. If you choose to

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Case #: [REDACTED]

participate in an Employment and Training program, we will help pay for your costs to participate in the program. These costs include:

- Transportation
- Childcare
- Personal safety or equipment
- Other reasonable required costs, such as tools, books and uniforms

### What if you need more help?

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If you have questions or need more information, please call us at **1-855-697-4347**. You may also visit our website ([www.dhs.ri.gov](http://www.dhs.ri.gov)) for more information.

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You have a RIGHT to non-discriminatory treatment. In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

#### CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. phone: (833) 620-1071; or
4. email: [FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov).

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/hotline numbers (click the link for a listing of hotline numbers by state); found online at: <https://www.fns.usda.gov/snap/state-directory>.

#### CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov). For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov) or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.



ATTENTION: Language assistance services are available to you free of charge. Call . 1-855-697-4347 (TTY 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-697-4347 (TTY 711)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-697-4347 (TTY 711)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-697-4347 (TTY 711)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-697-4347 (TTY 711)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-697-4347 (TTY 711)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-697-4347 (ATS 711)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-697-4347 (TTY 711)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-855-697-4347(TTY 711)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 1-855-697-4347 TTY 711

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-697-4347 (телетайп 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-697-4347 (TTY 711)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-697-4347 (TTY 711)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-697-4347 (TTY 711) 번으로 전화해 주십시오

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-697-4347 (TTY 711).

Dè dɛ nà kɛ dyédé gbo: Ɔ jũ ké m̄ [Bàsòò-wùdù-po-nyò] jũ ní, níí, à wuɖu kà kò dò po-poò béin m̄ gbo kpáa. Ɖá 1-855-697-4347 (TTY 711)

**Non-Discrimination Notice**

The Executive Office of Health and Human Services (EOHHS), the Department of Human Services (DHS) and Healthsource RI (HSRI) does not discriminate on the basis of race, color, national origin, disability, political beliefs, age, religion or gender in acceptance for or provision of services, employment or treatment, in its education and other program activities. Under other provisions of applicable law, EOHHS/DHS does not discriminate on the basis of sexual orientation, gender identity or expression. For further information about these non-discrimination laws, regulations and complaint procedures for resolution of complaints of discrimination, contact DHS at 25 Howard Ave, Bldg. 57, Cranston, RI 02920, telephone number (401) 462-2971 (for deaf/hearing impaired 1-800-745-6575 voice; TTY 711).

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