

If any of the categories on this form apply to you, complete and submit the form to the IL Dept. of Human Services (IDHS) **before 2/1/26** to protect your SNAP benefits.

If DHS has not marked you as "Exempt" and you are not meeting the work requirement, your SNAP could stop in May 2026.

Include as much info as you can about the case.

Name of person requesting. If household members have similar names, consider including date of birth.

Check any and all of these boxes that apply.

Make sure the request is signed and dated.

Options for how to submit listed here.

Keep a copy of the form you turn in.

If possible, also keep proof that you submitted it (e.g. fax receipt, certified mail receipt, proof of upload in Manage My Case.)

State of Illinois - Department of Human Services
SNAP WORK RULES - REQUEST FOR EXEMPTION

Date: _____ Case Number: _____
Address: _____ Office Name: _____
Address: _____ Office Address: _____
City/State/Zip: _____ 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).

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State of Illinois - Department of Human Services
SNAP WORK RULES - REQUEST FOR EXEMPTION

You may be considered exempt by working* an average of 30 hours 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).

You may be considered meeting the work requirement by working* an average of 20 hours per week or more.

*This includes paid work, unpaid work (volunteer or community service), and/or work in exchange for goods or services for the required number of hours.

Report your work through Manage My Case, by completing a Change Report form, or by contacting your local FCRC listed above.

Customer Signature: _____ Date: _____

Once the form is completed you can:

- Submit this form electronically by selecting Manage My SNAP work requirement button from your Manage My Case (MMC) dashboard at abe.illinois.gov; or
- Return it by mail or in-person to your Family Community Resource Center; or
- Mail it to the Central Scanning Processing Unit (CSU P.O. Box 19138, Springfield, IL 62794)

This section to be completed by the Family Community Resource Center

Instructions: If verification is needed, allow the exemption section when verification is returned to the FCRC.
Your request for an exemption has been reviewed and we have decided:

☐ Approve your request for an exemption.

Reason for denial: _____

Policy reference: PM 03-25-01

FCRC Staff Printed Name: _____

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