

At **any time** since January 1, 2016 has the potential ABAWD:

1. Applied for or received Unemployment Insurance Benefits (UIB)? Yes No  
If yes, Who? \_\_\_\_\_ Which months? \_\_\_\_\_
2. Been a student in school at least half time?  
Yes No If yes, Who? \_\_\_\_\_ Which months? \_\_\_\_\_
3. Cared for or is caring for a disabled person (does not have to live in your home)? Yes No  
If yes, Who? \_\_\_\_\_ Which months? \_\_\_\_\_
4. Worked at a job? If yes, Who? \_\_\_\_\_ Where? \_\_\_\_\_  
Hours worked in January? \_\_\_ February? \_\_\_ March? \_\_\_ April? \_\_\_ May? \_\_\_ June? \_\_\_  
If you worked less than 80 hours did you have a good reason for not working 80 hours such as illness or family illness? \_\_\_\_\_
5. Worked in his/her own business (such as doing yard work, even if making no money after expenses)? If yes, Who? \_\_\_\_\_  
Hours worked in January? \_\_\_ February? \_\_\_ March? \_\_\_ April? \_\_\_ May? \_\_\_ June? \_\_\_  
If you worked less than 80 hours did you have a good reason for not working 80 hours such as illness or family illness? \_\_\_\_\_
6. Worked in exchange for goods or services? (such as working instead of paying rent)  
If yes, Who? \_\_\_\_\_  
Hours worked in January? \_\_\_ February? \_\_\_ March? \_\_\_ April? \_\_\_ May? \_\_\_ June? \_\_\_  
If you worked less than 80 hours did you have a good reason for not working 80 hours such as illness or family illness? \_\_\_\_\_
7. Operated a Home School for at least 30 hours weekly? Yes No  
If yes, Who? \_\_\_\_\_ Name of School? \_\_\_\_\_ Which months? \_\_\_\_\_
8. Been Pregnant or is currently pregnant? Yes No  
If yes, Who? \_\_\_\_\_ Which months? \_\_\_\_\_
9. Been physically or mentally unfit for work, even temporarily? Yes No  
If yes, Who? \_\_\_\_\_ Which months? \_\_\_\_\_
10. Lived with a child(ren) under 18 who is included in the FNS household, even if the child is not eligible for FNS? Yes No If yes, Which months? \_\_\_\_\_
11. Been in an Alcohol or Drug Treatment program? Yes No  
If yes, Who? \_\_\_\_\_ Which months? \_\_\_\_\_
12. Been unfit for work due to Alcohol and/or Drug dependence? Yes No  
If yes, Who? \_\_\_\_\_ Which months? \_\_\_\_\_
13. Been homeless (living on the street or in a homeless shelter)? Yes No  
If yes, Who? \_\_\_\_\_ Which months? \_\_\_\_\_
14. Volunteered with public/private agency such as a charity, schools, hospitals, religious groups, etc.? Yes No  
If yes, Who? \_\_\_\_\_ Where? \_\_\_\_\_  
Hours volunteered in January? \_\_\_ February? \_\_\_ March? \_\_\_ April? \_\_\_ May? \_\_\_ June? \_\_\_
15. Participated in a Work Training Program? Yes No  
If yes, Who? \_\_\_\_\_ Where? \_\_\_\_\_  
Hours participated in January? \_\_\_ February? \_\_\_ March? \_\_\_ April? \_\_\_ May? \_\_\_ June? \_\_\_

The information I have stated above is true to the best on my knowledge.

Name(print) \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_\_\_

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_