

**Request for ABAWD Work  
Program Exemption Supplement  
For homeless people ages 18 to 49**

Give this form to DTA

- By Mail: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420
- By fax: (617) 887-8765
- In person at your local DTA office

As a homeless individual, you might be exempt from the ABAWD Work Program requirement. Use this form to tell us about your situation so we can determine if you are exempt. Give the completed form to DTA. If you have questions or need help, call DTA at (877) 382-2363.

**Section 1: Client Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Agency ID or Last 4 digits of SSN: \_\_\_\_\_

**Section 2: Check the box next to your response to each question below.**

**1) Do you have a stable night time residence?**

Yes  No  I prefer not to answer

**2) Do you have a high school diploma or equivalency (GED or HiSet)?**

Yes  No  I prefer not to answer

**3) During the last 3 years, have you been steadily employed for at least 6 months or a full-time student for at least 6 months?**

Yes  No  I prefer not to answer

**4) Do you regularly access health care that you need, such as dental care, psychiatric care, and treatment for an ongoing illness?**

Yes  No  I prefer not to answer

**5) Have you been hospitalized during the last 6 months?**

Yes  No  I prefer not to answer

**Section 3: Signature**

Signature \_\_\_\_\_ Date \_\_\_\_\_