



Department of Human Resources  
311 W. Saratoga St.  
Baltimore, MD. 21201-3521

## FIA ACTION TRANSMITTAL

**Control Number: 16-18**

**Effective: Upon Receipt**

**Issuance Date: June 10, 2016**

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES  
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT  
FAMILY INVESTMENT SUPERVISORS AND CASE MANAGERS**

**FROM: ROSEMARY MALONE, EXECUTIVE DIRECTOR**

**RE: FOOD SUPPLEMENT PROGRAM (FSP) WORK REQUIREMENTS FOR  
CUSTOMERS WHO ARE HOMELESS**

**PROGRAM AFFECTED: FOOD SUPPLEMENT PROGRAM**

**ORIGINATING OFFICE: BUREAU OF POLICY AND RESEARCH**

### **BACKGROUND**

Federal policy allows an individual or family to receive a monthly deduction if they have shelter expenses but are without permanent housing. That deduction is based on self-declared expenses and has not changed. Federal policy also allows able-bodied adults without dependents (ABAWDs) to be exempt from work requirements if they are "chronically homeless." This Action Transmittal provides guidance for that determination.

It is important to note that an individual can be an ABAWD, homeless, subject to the work requirements, and still receive the monthly shelter deduction. A customer is eligible for the shelter deduction when all members of the household are homeless, but do not receive free shelter. Refer to Action Transmittal 16-06 for more information.

A separate AT providing guidance on homelessness policy for the TCA program is forthcoming.

### **SUMMARY**

#### **Definition of Homeless**

A household is considered chronically homeless if the individual or family does not have a fixed, regular and adequate nighttime residence. This could include living on the street, a temporary shelter or a different friend or relative's house each night.

## **ABAWD - Unfit/Unable to Work due to Chronic Homelessness**

If the applicant or recipient checks "homeless" on the application, or indicates homelessness in response to a verbal question, the customer is potentially "unfit for work" and may be exempt from ABAWD requirements. ABAWD policy does not include homelessness alone as an ABAWD exemption. We must, however, determine if the applicant/recipient's homelessness contributes to his or her inability to work and renders the individual "unfit/unable to work".

DHR has created a screening tool to determine if an individual is subject to the ABAWD policy or is exempt. The case manager should use this tool to determine whether the customer meets the "chronically homeless/unfit for work" criteria. The screening tool includes the following questions:

1. Are you experiencing homelessness?
2. Do you have reliable access to a telephone number or email address that a potential employer could use to contact you for an interview?
3. Is there an address where we can send you mail and you have reliable access to receive it every day?
4. Do you have daily access to a bathroom, shower/bathtub, soap, shampoo and other personal hygiene products?
5. Do you have reliable access to affordable transportation?
6. Do you have a reliable access to affordable laundry?

If the customer's response is "no" to question one, the additional questions will not be asked, and the customer will be deemed not chronically homeless/unfit for work.

If the customer's response is "yes" to question one, and he or she responds "no" to at least one question 2-6, the customer will be deemed chronically homeless/unfit for work.

## **CARES Procedures for FSP ABAWDS**

If the customer is "chronically homeless," code the Special Circumstances field with HO to indicate homeless and unable to work for FSP. The ADDR screen should indicate homeless, but indicate a valid mailing address, if the customer has one available.

```

CHANGE                               HOUSEHOLD ADDRESSES - ADDR          ADDR 01
Month 06 16                          RAD21Q  04 25 16

DO 210  EW ID REM21B  Client ID          Prev DO      PPI Group
HOH F Name          M Name          L Name SMITH

Authorized Rep Y  Prim Lang E  Visually Impaired N  Hearing Impaired N
Interpreter Needed N
Residential Address  Addr Chng  DJJ Ind
Address Line 1      Line 2
Street Number Dir  Name          Type      Apt
City HAGERSTOWN    HOMELESS     ST MD     Zip 21742  Phone 301
Message Phone 301

Mailing Address Del
Address Line 1      Line 2
Street Number Dir  Name          Type      Apt
13324              HIGH         ST
City HAGERSTOWN    ST MD     Zip 21742

Previous Addresses in last 2 years N  Special Circumstances HO
Message

15-lett                20-a1wg 21-narr 23-a1au 24-De1

```

The DEM1 screen should also indicate homeless HL in the Living Arrgmt field.

```

CHANGE                               CLIENT DEMOGRAPHIC 1 - DEM1          DEM1 01
Month 03 06                          RTAH67  12 27 05

Client Name BROOKE          SHIELDS          CL ID 491022496
Statewide FIP Group T TREATMENT
CSB Notification Date:
Client Ethnicity N  CIS Primary Race B Race(s) B          V S
Alt SSN          SSN APPL          More          DOB
Name Referral  Date          SSN1          V          SSNs (MM DD YYYY) V Sex
217 76 8406 CA          Y          04 29 1975 BC F

----- Place of Birth ----- MD Mar Living V Dest Boarder Amt Paid
City Res Stac Arrgmt Migrant Num Meals for Meals
Hospital          St Y N HL CC

Concurrent Parental V ----- Pregnant ----- Prenatal V
Out of State Status Due Date V Unborn Num V Care
CA FS MA          Eligible Expect
N N N

Message

14-EDRS 15-lett                20-CRS          23-a1au
4B :00.1                10/03

```

**ACTION DUE:** Upon receipt.

**Note:** For previously exempted customers that are listed on the June 2016 ABAWD Generators, who have now been determined not chronically homeless, the case manager needs to declare July 2016 the first month of ABAWD benefit receipt. These customers did not receive prior notification of the work requirement.

**INQUIRIES:** FSP ABAWD questions should be directed to Taneicsha (Dani) Whittaker at 410-767-5510 or [Taneicsha.whittaker@maryland.gov](mailto:Taneicsha.whittaker@maryland.gov).