

# Work Requirements Are Coming for Many People on SNAP.

## Take Action to Keep Your Benefits!

**Starting September 1, 2025, many adults will need to work 20 hours a week to keep their SNAP. These work rules do not apply to people who meet an exemption. If you are not exempt or working 20 hours a week, you can only get 3 months of SNAP in 3 years.**

### **You DON'T have to meet SNAP work requirements if:**

- You have a physical or mental health condition that reduces your ability to work;
- You are earning at least \$217.50 a week before taxes;
- You have children under the age of 14;
- You are under 18 or at least 65 years old;
- You are getting a disability benefit like SSI or SSD;
- You are enrolled in school or training at least half time;
- You meet another exemption, like you are pregnant or receiving Unemployment Compensation;
- You are experiencing homelessness;
- You are unable to work because of domestic violence.

### **What if my health issue reduces my ability to work?**

- Take the form on the back of this flyer to your healthcare provider, like your doctor or therapist. Ask them to sign now.
- People with the signed medical form will be able to keep their SNAP.
- Even if you work now, it's a good idea to get this form signed to protect your SNAP if your hours change.
- Once work requirements start, you can submit this signed form to the County Assistance Office to keep your benefits.

**Get this medical exemption form signed ASAP! If you don't, you could lose your SNAP as soon as the end of November.**

Visit [clsphila.org/SNAPChanges](https://clsphila.org/SNAPChanges) for the most up-to-date information about how to protect your SNAP.



**CAO NAME AND ADDRESS**


Pennsylvania  
Department of Human Services

**CASE IDENTIFICATION**

|             |               |     |      |      |
|-------------|---------------|-----|------|------|
| CO          | RECORD NUMBER | CAT | CSLD | DIST |
| RECORD NAME |               |     |      | DATE |

# **SNAP Medical Exemption Form**

Dear Medical Provider or School Official:

For some students and certain other adults, eligibility for Supplemental Nutrition Assistance Program (SNAP) benefits may be restricted or time-limited. Individuals can be exempt from this requirement if they are medically certified as physically or mentally unfit for employment. Please help us determine whether your patient or student meets an exemption due to a physical or mental condition that limits their ability to work.

Patient/Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Patient/Student authorization:**

I hereby authorize the release of the medical, rehabilitation participation, and/or reasonable accommodation information requested to the Pennsylvania Department of Human Services.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please answer the relevant questions below. Once completed, sign and date this form including your title or position in your agency.

**Questions 1 and 2 may be completed by** a physician, physician's assistant, designated representative of the physician's office, nurse practitioner, osteopath, psychologist, drug and alcohol abuse counselor, mental health counselor, social worker, midwife, podiatrist, audiologist, physical therapist, occupational therapist, optometrist, or any other medical personnel whose services may be reimbursed by Medical Assistance.

**Question 3 may be completed by** any medical provider listed above or by a school official familiar with the services the individual is receiving. **Only complete Question 3 if the individual is enrolled in school half-time or more.**

- Does this individual have a mental or physical condition or illness that reduces their ability to work?  
(NOTE: The condition may be either temporary or permanent and does not need to meet the Social Security standard to qualify. For students, consider the individual's ability to work while also attending school.)  
☐ Yes ☐ No If **yes**, specify condition: \_\_\_\_\_
- Is this individual participating in a drug/alcohol treatment or counseling program, mental health counseling program, or a vocational rehabilitation program?  
☐ Yes ☐ No If **yes**, specify program: \_\_\_\_\_  
If **ongoing**, specify date program will end: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Does this individual currently receive reasonable accommodations or other assistance from a postsecondary institution's disability access or reasonable accommodations office?  
☐ Yes ☐ No If **yes**, specify condition: \_\_\_\_\_

By signing, I certify that all information provided above is true and accurate.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title/profession

\_\_\_\_\_  
Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date form signed

\_\_\_\_\_  
Address and phone number

# SNAP Work Rules: Quick Guide for Advocates

## **Tell clients to act now to preserve benefits after December 2025!**

The federal government is cutting SNAP by adding new rules that make it harder to stay on the program. Many adults who get SNAP now will not be able to stay on SNAP anymore if they do not work at least 20 hours a week. Thousands of Pennsylvanians may be affected.

## **People who don't follow the new work rules or meet any exemptions can only get 3 months of SNAP in a 3-year period.**

These rules will start statewide on September 1, 2025. Low-income SNAP recipients could lose SNAP starting December after 3 months of not following the work rules. Unless they follow work rules or meet an exemption, they cannot receive SNAP until January 2027.

## **SNAP recipients with physical or mental health issues that make it hard to work can be exempted from work requirements with a signed form from a medical provider.**

Even if a SNAP recipient works, they can get a medical or mental health provider to sign a "Medical Exemption" form to keep SNAP if work hours decrease or they lose their job. This signed form can be submitted to the County Assistance Office.

## **Work rules can still affect people who already work 20+ hours a week:**

### **People who make at least \$217.50/week before taxes:**

- They are considered "exempt" (even though they are complying).
- The new rules will not affect them for the next year.
- Only potential action needed: make sure CAO is aware of their current income.

### **People who make less than \$217.50/week:**

- The new rules will affect them—they will need to comply with work requirements.
- If hours ever drop to below 20 per week, SNAP could be at risk.
- Extra paperwork: The CAO will make them renew their SNAP and show proof of work hours every 3 months.
- Action needed: They should still try to get the signed medical form from their doctors.

**SEE OTHER SIDE OF FLYER FOR EXEMPTIONS FROM SNAP WORK RULES**



# SNAP Work Rules: Quick Guide for Advocates

## If your clients are in one of the below groups, they are exempt from SNAP work rules:

Exempt groups will not need to meet work requirements or need the medical exemption form signed to keep their SNAP. The CAO may not necessarily know that your client is exempt—make sure they fill out the exemption screening form that DHS will mail to them so their benefits will not be affected.

### Exempt groups include those who are:

- Under 18 or at least 65
- On disability benefits (e.g. SSI, SSD, VA disability, disability-related Medicaid)
- Parents of kids under 14
- Living with health conditions that limit their ability to work
- Pregnant
- In training programs or school (at least half-time)
- Receiving or applied for Unemployment Compensation
- Needed at home to care for another household member who is ill or incapacitated
- In substance use or mental health treatment
- Doing community service through a CAO program
- Expecting to return to work within 60 days
- Experiencing homelessness

## TELL ALL SNAP RECIPIENTS TO ACT NOW AND DO THE FOLLOWING:

1. Check if they're safe from work rules—are they exempt or are they complying?
2. Look for an exemption screening form in the mail from DHS and return it right away.
3. If they have health problems, see their provider for a signed medical exemption form.
4. Turn in the exemption form to the County Assistance Office as soon as possible, and before December 2025.
5. Continue to stay on top of their renewals: for people who need to comply with work rules, this may soon be every 3 months.

Learn more about SNAP work rules at [clsphila.org/SNAPchanges](https://clsphila.org/SNAPchanges)



# What Healthcare Providers Need to Know about SNAP Medical Exemptions:

## A Guide to Completing Form PA 1921

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### Why have I been asked to complete this form?

You were given this form because new work requirements are making it harder for many adults to keep SNAP (nutritional assistance). As of September 1, 2025, adults who don't work at least 20 hours per week can only get 3 months of SNAP every 3 years unless they meet an exemption to these rules.

If your patient has a physical or mental health condition that limits their ability to work, signing this form will help them keep their SNAP.

### What type of providers can complete this form?

Any medical personnel whose services can be reimbursed by Medicaid can complete this form. This includes a wide range of providers, ranging from physicians and osteopaths to social workers and counselors. Question 3 of this form can also be completed by school officials aware of the patient's reasonable accommodations or services.

### How do I complete this form?

You must mark **YES** for Question 1 of this form for your patient to qualify for a medical exemption for SNAP. Complete Questions 2 and 3 if relevant. Sign and give to your patient as soon as possible so that they can return it to their County Assistance Office.

### How will this medical exemption help my patient?

Even if your patient currently works, this exemption will protect them from losing SNAP if their health declines and they can no longer work, they lose their job, or their work hours decrease. Your patient can also avoid extra paperwork and red tape at the County Assistance Office.

### Where can I find more information about this form or SNAP for my patients?

To learn more, go to [clsphila.org/SNAPchanges](https://clsphila.org/SNAPchanges) or the PA Department of Human Services website: [pa.gov/agencies/dhs/resources/snap/snap-work-requirements-abawds](https://pa.gov/agencies/dhs/resources/snap/snap-work-requirements-abawds)



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# **SNAP Medical Exemption Form**

Dear Medical Provider or School Official:

For some students and certain other adults, eligibility for Supplemental Nutrition Assistance Program (SNAP) benefits may be restricted or time-limited. Individuals can be exempt from this requirement if they are medically certified as physically or mentally unfit for employment. Please help us determine whether your patient or student meets an exemption due to a physical or mental condition that limits their ability to work.

Patient/Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Patient/Student authorization:**

I hereby authorize the release of the medical, rehabilitation participation, and/or reasonable accommodation information requested to the Pennsylvania Department of Human Services.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please answer the relevant questions below. Once completed, sign and date this form including your title or position in your agency.

**Questions 1 and 2 may be completed by** a physician, physician's assistant, designated representative of the physician's office, nurse practitioner, osteopath, psychologist, drug and alcohol abuse counselor, mental health counselor, social worker, midwife, podiatrist, audiologist, physical therapist, occupational therapist, optometrist, or any other medical personnel whose services may be reimbursed by Medical Assistance.

**Question 3 may be completed by** any medical provider listed above or by a school official familiar with the services the individual is receiving. **Only complete Question 3 if the individual is enrolled in school half-time or more.**

- Does this individual have a mental or physical condition or illness that reduces their ability to work?  
(NOTE: The condition may be either temporary or permanent and does not need to meet the Social Security standard to qualify. For students, consider the individual's ability to work while also attending school.)  
☐ Yes ☐ No If **yes**, specify condition: \_\_\_\_\_
- Is this individual participating in a drug/alcohol treatment or counseling program, mental health counseling program, or a vocational rehabilitation program?  
☐ Yes ☐ No If **yes**, specify program: \_\_\_\_\_  
If **ongoing**, specify date program will end: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Does this individual currently receive reasonable accommodations or other assistance from a postsecondary institution's disability access or reasonable accommodations office?  
☐ Yes ☐ No If **yes**, specify condition: \_\_\_\_\_

By signing, I certify that all information provided above is true and accurate.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title/profession

\_\_\_\_\_  
Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date form signed

\_\_\_\_\_  
Address and phone number



|                 |              |
|-----------------|--------------|
| RECIPIENT NAME: |              |
| COUNTY:         | CASE NUMBER: |

Adults who are healthy and able to work, and who do not live with children under 14, have to a time limit on their SNAP benefits. After receiving benefits for three months, they need to show they are meeting certain work-related rules or qualify for an exemption to keep getting benefits. They can meet these rules by working at least 20 hours a week or taking part in approved training programs, or a mix of both. If this applies to you, you will receive another letter with more information.

**To help us determine if you are eligible for an exemption, please complete the survey below and return it to us in the enclosed postage-paid envelope as soon as possible - preferably within 10 days:**

**Individual and Household Questions - Circle Yes or No:**

- Yes    No    Is anyone in your house age 13 or younger?  
**If yes**, do you purchase and prepare your meals with this person?    Yes    No
- Yes    No    Are you pregnant?
- Yes    No    Is your ability to work at least 20 hours a week limited by your physical or mental health?
- Yes    No    Are you receiving or have you applied for any disability or sick benefits, such as SSI, Workers' Compensation, Veterans Disability Benefits, or vocational rehabilitation services?
- Yes    No    Are you caring for an ill or disabled household member?
- Yes    No    Are you participating in a drug or alcohol treatment program?
- Yes    No    Are you unable to work because of domestic violence? **Circle Yes if:**
- You or your children will be at risk of being harmed if you work, or
  - It will be more difficult for you to recover from abuse if you work.
- Yes    No    Are you homeless or facing homelessness?
- Yes    No    Are you receiving or have you applied for Unemployment Compensation?
- Yes    No    Do you expect to return to work within the next 60 days?
- Yes    No    Are you a migrant or seasonal farmworker returning to work within 30 days?

**Employment, Training, and Community Service Questions - Circle Yes or No:**

- Yes    No    Are you working?  
**If yes**, where? \_\_\_\_\_  
How many hours a week? \_\_\_\_\_ What is your hourly rate? \_\_\_\_\_
- Yes    No    Are you taking classes to learn English or earn a GED?  
**If no**, are you interested in taking free classes? ☐ Yes ☐ No
- Yes    No    Are you in school or a training program?  
**If yes**, what are you studying? \_\_\_\_\_ How many hours a week? \_\_\_\_\_  
If no, are you interested in going back to school? ☐ Yes ☐ No
- Yes    No    Are you doing community service or volunteering with a local agency?  
**If yes**, where? \_\_\_\_\_ How many hours a week? \_\_\_\_\_  
If no, are you interested in volunteering? ☐ Yes ☐ No

**If you have questions about this survey or need help completing it, please call the Statewide Customer Service Center at 1-877-395-8930. In Philadelphia, please call 215-560-7226.**



# Many Immigrants Could Lose SNAP (Food Stamps) Beginning October 1, 2025

If you or someone in your family is an immigrant and gets SNAP (food stamps), new rules may put your benefits at risk as soon as October 1.

## New Restrictions on SNAP Eligibility for Immigrants

As the result of a new federal law that cuts SNAP, some immigrants who are eligible for SNAP now will no longer be eligible for SNAP. Under the new federal law, the only groups eligible for SNAP are:

- U.S. Citizens
- Green card holders (lawful permanent residents)
  - Some green card holders must wait five years before they can get SNAP. Here are some green card holders who do not have to wait five years: 1) those who had refugee, asylee, or T-Visa status before getting their green cards, 2) children under 18, and 3) adults receiving Medical Assistance for a disability.
- Cuban or Haitian entrants
  - Many people from Cuba or Haiti are Cuban/Haitian entrants. A Cuban/Haitian entrant is a person who either 1) was granted parole to enter the U.S., even if the parole is now expired or they now have another immigration status, or 2) has a pending asylum application or 3) is in removal proceedings but does not have a final, enforceable order of removal.
- Citizens of Micronesia, Palau, or the Marshall Islands (COFA nations)

**If you are not in one of the groups listed above, you will no longer be eligible to receive SNAP under the new rules.**

SEE THE OTHER SIDE OF THIS FLYER FOR HOW TO TAKE ACTION TO PROTECT YOUR BENEFITS





# Many Immigrants Could Lose SNAP (Food Stamps) Beginning October 1, 2025

**Take action now to protect your benefits.**

- **If you have a green card, make sure the County Assistance Office (CAO) has a copy of it.** If you have never showed them your green card, they might not know you have it and cut off your benefits when new rules take effect.
- **Watch for letters or notices** from the CAO asking about your immigration status. If you have a green card or you are a Cuban/Haitian entrant, respond to these letters quickly to be sure the CAO knows you may still be eligible for SNAP.
- **Appeal SNAP cut off notices right away.** When the CAO makes a mistake about your SNAP, filing an appeal is almost always the best way to get that mistake fixed.
- **Check to see if you qualify for an exemption from SNAP work requirements.** Beginning on September 1, many adults will need to prove they work 20 hours a week to keep their SNAP. Learn more and check to see if you are safe from these rules here:  
[clsphila.org/SNAPchanges](https://clsphila.org/SNAPchanges)

**Need legal help?** You can ask for legal help with SNAP appeals. In Philadelphia, come to Community Legal Services at 1410 W. Erie Avenue on Monday or Wednesday from 9-12 or call us at 215-981-3700 on Thursday from 9-12. Check here to find your local legal aid program outside Philadelphia: [palegalaid.net/legal-aid-providers-in-pa](https://palegalaid.net/legal-aid-providers-in-pa)

**No longer eligible for SNAP?** You might be able to get help at your local food cupboard. Check these resources to find out if help is available:

- [www.phila.gov/food](https://www.phila.gov/food)
- [www.feedingpa.org/find-food/local-food-pantries](https://www.feedingpa.org/find-food/local-food-pantries)
- [www.sharefoodprogram.org/find-food](https://www.sharefoodprogram.org/find-food)
- [www.pa.gov/agencies/pda/food/food-assistance/food-security-in-pennsylvania/food-resources-for-pennsylvanians](https://www.pa.gov/agencies/pda/food/food-assistance/food-security-in-pennsylvania/food-resources-for-pennsylvanians)

