

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
EMPLOYMENT & TRAINING (SNAP E&T)
FEDERAL EXEMPTIONS WORKSHEET**

NAME _____

ADDRESS _____

IF YOU FEEL ONE OR MORE OF THESE SITUATIONS APPLY TO YOU, MARK THE APPROPRIATE BOX WITH AN "X."

- Younger than 16, if not head of the household, or attending school or enrolled in an employment and training program half time

- 60 years of age or older

- Physically or mentally unfit for employment and unable to work

- Registered in the Temporary Assistance for Needy Families (TANF) Choices program or receiving TANF cash assistance

- A parent or household member who is responsible for the care of a dependent child under the age of six

- Responsible for the care of an individual with a disability who is living in the home

- An individual who has applied for but is not yet receiving Unemployment Insurance (UI) compensation, or a UI claimant who was required to register as a condition for eligibility for UI benefits

- A regular participant in a drug addiction or alcohol treatment and rehabilitation program

- An individual who is employed or self-employed at least 30 hours a week, or has weekly earnings equal to 30 hours times the federal minimum wage (including migrant and seasonal farmworkers under contract or similar agreement with an employer or crew chief to begin employment within 30 days)

- Attending school or enrolled in an education or training program at least half time

- Applying for Supplemental Security Income (SSI), or receiving SSI

I certify that this information is true to the best of my knowledge.

Name Date

Staff Person Date

Supplemental Nutrition Assistance Program Employment and Training
Federal Exemptions Worksheet
(FL-139) Instructions

PURPOSE: Use to determine if one or more of the federal exemptions apply to the SNAP recipient's situation.

USE: The SNAP E&T Federal Exemptions Worksheet is to be administered during the SNAP recipient's first visit for SNAP E&T services (i.e., orientation, which is the first day of job search). It must be recorded in the SNAP recipient's file that he or she was given an opportunity to claim any federal exemption that may apply to his or her situation.

If a SNAP recipient marks one or more of the boxes of any statements, the SNAP recipient must then be interviewed by the facilitator prior to continuing with orientation in order to obtain more information regarding his or her exemption status. If it is determined that the SNAP recipient may be federally exempt from participation in SNAP E&T, Texas Health and Human Services Commission (HHSC) Form H1817 must be sent to HHSC requesting that it reconsider the SNAP recipient's mandatory work registrant status.

NAME: Enter SNAP recipient's name and address.

Statements should be read aloud to the SNAP recipient so that no misunderstanding occurs. General questions about the federal exemptions may be answered in the group setting. Questions about individual concerns or situations should be addressed during a private interview.

The form is to be signed and dated by the SNAP recipient and by TWC or the authorized employment services provider.

FILE RETENTION: A signed copy of the SNAP recipient's federal exemptions worksheet is to be given to the SNAP recipient, and one copy is to be retained in his or her file for three years.