Monthly ABAWD Volunteer Participation Record
Erie County Department of Social Services
Division of Family Independence | CED, SNAP, TA
B-6061 (7/2026)

Case Number _____
Date _____

Instructions

Able-Bodied Adults Without Dependents (ABAWDs) who aren't working or in an education or training program can meet federal ABAWD work rules by volunteering in community service activities. You don't need to fill out this form if you are exempt from the federal ABAWD work rules.

To find out how many hours that you need to volunteer each month, divide your monthly SNAP benefit by the current New York State minimum wage for your area. For example, if you get $160 per month in SNAP and you live upstate where the minimum wage is $16.00, then you must volunteer for 10 hours per month. If you need help figuring out your hours, contact your local social services district.

If you're already volunteering or want to start, take this form to a non-profit or public organization after the end of each month. Ask them to complete Part 2 of this form.

You must give this completed form to your local social services district by the 10th of the month following the month(s) that you participate in the community service program to prove you're meeting the federal ABAWD work rules. If you don't submit proof of your participation, you may lose your SNAP benefits.

To make sure that a community service program meets the federal ABAWD work rules or to find a program, reach out to your local social services district. Note that the community service program cannot be part of a candidate's campaign for public office.

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

Part 1: To be completed by the Participant

Client name: _____ County: Erie

Address: _____

Participant Authorization

I authorize the release of requested volunteer/community service program information to the Department of Social Services.

Participant signature: Date:

Part 2: To be completed by the Volunteer/Community Service Program Staff

Program name: _____

Organization name: _____

Organization address: _____

Is this organization public or non-profit? ☐ Public ☐ Non-Profit ☐ Other

Date participant began or will begin program: _____

Report month/year (previous month): _____

Is the participant still volunteering in the program? ☐ Yes ☐ No

Date participant expects to complete program: _____

If the participant is already volunteering in the program, indicate how many hours per month they have completed below:

Month/Year	**Hours Complete**

Program Certification

I certify that the client identified in Part 1 is currently volunteering in the program described above.

Signature of program staff: _____ Date: _____

Printed name of program staff: _____ Telephone: _____

Title of program staff:

Please submit the completed form verifying Volunteer 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