

ABAWD Exclusion Checklist

(Not required for enrollment purposes)

Client Name: _____ State ID: _____

- Receiving unemployment (in any state)
- Required in the home to care for an ill or incapacitated person
- Pregnancy in any trimester
- Temporary or Permanent disability (receives Social Security benefits)
- Attending drug or alcohol treatment program
- Indian
- Urban Indian
- California Indian

If an ABAWD states they meet any of the above exclusions, immediately report this to the FSD using the FS-5 form (FS-608) in the "EXEMPTION" section.

Note: FSD will make the final determination on participant ABAWD status

