



Monthly ABAWD Education & Training Participation Record
Erie County Department of Social Services
Division of Family Independence | CED, TA, SNAP
B-6059 (11/2025)

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 your local social services district 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: _____ County: Erie

Case #: _____ Report Month: _____

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 completed 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: _____

Please submit the completed form verifying Education and Training Participation to the Department of Social Services by the 10th of the following month via:

- NYDocSubmit (to learn more, visit [NYDocSubmit](#))

-or-

- Comprehensive Employment Division
290 Main Street 6th floor, Buffalo NY 14202
Phone: (716) 858-7437
Fax: (716) 858-1090