



Arizona Department of Economic Security
Arizona Health Care Cost Containment System

ABAWD Notices and Forms Now Available for Use (Amended)

04/28/2016

This NEWS FLASH is being amended to inform staff that new forms and notices are now available for use.

NOTE The AB Denial or Closure Reason Code may now be used.

When the removal or denial of an ABAWD participant from the budgetary unit causes the household to become over income, use the EI Denial or Closure Reason Code. This code will allow the correct notice to be issued.

New ABAWD Notices Ready for Use

The following notices are for use with the AB (ABAWD) Denial or Closure Reason Code:

- ABAWD NA Closure (X636) Notice - Automated closure notice for ABAWD only households who are reaching the three-month time limit.
- **ABAWD NA Denial/Closure (F231) Notice - Use when denying an ABAWD only household for reaching the three-month time limit. Please ensure the correct checkbox is selected for denial or closure.**

Two notices must be sent when the disqualification of an ABAWD participant reaching the three month limit causes a decrease in benefits or causes the budgetary unit to be ineligible due to excess income.

For ABAWD income closures send the following two notices:

- NA Denial/Closure Income (F201) Notice: Use the EI (Excess Income) Denial or Closure Reason Code
- NA ABAWD Informational (F033) Notice

For ABAWD benefit decreases send the following two notices:

- Decrease - NA Benefits (F701) Notice
- NA ABAWD Informational (F033) Notice



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The following are for use with participants who are coded with the NE (non-exempt) code in the WERE EXPT RSN FS field on WERE:

- The ABAWD Participation and Referral (F035) Notice is taking the place of the ABAWD Personal Responsibility Agreement **for ABAWD customers who complete a telephone interview**. This notice should be sent to households with an ABAWD participant who must be referred to Supplemental Nutrition Assistance Employment & Training in order to meet the ABAWD work requirements. This notice is also provided to participants who have received their three countable months as an ABAWD and who must be referred to Supplemental Nutrition Assistance Employment & Training to reestablish eligibility.
- **The ABAWD Participation and Referral (FAA-1530A) Notice is taking the place of the ABAWD Personal Responsibility Agreement for ABAWD customers who complete an in-person interview. The document is located in the Digital Library. When this document is given to the customer, document CADO so that the information can be shared with Supplemental Nutrition Assistance Employment and Training (SNA E&T) staff. The ABAWD Personal Responsibility agreement (FAA-1029A) should no longer be used.**

A Verification of Unfitness for Work for Adults (FAA-1533A) Form is available in the Digital Library. Provide this form to clients who do not qualify for an exemption and claim they are unfit or unable to work. If the client's unfitness to work is not obvious, they can have this form completed and return it to us.

NOTE **Spanish versions of all notices are now available.**

Please contact the FAA Policy Support Team by phone at **(602) 774-5523** or by e-mail at **FAAPolicyMgmt@azdes.gov** with any questions or concerns regarding this broadcast.

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