

CalFresh Work Requirement Survey



Effective September 1, 2019 some CalFresh recipients in Alameda County will be required to meet federal work requirements. The rules apply to anyone receiving CalFresh between the ages of 18-49 that does not have a child living in the home. This survey will help determine if you are exempt from meeting the requirements or need to participate in approved work activities to continue receiving CalFresh benefits without a time limit.

Complete the survey below to help the Social Services Agency (SSA) determine your future benefits.

You may need to provide verification or give your worker additional information.



Name: _____ Case Number (if known): _____

Last four digits of Social Security Number: _____

Please tell us if you are already working or in an activity that could meet the ABAWD work requirement.

I am working at least 20 hours per week or 80 hour per month (this includes self-employment).

Employer Name: _____

Number of Hours Working: _____

I am participating in employment training activities

Program Name: _____

I am doing community service activities or volunteer work at least 80 hours per month.

Organization Name: _____

Number of Hours: _____

I am doing a combination of the above activities. (complete all boxes that apply and list number of hours)

You may be exempt from meeting work requirements if any of the following selections apply to you. (Select all boxes that apply).

I have a physical, mental or emotional disability, or other personal issue that stops me from working at least 80 hours on average per month.

I care for a dependent child under the age of 6 (Does not need to live with you or be your child)

I am caring for a person with a disability. (The person does not need to live with you)

I am receiving or have applied for unemployment benefits.

I am in a drug or alcohol abuse treatment program, or I am struggling with a substance abuse problem.

I go to school or training at least half time.

I live with a child under age 18. (The child must be on your CalFresh case)

I am pregnant (any stage of pregnancy). Your due date (if known): _____

I am receiving or have applied for disability benefits from any source.

I am currently homeless and unable to meet my needs.

I am escaping domestic violence.

Client Signature: _____

Date: _____