

**Sample Medical Statement Form to document "Unfit for Work" under SNAP Time Limit Rules**  
**Once filled out, return to your local SNAP office.**

**To be completed by patient**

**Patient Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ request verification of my physical or mental condition or my participation in a drug and alcohol program.

(insert name)

**To be completed by healthcare professional:**

Does this patient have a **temporary or permanent mental and/or physical condition**, which restricts his or her ability to work 20 hours a week?  yes  no

If **yes**, please indicate the **duration** of the patient's inability to work 20 hours or more a week due to this illness/disability:

less than 30 days

1-3 months

3-6 months

6 -9 months

9-12 months

more than 12 months/or indefinite

Is this patient pregnant?  yes  no Due date: \_\_\_\_\_

**To be completed by staff/counselor at a Drug and Alcohol Program**

Is this person a participant in a drug and alcohol treatment or counseling program, which restricts his or her ability to work 20 hours a week?  yes  no

If yes, what is the anticipated program end date: \_\_\_\_\_

**Signature and contact information for both health care professional and staff at a drug and alcohol program:**

I certify that the information provided above is true and accurate.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name (please print) Title/profession\*\* Date form signed

\_\_\_\_\_  
Signature Address Phone

\*\* This form may be signed by any of the following health care providers: physician, physician's assistant, representative of the physician's office, nurse, nurse practitioner, licensed or certified psychologist, or a social worker. It may also be signed by a counselor or staff person at a drug and alcohol program.

# Health Care Providers:

## You Can Help Low-Income Adults Keep Their SNAP (Food Stamp) Benefits

SNAP benefits (formerly food stamps) allow low-income people to buy the food they need to stay healthy. Many SNAP recipients ages 18 to 49 are at risk of losing their SNAP benefits, starting in May, due to a SNAP rule that went into effect on January 1, 2016. The rule referred to as Able Bodied Adults Without Dependents (ABAWD) limits SNAP eligibility to three months.

***With just a few minutes of your time, you can easily help.*** Many of those categorized as ABAWDs are not “able-bodied” due to a physical or mental condition that reduces their ability to work.

### Frequently Asked Questions

*How disabled do my patients need to be to be exempt from the work rule and three-month time limit?*

People are exempt from the three-month time limit if they have “a physical or mental impairment that reduces their ability to work 20 hours a week or more.”

Some patients have impairments that prevent them from working at all. Or, some patients have impairments that allow them to work—but they may not be able to work full time, or even 20 hours per week. This standard of unfitness is much less strict than the Social Security standard and does not require a diagnosis or medical records.

*Who might qualify for this exemption?*

Patients with a reduced ability to work including those who:

- have difficulty maintaining focus and concentration for two hours at a time, including difficulty with consistently remembering and carrying out tasks.
- are diagnosed with “mild” or “moderate” anxiety, depression or maladaptive personality that reduces their ability to work 20 or more hours a week. The symptoms do not need to be “marked” or “severe.”
- have a physical condition that limits them to light or sedentary work, who cannot stand or walk for extended periods of time, or who cannot engage in physical labor on a sustained basis.

*How do I verify that my patient has a “reduced ability to work” based on his or her condition?*

Fill out the simple one-page Medical Statement Form on the back side of this flyer. Include the expected duration of the incapacity and your signature. **A variety of healthcare professionals can sign this form** including: a doctor, doctor assistant, representative of the doctor’s office, a nurse, nurse practitioner, licensed or certified psychologist or social worker.

For more information, visit [HungerSolutionsNY.org/ABAWD](http://HungerSolutionsNY.org/ABAWD).



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