



CalFresh ABAWD Work Requirements

This Quick Guide (QG) provides instructions to BenefitsCal users about new federal Work Requirements for certain CalFresh households, specifically people who must meet work requirements and may have a time limit for countable CalFresh months.

The QG can be used as a training medium for the following situations:

- For displaying BenefitsCal functional processes and changes

The QG includes functional instructions, as well as screenshots from BenefitsCal. It highlights new functional processes, pages, page sections, fields, drop lists, etc.

Changes to CalFresh Work Requirements

The federal government's rules on CalFresh Work Requirements have changed. Starting June 1, 2026, California is carrying out the federal government's rules on CalFresh work and community engagement requirements for those who are Able-Bodied Adults Without Dependents (ABAWD).

These rules apply to you if you:

- Are between the ages of 18 and 64
- Do not have a disability
- Do not have a dependent child in the CalFresh household under 14 years old

Some people may be excused or exempt from these rules. See below for more information.

Frequently Asked Questions (FAQs)

Q: What is ABAWD?

A: ABAWD stands for Able-Bodied Adults Without Dependents. Customers who are considered ABAWD may be subject to work requirements and may receive time-limited CalFresh benefits.

Q: What is the ABAWD Work Requirement and what does it mean for me?

A: The ABAWD Work Requirement is a federal rule. People who are considered ABAWD can only get three full months of CalFresh benefits every three years. They can get benefits for longer than three months if they are excused, are living in a County that has a geographical waiver in place or are meeting work and community engagement participation rules.

The ABAWD Work Requirement applies to you if you:

- Are between the ages of 18 and 64 years old
- Do not have a dependent child under 14 years old in your CalFresh household
- Are considered physically and mentally able to work at least 20 hours per week
- Are not excused from the rule



If the ABAWD Work Requirement applies to you, you need to be working (for an employer or yourself), doing unpaid community service, volunteering, or be enrolled in a school or job training program at least half-time.

If you are working, you must work an average of 20 hours each week or have gross earnings of \$217.50 per week.

If you do not meet this requirement, you are only able to get CalFresh benefits for three months over a three-year period. The County can help connect you with local work opportunities in the area to meet the ABAWD Work Requirement.

Q: How can I be excused from the CalFresh ABAWD Work Requirement?

A: You may not be subject to the CalFresh ABAWD Work Requirement if you are:

- Under the age of 18
- Over the age of 64
- Identify as an Indian, Urban Indian or California Indian under the Indian Health Care Improvement Act (IHCIA)
- In a CalFresh Household with a child under the age of 14
- Pregnant (any stage of pregnancy)
- Unable to regularly work at least 20 hours per week or a total of 80 hours or more per month because of a physical or mental health issue
- Struggling with drug or alcohol addiction, a victim of domestic violence, or other personal issue that is causing physical or mental health issues that impact your ability to regularly work 80 hours/month.
- Applied for or are getting disability benefits
- Participating in an Office of Refugee Resettlement (ORR) training program at least half-time
- Living in a County where the ABAWD Work Requirement is geographically waived (see below)
- Otherwise excused from the general CalFresh work requirements

Q: Which Counties in California are geographically waived from the ABAWD Work Requirement?

A: The ABAWD Work Requirement is waived from November 1, 2025 through October 31, 2026 for the following counties:

- Alpine
- Colusa
- Imperial
- Merced
- Monterey
- Plumas
- Tulare

This means that people who live in these counties do not have to meet the CalFresh ABAWD Work Requirement rules during this waived period, and their months do not begin to count until the waiver is lifted.



Application/Recertification for CalFresh

Below are some questions that are asked when you apply or recertify for CalFresh to see if there are any adults in your household who may be subject to the CalFresh ABAWD Work Requirements.

As you fill answer questions related to ABAWD, BenefitsCal is checking if anyone in your household might be excused or is already meeting the ABAWD Work Requirements. Many answers will show that you are excused. Others may indicate that the worker must follow up with you in your application/recertification interview.

Do any of the situations below apply to you?

If any of these situations apply to you, then you may qualify for an ABAWD exemption.

Who is an ABAWD?

ABAWD stands for Able-Bodied Adult Without Dependents. An ABAWD is a person on CalFresh who:

- Is between the ages of 18 and 64
- Is able to work at least 20 hours per week or a total of 80 hours or more per month
- Is not responsible for the care or supervision of a child under 14.

To get CalFresh benefits for longer, ABAWDs are expected to work, volunteer, or participate in education or training programs for at least 20 hours per week or 80 hours per month. They can also be excused from this requirement with an exemption.

Your county worker will provide more information during the interview.

Why should I fill out the details below?

As an ABAWD, you can only get CalFresh benefits for 3 months in each statewide 36-month period unless:

- You're working, volunteering, or participating in training programs, or
- You have an exemption that excuses you from working.

If one of these situations apply to you, you may qualify for an exemption. This means you can keep getting CalFresh benefits for longer than 3 months.

If you qualify for an exemption, it'll be valid until your situation changes. Your exemption will be reviewed at your next periodic report or renewal.

Your county worker might request proof for these situations later. Don't worry! If you can't get the proof, your county worker will help you.



The questions below cover situations that may excuse you from the Work Requirement. Select all the situations that apply to you.

Once you are done selecting these situations, click the **Next** button to continue.

Note: The example below shows one possible selection when choosing you have a personal situation that makes it hard to work.

Do any of the situations below apply to you?

If any of these situations apply to you, then you may qualify for an ABAWD exemption.

Who is an ABAWD?

Why should I fill out the details below?

Select all that apply to you.

☐ Has a physical or mental health issue that makes it hard to work
ABAWDs are expected to work, volunteer, or participate in training programs for at least 20 hours per week or 80 hours per month.

☒ Has a personal issue that makes it hard to work
This might include problems with drugs or alcohol, domestic violence, and more.
ABAWDs are expected to work, volunteer, or participate in training programs for at least 20 hours per week or 80 hours per month.

☐ Is caring for a child under age 6
The child doesn't need to live with you or be related to you.

☐ Is caring for a person who needs help caring for themselves
The person doesn't need to live with you or be related to you.

☐ Is currently pregnant

☐ Is getting or has applied for unemployment benefits
This is also called Unemployment Insurance Benefits (UI or UIB) from the Employment Development Department (EDD).

☐ Is getting or has applied for disability benefits
Disability benefits include Social Security, Supplemental Security Income (SSI or SSP), worker's compensation, disability insurance (like State Disability Insurance or SDI), veterans, pensions, and more.

☐ Is an Indian, Urban Indian, or Californian Indian
You can choose this option if any of the following apply:

- member or descendant of an Indian tribe
- person of Indian descent in urban centers designated by the U.S. Department of Health and Human Services for assistance
- member of an Indian community served by Indian Health Service programs in California

☐ Participating at least half-time in an Office of Refugee Resettlement (ORR) Training Program

☐ None of these apply

<
Next



Depending on your responses, you may see follow-up questions about your situation. Answer them as best as you can. When you are done, click the **Next** button to continue.

Select all that apply to your personal issues.

☒ Is in a drug or alcohol abuse treatment program

☐ Is struggling with a drug or alcohol problem

☐ Is a victim of domestic violence

☐ Other

[<](#) [Next](#)

What's the name of the drug or alcohol abuse program?

Program Name

[<](#) [Next](#)



Next, you are asked about any activities you are doing that would meet the Work Requirement. Answer as many questions as you can. Even if you think you are exempt, providing more details helps the County to better understand your situation. Below we display the questions that appear if you select that you are doing community service or volunteer work.

Select all that apply and click the **Next** button to continue.

Are you doing any of these work, volunteering, or training activities?

To get CalFresh benefits for longer, ABAWDs are expected to work, volunteer, or participate in education or training programs for at least 20 hours per week or 80 hours per month. They can also be excused from this requirement with an exemption.

Select all that apply to you.

☐ **Working**
This includes self-employment, like freelancing or independent contractor work. This also includes in-kind work, which is when you work in trade for something else. Some examples are rent, utilities, food, and clothing.

☒ **Doing community service or volunteer work**
Some examples are at a school, nonprofit organization, religious organization, or home setting.

☐ **In a work program or an education or training program**
This includes activities that prepare you for working. Some examples are:

- Trainings for interviews, resumes, or work readiness
- Career and technical education
- Job coaching
- English language classes

☐ **None of these apply**

< Next

Once again, depending on your answers, you may be asked follow-up questions. Answer these questions and click the **Next** button to continue.

What is the total number of hours for your community service or volunteer work?

Total hours per week

< Next

Where do you do community service or volunteer work?

Organization or Person's Name

Need to add another organization?

+ ADD ANOTHER

< Next



Below are questions that appear if you select that you are in a work, education, or training program. Depending on your selection, you may be asked additional follow-up questions to better understand your situation. Answer these questions and click the **Next** button to continue.

Are you doing any of these work, volunteering, or training activities?

To get CalFresh benefits for longer, ABAWDs are expected to work, volunteer, or participate in education or training programs for at least 20 hours per week or 80 hours per month. They can also be excused from this requirement with an exemption.

Select all that apply to you.

☐ **Working**
This includes self-employment, like freelancing or independent contractor work. This also includes in-kind work, which is when you work in trade for something else. Some examples are rent, utilities, food, and clothing.

☐ **Doing community service or volunteer work**
Some examples are at a school, nonprofit organization, religious organization, or home setting.

☒ **In a work program or an education or training program**
This includes activities that prepare you for working. Some examples are:

- Trainings for interviews, resumes, or work readiness
- Career and technical education
- Job coaching
- English language classes

☐ **None of these apply**

< Next

Answer any follow-up questions and click the **Next** button to continue.

Where do you do your work program or education or training program?

Organization or Person's Name

Need to add another organization?

+ ADD ANOTHER

< Next

What is the total number of hours for your work, education, or training program?

Total hours per week

< Next



Next, a summary of the information you entered for the ABAWD Work Requirements and Exemptions displays. If you need to make a change to the information you entered, click the **Edit** button to return to the previous screen and change your information.

Click the **Next** button to continue.

Below are the ABAWD details you added.

ABAWD Details	John Doe (26)
Exemptions	1 selected
Work Requirement	1 selected

[Edit](#)

Don't worry if some household member(s) aren't included here. We'll only ask you to share this information for household members who may be ABAWDs.

[<](#) [Next](#)

After you click the **Next** button, you may see these same questions again for other adults in your household who meet the ABAWD definition. It's important to answer the questions for each person, because countable month situations are different for every adult.

Do any of the situations below apply to Second Adult?

If any of these situations apply to Second Adult, then they may qualify for an ABAWD exemption.

[Who is an ABAWD?](#)

[Why should I fill out the details below?](#)

Select all that apply to Second Adult.

☐ Has a physical or mental health issue that makes it hard to work
ABAWDs are expected to work, volunteer, or participate in training programs for at least 20 hours per week or 80 hours per month.

☐ Has a personal issue that makes it hard to work
This might include problems with drugs or alcohol, domestic violence, and more.
ABAWDs are expected to work, volunteer, or



Once you have answered the questions for every adult and have completed the ABAWD Details section, the summary of your household details displays.

Click the **Next** button to continue with your application or recertification as you normally would, and when you submit this information, it is sent to the County for review.

Here is a summary of your household details.

Public Assistance0 added

Pregnancy0 added

Person With A Disability0 added

College/Trade School0 added

Food Programs0 added

Facility/Shelter0 added

Breastfeeding0 added

U.S. Military0 added

ABAWD Details1 added

John Doe (26)Edit

Not quite right? Click on the cards above to edit the details.

Is there anything missing?

[Add Another](#)

<

Next



Customer Dashboard – Time Limits

After logging into BenefitsCal, locate the **Your Applications and Cases** section of the Dashboard. Your dashboard shows information on how many months of Time Limited CalFresh benefits you have already used, if any. If you do not meet the required participation hours and do not have a good reason for not completing them, your CalFresh benefits may be limited to three months within a three-year period.

This three-year period is the same for everyone who must follow these rules. You do not use up a month of Time Limited CalFresh benefits if you are doing the required hours in work, education, activities, or if you are exempt. If your CalFresh household is subject to ABAWD rules and has time limited CalFresh benefits, you can see a section under your case called **CalFresh ABAWD Time Limit for Current Statewide Period** for **Current Statewide Period**.

Welcome, John

Things to do

Finish Your Application

Last updated: 05/01/2026

Want to start over? [Start a new application](#)

CONTINUE

Your Documents

Submit documents for your applications and cases.

UPLOAD DOCUMENTS

View which documents you've uploaded in the past.

[I want to see my document upload history.](#)

Your Next Appointment

You don't have any upcoming appointment.

What else would you like to do?

[Report a change](#), like a new address, birth of a child, someone moving in or out, change in your job, etc.

[Submit a support request to a caseworker](#) to get help with benefits cards, tax returns, supportive services, counseling, and more.

[View, schedule, or reschedule your appointments.](#)

[View your history](#) of application, renewals, periodic reports, and change reports.

[Apply for other programs.](#)

[Link an existing case to your account](#) to view details for Medi-Cal, CalWORKs, CalFresh, and more.

Your Application and Cases

View your open application and cases.

Active Cases

Search by Case Number or County

Case K2000F7 | Alameda County

CalFresh ABAWD Time Limit for Current Statewide Period

January 2026 to December 2028

Hide Details ^

Ruth Judith (26)

1

2

Countable Months Used

Countable Months Left

You can use up to 3 countable months of CalFresh in each statewide 36-month period. To keep getting CalFresh benefits for longer you need to:

• Have an exemption, or

• Meet the work requirement.

[Request an exemption or share how you're meeting the work requirement.](#)

If you no longer meet the work requirement (less than 20 hours a week), please [report your drop in hours here](#). You can also include a "good cause" reason.

If you used a countable month for reasons outside of your control, [reach out to your county worker](#) to see if you may qualify for "good cause."

[View our FAQs about the CalFresh ABAWD Time Limit.](#)

VIEW RUTH'S TIME LIMIT DETAILS

List of Programs

Food (CalFresh) >

Active

Start Date: September 1, 2025

Recertification Due: August 31, 2026

VIEW CASE DETAILS

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The **CalFresh ABAWD Time Limit for Current Statewide Period** section gives you a snapshot of your countable months of CalFresh benefits. It shows the current three-year period and which months, if any, count as using a time-limited CalFresh benefit month. If you have missed the work requirement before, this also tells you how many months you have left before you must meet the work requirement again.

Case K2000F7 | Alameda County

CalFresh ABAWD Time Limit for Current Statewide Period

January 2026 to December 2028

[Hide Details ^](#)

Ruth Judith (26)

1	2
Countable Months Used	Countable Months Left

You can use up to 3 countable months of CalFresh in each statewide 36-month period. To keep getting CalFresh benefits for longer you need to:

- Have an exemption, or
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If you no longer meet the work requirement (less than 20 hours a week), please [report your drop in hours here](#). You can also include a "good cause" reason.

If you used a countable month for reasons outside of your control, [reach out to your county worker](#) to see if you may qualify for "good cause."

[View our FAQs about the CalFresh ABAWD Time Limit.](#)

VIEW RUTH'S TIME LIMIT DETAILS

If you would like help with your CalFresh countable months, you can click one of the hyperlinks to:

- **reach out to your county worker**
- **request an exemption**
- **share how you're meeting the work requirement**
- **report your drop in hours**

This takes you to the Support Requests section to ask for help from your County. The Support Requests section is discussed in the Support Requests – Time Limits Help section below.

Note:

- ✦ You can also see frequently asked questions by clicking **View our FAQs about the CalFresh ABAWD Time Limit**.
- ✦ To see the details of your CalFresh ABAWD Time Limit click the **View Time Limit Details** button.



After clicking the **View Time Details** button, the CalFresh ABAWD Time Limit Detail page lists the month/year of time-limited benefits and the status of each month displays.

If you would like to ask for help with your CalFresh ABAWD Time Limit, you can click the **Request Support** button at the top of the page to go directly to the Support Requests section.

If you would like to view the details of a specific month of your CalFresh ABAWD Time Limit, click the **View details** hyperlink next to the month you'd like to see.

[< Back to Dashboard](#)

Ruth's CalFresh ABAWD Time Limit Details

To keep getting CalFresh benefits for longer, you can get support below with:

- Requesting exemptions
- Submitting proof that you're meeting the work requirement
- Correcting your time limit history

REQUEST SUPPORT

[To learn more about the CalFresh ABAWD Time Limit, click here.](#)

January 2026 to December 2028

If something doesn't look right or if you think your situation qualifies as an exemption, [request support with your ABAWD time limit.](#)

Month/Year	Status	Details
April 2026	Didn't Work	View details
March 2026	Exempt	View details
February 2026	Exempt	View details
January 2026	Exempt	View details



After clicking the **View Details** hyperlink, the ABAWD Time Limit Month Details page displays the status of that specific month on your Time Limit, as well as information about that month's status.

Note:

- ✦ To learn more about assistance your County may provide related to CalFresh ABAWD Time Limits click the **When should I request support with my time limit?** Hyperlink.
- ✦ To learn more about work requirements, click the **FAQs about the CalFresh ABAWD Time Limit** hyperlink at the bottom of the page.

Once you are done viewing the details of a specific month, click the **Back to CalFresh Time Limit for ABAWD** link at the top of the page.

To ask for help with this month's status or help with your CalFresh Time Limit, click the **Request Support With My Time Limit** button. This takes you into the Support Requests section.

[< Back to CalFresh Time Limit for ABAWD](#)

Ruth's ABAWD Time Limit Month Details

Month/Year	Status
April 2026	Didn't Work

This month counted towards your countable month time limit. This is because you didn't meet the work requirement and you didn't have an exemption.

If you didn't meet the work requirement for reasons outside of your control, [reach out to your county worker](#) to see if you may qualify for "good cause."

REQUEST SUPPORT WITH MY TIME LIMIT

[? When should I request support with my time limit?](#)

You can request support with your time limit if the status of your time limit for any month doesn't look correct.

You can also request support if you think your situation qualifies as an exemption. [View the list of possible situations that qualify as an exemption from the ABAWD work requirement.](#)

To get help, [request support with your time limit.](#) You'll be able to share with your county worker what looks incorrect about your time limit details. Then, your county will determine if the month should count towards the countable month time limit.

[To learn more, view our FAQs about the CalFresh ABAWD Time Limit.](#)



Support Requests – Time Limits Help

After clicking **Request Support** on the ABAWD Detail page of your dashboard, the Support Requests module opens.

From this section, you can get support with your CalFresh ABAWD Time Limit:

- Ask for an exemption
- Share how you are meeting the required hours of activities
- Report a drop in hours for your activities
- Ask for a correction to your Time Limit history

To get support with your CalFresh ABAWD Time Limit, select the area you need support with. Click the **Next** button to continue.

What help do you need with the CalFresh ABAWD Time Limit? (required)

You can request support for yourself or another ABAWD in your household.

If you need other help with the CalFresh ABAWD Time Limit, [please contact your county office.](#)

☐

I want to request an exemption.

If you or another household member qualify for an exemption, you may be excused from the work requirement. This means you can keep getting CalFresh benefits without having to work.

[View the CalFresh ABAWD Time Limit exemptions.](#)

☐

I want to share how I'm meeting the ABAWD work requirement.

Share how you or another household member is meeting the work requirement, so they can keep getting CalFresh benefits for longer.

☐

I have a drop in hours for my CalFresh ABAWD work requirement.

Report a drop in hours for CalFresh ABAWD's work requirement, and include a Good Cause Reason if needed. This will let your county worker know why you couldn't meet your work requirement for ABAWD.

☐

I want to request a review or correction of my time limit history.

Select this option if the time limit history looks incorrect for someone in your household. For example:

- A month shows as "Didn't Work" but you had an exemption
- Someone in your household met the work requirement, but the month was counted towards the time limit



If you select, **I want to request an exemption** or **I want to share how I'm meeting the ABAWD work requirement**, the series of exemption and work requirement questions covered previously in the Application/Recertification for CalFresh flow display.

If you select, **I have a drop in hours for my CalFresh ABAWD work requirement**, choose the household member who you are reporting the decrease in hours for. Then, click the **Next** button to continue.

Who do you want to report a drop in work hours for? (required)

Why do I want to report my drop in work hours?

If your work hours drop, report it right away. Reporting this change is part of meeting the CalFresh ABAWD work requirement. It allows your county worker to review your situation and may help you avoid losing benefits, depending on your circumstances. Reporting also helps make sure your CalFresh amount is updated if your income goes down.

☒ Ruth Judith (26)

[<](#) **Next**

You are then asked for information about what your hours per week were before the reduction, and what they are now. List these hours to the best of your ability and click the **Next** button to continue.

Tell us more about the change in hours for your work.

This could include:

- Working for an employer and being paid in wages or salary
- Self-employment, like freelancing or independent contractor work
- In-kind work, which is when you work in trade for something else. Some examples are rent, utilities, food, and clothing.

How many hours per week did you work previously? (required)

How many hours per week do you work now? (required)

[<](#) **Next**



You can also provide a reason for the reduction in your hours. This may help you qualify for good cause. If the County determines you had good cause for a month, it won't count toward your three-month CalFresh benefit limit.

Would you like to give a reason for the reduction in work hours?

You may have good cause if you had a good reason for not meeting the work requirement. This means you not meeting the work requirement will not count against you.

Yes

No

Describe your situation. This will help your caseworker process your request. They may follow up if they need more details.
(required)

Please Explain

255 Characters Remaining

Want to submit proof for your “good cause” reason?

You can submit a document in the Document Center after you submit this request.

If you're unsure of the reason or prefer not to provide one, you can skip this step. Click the **Next** button to continue.

Would you like to give a reason for the reduction in work hours?

You may have good cause if you had a good reason for not meeting the work requirement. This means you not meeting the work requirement will not count against you.

Yes

No

<

Next

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If you select, **I want to request a review or correction of my time limit history**, choose the household member who you are requesting the correction for. Then, click the **Next** button to continue.

Whose CalFresh ABAWD Time Limit needs to be reviewed?

(required)

☒ Ruth Judith (26)

After selecting the household member, provide the month or months of the CalFresh ABAWD Time Limit history that you would like reviewed or corrected. Use the drop list to select the Month and Year that you would like the review to start from, then select the Month and Year you would like the review to end.

You can request a review or correction of multiple timeframes in your CalFresh ABAWD Time Limit history using the **Add Another Timeframe** button. When you finish adding the timeframes you would like reviewed, click the **Next** button to continue.

What month(s) of your CalFresh ABAWD Time Limit look incorrect?

From

Month (required) Year (required)

-Select One- -Select One-

To

☐ Same as "From" month and year

Month (required) Year (required)

-Select One- -Select One-

If this timeframe ends in the same month, check the box at the beginning of this section.

[ADD ANOTHER TIMEFRAME](#)

☒ Do I need to upload proof with my request?



Next, you are asked to give some information about what looks incorrect with the months you selected in your CalFresh ABAWD Time Limit History.

Select all the options that apply for these months. Click the **Next** button to continue.

Tell us more about what looks incorrect about your CalFresh ABAWD Time Limit. (required)

You chose the following timeframe(s):

- January 2026 to February 2026

Select all that apply. A county worker may reach out to you for more information.

☐ These timeframes should show as “Exempt”
This means an exemption applied to you, so you should’ve been excused from the work requirement.
[View the CalFresh ABAWD Time Limit exemptions.](#)

☐ These timeframes should show as “Worked”
This means you worked, volunteered, or participated in training programs for at least 20 hours per week or 80 hours per month.

☐ Other

[<](#) **Next**

You are then asked to provide your contact preference to the County should they have any questions about your request.

They can message you in your BenefitsCal account or call you if you list a phone number.

Once you select your contact preference, click the **Submit** button to continue.

What's the best way to contact you about this request? (required)

☐ Send me a message in my BenefitsCal account.

☐ Call me.

[<](#) **Submit**

You can save a copy of your confirmation receipt by clicking the **Text**, **Email** or **Download** buttons.

We received your request.



Request Submitted



2

We'll get back to you

A county worker will get in touch with you for next steps. If they need more details or verifications to process your request, they will let you know.



Upload Proof (optional)

A county worker can help you if you're not sure what to upload.

Upload Documents

Confirmation Receipt

04/29/2026	04:12 pm
Case Number	K2000F7
Person	Ruth, Judith (26)
Request Type	CalFresh ABAWD Time Limit

Save your confirmation

 Text

|

 Email

|

 Download

BACK TO SUPPORT REQUESTS