

New CalFresh Work and Community Engagement Requirements Checklist

Name: _____

County: _____

Starting **June 1, 2026**, CalFresh participants may have to work or participate in a community engagement activity if they:

- Are between the ages of 18 and 64, and
- Do not have a disability.

This is sometimes called the **Able-Bodied Adults Without Dependents (ABAWD)** rule. If the new requirements apply to CalFresh participants, they are limited to 3 months of CalFresh every 36 months (3 years). To continue getting CalFresh, the participants need to participate in a community engagement activity, work, or be excused from the requirements.

This checklist is designed to help community-based organizations and Application Assistors figure out if the new requirements apply to a participant. Check all the boxes that apply and tell the participant to take the right Client Action steps. The Client Action steps will help the county decide if the new requirements apply to the participant.

Waived Counties

☐ Living in a waived county

Certain counties may be waived from the new work and community engagement requirements. Participants living in those counties do not have to meet the new requirements while the waiver is in place.

CLIENT ACTION → Provide your address to your local county office. Visit the California Department of Social Services ABAWD webpage to see which counties are currently waived: <http://www.cdss.ca.gov/inforesources/calfresh/abawd>

Exemptions

☐ Under age 18 or over age 64

The new work and community engagement requirements only apply to people between the ages of 18 and 64.

CLIENT ACTION → Provide your date of birth to the local county office.

☐ Applying for or getting disability benefits from any source.

Disability benefits include, but are not limited to: pensions, worker's compensation, disability insurance, Social Security, Supplemental Security Income (SSI), and veterans.

CLIENT ACTION → Contact your local county office. Tell them that you have applied for or are getting disability benefits.



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❑ Unable to regularly work 20 hours per week or an average of 80 hours per month because of a physical or mental health issue.

If a participant has a physical or mental health issue that makes them unable to work at least 20 hours a week or an average of 80 hours per month, they may be excused from the new work and community engagement requirements.

CLIENT ACTION → Please explain your situation to your local county office. If the local county office asks for proof, you can ask a healthcare provider to give you a letter or to fill out the CalFresh Medical Certification Form:

<https://www.cdss.ca.gov/Portals/9/Additional-Resources/Forms-and-Brochures/2020/A-D/CF887.pdf?ver=F8itlglnRIBtTtORbctQNNQ%3d%3d>. It should say that you are not able to work 20 hours a week, or an average of 80 hours per month.

❑ Applying for or getting unemployment insurance benefits

CLIENT ACTION → Contact your local county office. Tell them that you are getting or have applied for unemployment benefits.

❑ Struggling with drugs or alcohol

CLIENT ACTION → If you are in a treatment program give the county proof if you have it. This can be any document that shows your participation in a drug or alcohol treatment program. If you are not in a treatment program, please explain your situation to the local county office and you may still be excused from the new work and community engagement requirements.

❑ A survivor of domestic abuse

CLIENT ACTION → Contact your local county office. Tell them that you are a survivor of domestic abuse.

❑ Going to school at least half-time (student eligibility rules may apply):

- Enrolled in high school and 18 years old or older, OR
- Enrolled at least half-time in college, job skills training, or another recognized program. You will also have to meet the student eligibility criteria.

CLIENT ACTION → Contact your local county office. Tell them that you are a student enrolled in at least half-time.

❑ Pregnant

Participants who are pregnant are excused from the new work and community engagement requirements.

CLIENT ACTION → Contact your local county office and tell them that you are pregnant. You may have to provide proof.

- ☐ **Responsible for the care of a dependent child under the age of 14 in the CalFresh household**

CLIENT ACTION → Tell your local county office that you are responsible for the care of a dependent child who is under the age of 14. The child must be in your CalFresh household.

- ☐ **Caring for a sick, injured, or disabled person who will need your help for more than 30 days. The sick, injured, or disabled person does not have to be a CalFresh household member or living in the home**

CLIENT ACTION → Contact your local county office. Tell them that you are caring for a sick, injured, or disabled person. You may have to provide proof.

- ☐ **An Indian, Urban Indian, or California Indian (a member or descendant of federally recognized tribes)**

CLIENT ACTION → Contact your local county office and let them know that you are an Indian, Urban Indian, or California Indian (member or descendant of a federally recognized tribe). You may have to provide proof.

- ☐ **Participating in an Office of Refugee Resettlement (ORR) Training Program**

CLIENT ACTION → Contact your local county office. Let them know that you are participating in an Office of Refugee Resettlement (ORR) Training Program. You may be required to provide proof.

Qualifying Work Activities

If a CalFresh participant is not excused from the new requirements, they will need to work or participate in a community engagement activity for at least 20 hours per week or an average of 80 hours per month to keep their CalFresh benefits. They can participate in a work or community engagement activity alone or combined to meet the hour requirements.

- ☐ **Working (including self-employment) at least 20 hours per week or an average of 80 hours per month, or earning \$217.50 per week before taxes**

CLIENT ACTION → Contact your local county office. Tell them that you are currently working. You will need to provide proof. Examples of proof include:

- Last 30 days of pay stubs
- A signed and dated letter on your employer's letterhead with the expected weekly hours
- Proof of your self-employment (receipts, bank statements, etc.)
- Proof of in-kind work

- ❑ **Going to school, college, or a training program at least half-time (student eligibility rules may apply)**

CLIENT ACTION → Contact your local county office. Tell them that you are currently going to school, college, or a training program at least half-time. You will need proof of your participation

- ❑ **Participating in an eligible work-training program for at least 20 hours a week or an average of 80 hours per month. This may include: job search, job readiness activities, skill training, adult education, CalFresh Employment & Training, or other activities**

CLIENT ACTION → Contact your local county office. Tell them that you are currently in a work training program. You will need proof of your participation.

- ❑ **Volunteering, doing community service, or in-kind work (trading work for something else, such as reduced housing costs) for at least 20 hours a week or an average of 80 hours per month.**

CLIENT ACTION → Contact your local county office. Tell them that you are currently volunteering, doing community service, or in-kind work. You will need proof of your participation. If you are volunteering, you can have the organization complete the Volunteer Work Hours Verification Form:

<https://www.cdss.ca.gov/Portals/9/Additional-Resources/Forms-and-Brochures/2020/A-D/CF888.pdf?ver=JyzlWg6n2DlIndltaCqAMQ%3d%3d>

If none of the above apply

If a participant is not excused and is not working or participating in a qualifying work or community engagement activity, then they will only get CalFresh benefits for three months in a three-year period. Participants in this situation should contact their county office right away for help to meet the work and community engagement requirements so that their CalFresh benefits will not be interrupted.

Encourage CalFresh participants to ASK!

Speaking with a local county office can help CalFresh participants understand the CalFresh ABAWD work and community engagement requirements.



Click: [BenefitsCal.com](https://www.benefitscal.com)



Call: For more information, and to speak directly to a local county office over the phone, call **1-877-847-3663 (FOOD)**. For speech and/or hearing assistance, call **711 Relay**.



Come in: Visit your local county social service office. Find locations at: [CalFreshFood.org](https://www.CalFreshFood.org)



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