SNAP Work Requirement in Illinois

May 20, 2026

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Office of Workforce Development
Illinois Department of Human Services

Background on SNAP Work Requirement

- **H.R. 1 expanded the definition of Able-Bodied Adults without Dependents (ABAWDs)** who are subject to the SNAP Work Requirement and **restricted the criteria** for state time-limit waivers.
- As of **February 1**, SNAP recipients ages 18-64 who do not meet an exemption will **lose eligibility for SNAP** once they **receive 3 full months of benefits in a three-year period** without meeting the work requirement.
- Approximately a hundred thousand SNAP recipients lost SNAP eligibility on May 1, 2026 after using their three counted months; IDHS is raising awareness about **options for these individuals to regain SNAP eligibility.**
- The current three-year period ends on December 31, 2026. The new three-year period begins and the **time limit resets on January 1, 2027**. This coincides with the Medicaid work requirement for ACA expansion adults which takes effect on January 1, 2027.
- For more general information see the IDHS SNAP Federal Impact Center and SNAP Work Requirements and Exemptions.

- Individuals who used their three months can **regain eligibility** by either:
  - Meeting an exemption, OR
  - Meeting the work requirement for 80 hours in 30 consecutive days.
- These individuals remain eligible in the three-year period as long as they continue to be exempt or meet the work requirement.
- Individuals who regain eligibility by meeting the 80-hour requirement are eligible for **one additional set of three consecutive countable months** when they later stop meeting the requirement and notify their eligibility worker. This additional three-month period is available only once during the 36-month cycle.

IL 444-5175 SNAP Work Rules Notice

Identifies individuals who need to meet work rules at:

- Initial certification
- Renewal
- When previously exempt household member or new household member becomes subject to the work rules.

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State of Illinois
Department of Human Services

SNAP WORK RULES

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Date:

Case Name:
Address:
City, State, Zip:

Case Number:
Office Name:
Office Address:
Phone:
TTY:

Tenemos este aviso en español. Para solicitar avisos en español, por Internet vaya al sitio ABE-MMC o llamas al 1-800-843-6154 (TTY 1-866-324-5553 TTY/ Nextalk, 711 TTY Relay).

You can manage your account online at:
ABE.illinois.gov

This notice tells you about the work rules that apply to people who receive Supplemental Nutrition Assistance Program (SNAP) benefits and are able to work. There are two types of work rules, Work Provisions and Work Requirements.

If these work rules are not followed, your SNAP benefits may decrease or stop if there is not a good cause reason. A household member(s) needs to meet work rules to receive SNAP benefits. The name of the individual(s) is listed below.

☐ The person(s) listed below is required to comply with the Work Provisions. To learn more about the requirements that must be followed to get SNAP, read the Work Provisions included with this notice.

1. Name:
2. Name:
3. Name:

☐ The person(s) listed below is required to comply with the Work Provisions and the Work Requirement. To learn more about the requirements that must be followed to get SNAP, read the Work Provisions and the Work Requirement rules included with this notice.

1. Name:
2. Name:
3. Name:

VOLUNTARY SNAP EMPLOYMENT & TRAINING PROGRAM (SNAP E&T)

Information about the Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) Program is also included with this notice. SNAP E&T is a voluntary program to help SNAP customers acquire work skills and find employment and can help you meet the work rules. To learn more, read the SNAP Employment and Training Program section of this notice.

Exemptions

Exemptions from SNAP Work Requirements*

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Younger than age 18, or age 65 or older

Pregnant

Parent or other member of the SNAP household with a child under 14 years of age

Indian, Urban Indian, California Indian, and other Indians who are eligible for Indian Health Services

Already working at least 30 hours a week OR earning $217.50 or more per week

Taking care of a child younger than age 6 (does not have to live in the home)

Providing care for another person who needs help caring for themselves (does not have to live in the home)

Not able to work 20 hours/week because of a physical or mental health reason

Going to school, college, or training program at least half time

Participating regularly in a drug or alcohol addiction treatment program

Meeting work requirements of another program (TANF or unemployment compensation)

Applied for or are receiving unemployment benefits

Residing in a waived (exempt) county (NOT APPLICABLE IN ILLINOIS)

Otherwise exempt from the SNAP Work Provision

**This includes exemptions from the work provisions and work requirement.*

ABAWD Work Requirement: Exemption Request Process

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Customers can request an exemption at any time by:

- Contacting their local FCRC in person, via phone call etc.
- Submitting form IL444-2341 SNAP Work Requirement- Request for Exemption (You can find the form on the ABE Manage My Case website)

Note: Customers generally do not have to provide proof of the exemption. However, if the exemption is questionable, IDHS may ask for verification.

Customers can upload documents and forms to show proof of meeting the Work Requirement or of being exempt through Manage My Case

A service provider may support an individual with completing this process.

For help with Manage My Case: ABE.questions@illinois.gov

IL 444-2341 SNAP Work Rules - Request for Exemption

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ILLINOIS DEPARTMENT OF HUMAN SERVICES

State of Illinois - Department of Human Services

SNAP WORK RULES - REQUEST FOR EXEMPTION

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Date:

Case Name:

Address:

Address:

City/State/Zip:

Case Number:

Office Name:

Office Address:

Phone:

TTY:

Fax:

Tenemos este aviso en español. Para solicitar avisos en español, por Internet vaya al sitio ABE-MMC o llamas al 1-800-843-6154 (TTY 1-866-324-5553 TTY/ Nextalk, 711 TTY Relay).

You can manage your account online at: ABE.illinois.gov.

Complete this section to request an exemption from the SNAP work requirement. You may be asked to provide proof that you qualify for an exemption. If your request is denied you will need to meet the SNAP work requirement to maintain your eligibility for SNAP. You have the right to appeal the decision.

I, request to be exempt from meeting the SNAP work requirement because (select all that apply):

- ☐ I have a physical or mental condition that prevents me from working or makes it difficult to maintain work.
- ☐ I am experiencing chronic homelessness.
- ☐ I am pregnant.
- ☐ I live in a SNAP household with a child under age 14.
- ☐ I am attending a school, college, or training program at least half-time.
- ☐ I have applied for or am receiving unemployment benefits.
- ☐ I am in a drug or alcohol addiction treatment program or suffering from substance addiction.
- ☐ I am currently receiving TANF and am participating and complying with the TANF work and training requirements.
- ☐ I am an Alaskan Native, American Indian, American Urban Indian, or California Indian (as defined in the Indian Health Care Improvement Act).
- ☐ I am providing care for another person who needs help caring for themselves. (This person does not have to be living in your home).
- ☐ I am responsible for the care of a child under the age of 6. (Does not have to be your child or living in your home).
- ☐ I am an AmeriCorps VISTA volunteer working 30 or more hours a week paid, unpaid, or paid in-kind (living stipend).
- ☐ I am a migrant or seasonal farm worker under contract with an employer to begin employment within 30 days for an average of 30 hours per week or earning wages at least equal to $217.50 per week before taxes and other deductions (federal minimum wage $7.25 multiplied by 30 hours).

IL444-2340 SNAP Work Requirement Request – Unable to Work Determination Form

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State of Illinois - Department of Human Services

SNAP WORK RULES - UNABLE TO WORK DETERMINATION

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Date:

Case Name:
Address:
City:
State:
Zip Code:

Case Number:
Office Name:
Office Address:
Phone:
TTY:
Fax:

Medical/Social Service Provider:

Please help us determine if the person named below is mentally or physically fit for employment. Please answer the questions in the appropriate section of this form for your profession and sign in the signature section. You do not need to provide medical records. A letter from a medical or social service provider can be provided instead completing and submitting this form. The letter must include all necessary information.

This information will help us determine if this person is unfit to participate in work requirements, per Section 6(o) of the Food and Nutrition Act of 2008. This form is authorized by 89 Ill. Adm. Code 121.160 and is voluntary. There are no penalties for failure to respond.

To be completed by SNAP Customer:

I, (please print name) ,

living at (please print address) ,

request verification of my:

- ☐ physical or mental condition
- ☐ participation in a drug and alcohol program
- ☐ participation in homelessness services
- ☐ participation in domestic violence services

I hereby authorize the release of the medical information and/or rehabilitation participation requested to the Illinois Department of Human Services.

Signature: Date:

To be completed by Healthcare Professional**

Does this person have a temporary or permanent mental and/or physical condition which restricts their ability to:

- Work a job 20 hours per week? Yes ☐ No ☐
- Participate in a work and training program activity for 80 hours per month? Yes ☐ No ☐
- Is this person pregnant? Yes ☐ No ☐

IL444-2340 SNAP Work Requirement Request – Unable to Work Determination Form

IDHS
ILLINOIS DEPARTMENT OF HUMAN SERVICES

State of Illinois - Department of Human Services

SNAP WORK RULES - UNABLE TO WORK DETERMINATION

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To be completed by Staff/Social Worker at a Drug and Alcohol Treatment Program**

This person is participating in a program that reduces their ability to:

- Work a job 20 hours per week? Yes ☐ No ☐
- Participate in a work and training program activity for 80 hours per month? Yes ☐ No ☐

To be completed by Staff/Social Worker at a Homelessness Services Provider or Shelter**

This person is experiencing chronic homelessness that reduces their ability to:

- Work a job 20 hours per week? Yes ☐ No ☐
- Participate in a work and training program activity for 80 hours per month? Yes ☐ No ☐

To be completed by Staff/Social Worker at a Domestic Violence Services Provider or Shelter**

This person is a survivor of domestic violence and therefore has a reduced ability to:

- Work a job 20 hours per week? Yes ☐ No ☐
- Participate in a work and training program activity for 80 hours per month? Yes ☐ No ☐

****REQUIRED****
SIGNATURE AND CONTACT INFORMATION

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

Meeting the SNAP Work Requirement

To meet the work requirement an individual must spend 20 hours per week (i.e., 80 hours per month):

Working

(paid or unpaid)

Participating in an approved qualifying work program that is operated or supervised by state or local government.

Doing self-initiated community service with a community-based organization

Any combination of the above

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Qualifying Work Programs for the SNAP Work Requirement

- WIOA Title 1 programs (Adult, Youth, and Dislocated Worker)
- Trade Act programs
- Employment and training programs for veterans operated by the Department of Labor or the Department of Veterans Affairs (e.g., Jobs for Veterans State Grant program (JVSG))
- SNAP Employment and Training (SNAP E&T), administered by IDHS
- **Job Ready Illinois**
- Job Training and Economic Development (JTED) program
- Climate and Equitable Jobs Act (CEJA) program
- Senior Community Service Employment Program (SCSEP)
- Chicago DFSS Industry Specific Training Program (DFSS-ISTP)
- Chicago DFSS Transitional Jobs Program (DFSS-TJ)

Verification Options

Example 1 - Half-Time Exemption

- If an individual is enrolled half-time or more in your program, as defined by your school or program, the individual may be exempt from the SNAP work requirement, and the 80-hour requirement may not apply.
- Confirm with your leadership whether half-time status applies to your program.
- If so, prepare a letter, on letterhead, if possible, that verifies the individual's enrollment in your program half-time or more. The letter should include:
  - Date
  - Individual's name
  - Individual's Date of Birth *(this helps the IDHS Local office find the individual's SNAP case)*
  - Individual's Contact Information *(best way for IDHS local office to contact the individual, if needed, could be mailing address, telephone number, and/or email address)*
  - Program name and brief description
  - Explain the individual is enrolled half-time or more in the program
  - Provider signature
  - Provider contact information
- Individuals can report an exemption online using Manage My Case, visit their local Family Community Resource Center (FCRC), or call the ABE Customer Service at 1-800-843-6154.
- This verification should be submitted when the individual begins meeting the exemption and every time the individual completes their redetermination (renewal). **Verification does not need to be submitted on a monthly basis.**

Example 2 - Meeting with 80 Monthly Hours

- Prepare a letter, on letterhead, if possible, that verifies ongoing participation once the individual has completed their first 80 hours in the program. The letter should include:
  - Date
  - Individual's name
  - Individual's Date of Birth *(this helps the IDHS Local office find the individual's SNAP case)*
  - Individual's Contact Information *(best way for IDHS local office to contact the individual, if needed, could be mailing address, telephone number, and/or email address)*
  - Number of hours the individual is participating in the program monthly.
  - Provider signature
  - Provider contact information
  - Example certification statement: "I certify that [Individual's Name] has enrolled in the **[Program Name]** and is participating for [Number of Hours] per month to meet the SNAP Work Requirement. **[Program Name]** is an approved qualifying work program for the SNAP work requirement. Individual completed [Number of Hours] in [Most Recent Month]."
- Individuals can upload the letter to Manage My Case or they can bring it or mail it to their local Family Community Resource Center (FCRC).
- This verification should be submitted when the individual begins meeting and completes their first 80 hours and at redetermination (renewal). **Verification does not need to be submitted on a monthly basis.**

Example 3 - Meeting with Job Ready IL Co-Enrollment for 80 Hours

- Prepare a letter, on letterhead, if possible, that verifies ongoing participation once the individual has completed their first 80 hours in the program. The letter should include:
  - Date
  - Individual's name
  - Individual's Date of Birth *(this helps the IDHS Local office find the individual's SNAP case)*
  - Individual's Contact Information *(best way for IDHS local office to contact the individual, if needed, could be mailing address, telephone number, and/or email address)*
  - Number of hours the individual is participating in the program monthly.
  - Provider signature
  - Provider contact information
  - Example certification statement: "I certify that [Individual's Name] has enrolled in the **[Program Name]** and **Job Ready Illinois** and is participating for 80 hours per month to meet the SNAP Work Requirement. **[Program Name]** and **Job Ready Illinois** are approved qualifying work programs for the SNAP work requirement. Individual completed activities for 80 hours in [Most Recent Month]."
- Individuals can upload the letter to Manage My Case or they can bring it or mail it to their local Family Community Resource Center (FCRC).
- This verification should be submitted when the individual begins meeting and completes their first 80 hours and at redetermination (renewal). **Verification does not need to be submitted on a monthly basis.**

IDHS is actively coordinating multiple strategies to support SNAP recipients with meeting the work requirement and maintaining/regaining eligibility.

Community Service/Volunteering Expansion

- Expand and streamline options to connect to volunteer sites and track participation.

IL SNAP Connect

- Expand SNAP Outreach program with emphasis on addressing gaps in coverage and supporting ABAWDs.

Workforce Alignment and Collaboration

- Designate government operated or supervised programs as qualifying work programs for individuals to meet the work requirement.

SNAP E&T Expansion – National Able

- Build capacity to achieve statewide coverage.
- Expand strategically and intentionally to strengthen the program's reach, impact, and effectiveness..

Expanding Volunteer Opportunities for SNAP Recipients

Introducing **Serve Illinois Galaxy Digital** website

Serve Illinois, through the **Illinois Department of Human Services (IDHS)**, connects organizations with individuals seeking flexible volunteer opportunities across Illinois.

By posting your opportunities on the **Serve Illinois Galaxy Digital** platform, you can:

- ☑ Reach motivated volunteers statewide
- ☑ Help individuals meet new federal SNAP work requirements
- ☑ Fill critical services gaps in your community
- ☑ Increase visibility for you organization

serveillinois.galaxydigital.com →

Start recruiting today.

JOIN OUR STATEWIDE VOLUNTEER PLATFORM AND EXPAND YOUR IMPACT.

To register your organization, you'll need:

- ✔ **Organization Name**
- ✔ **Primary Contact Name**
- ✔ **Email Address**
- ✔ **Phone Number**
- ✔ **Organization Address**

After you register:

You'll be able to post and manage volunteer opportunities, track volunteer engagement, connect with individuals in your community, and help SNAP customers meet the new federal work requirements.

Ready to grow your volunteer base?
REGISTER TODAY. → getconnected by Galaxy Digital

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SERVE ILLINOIS

IDHS (N-02-26) Galaxy Digital Organization FCRC Flyer

Additional Opportunity to Support SNAP Recipients: **SNAP E&T Expansion**

Through our intermediary National Able, IDHS is expanding SNAP E&T access statewide!

- Adding subcontracted SNAP E&T providers:
  - Non-federal funding sources (e.g., state, local, philanthropic) and/or CDBG that can be leveraged for Federal 50 percent reimbursement of allowable expenses.
  - Allowable activities
  - Case management
  - Supportive services
  - Capacity to meet programmatic, fiscal, and record-keeping requirements.
- Exploring co-enrollment

STAY ENGAGED

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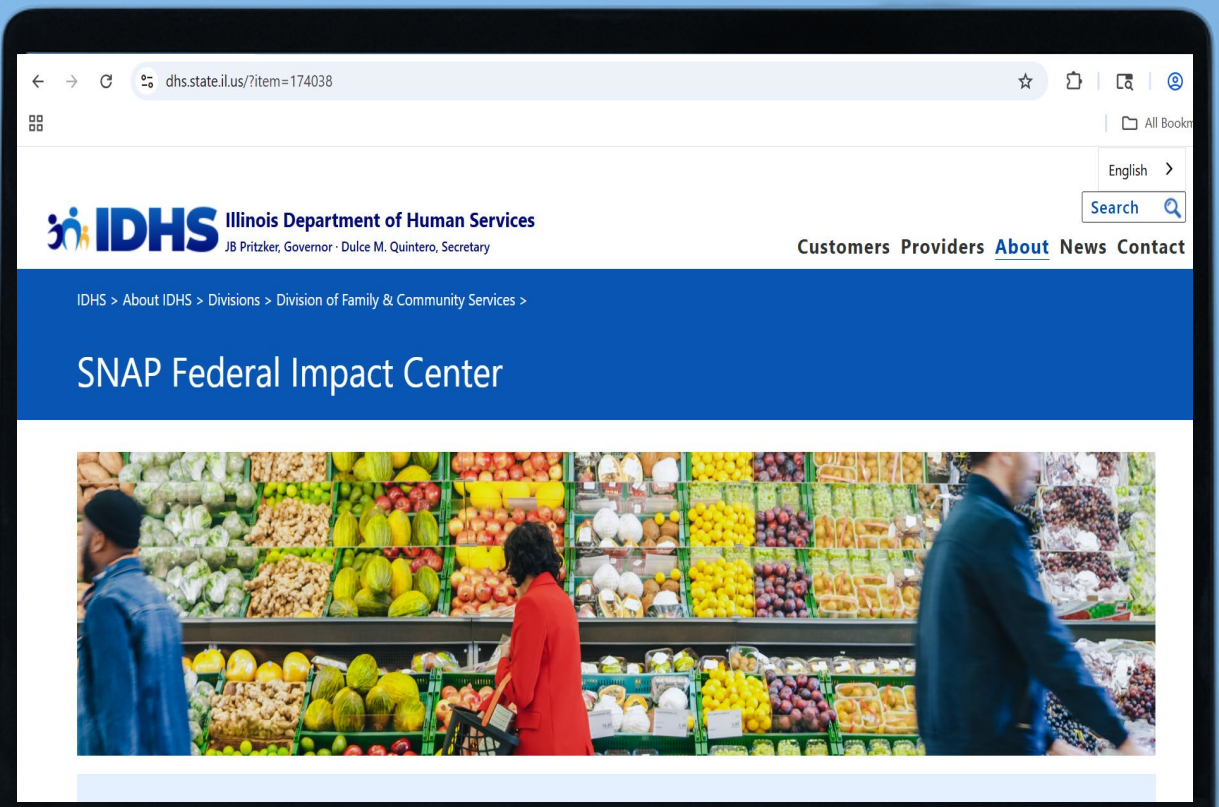

SNAPfederalimpact.illinois.gov