



Local Commissioners Memorandum

Section 1

Transmittal:	25-LCM-06
To:	Social Services District Commissioners
Issuing Division/Office:	Employment and Income Support Programs
Date:	May 23, 2025
Subject:	Revisions to the LDSS-5127 <i>Able-Bodied Adult Without Dependents (ABAWD) Work Activity Letter</i>
Contact Person(s):	Employment and Advancement Services Bureau 518-486-6106 or EASBureau@otda.ny.gov
Attachments:	Attachment 1 - LDSS-5127 Able-Bodied Adult Without Dependents (ABAWD) Work Activity Letter

Section 2

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to inform social services districts (districts) of revisions made to the LDSS-5127 *Able-Bodied Adult Without Dependents (ABAWD) Work Activity Letter*. The LDSS-5127 has been revised for Saratoga County's use, as they are currently the only county in New York State required to implement ABAWD requirements. All other New York State counties are waived from implementing ABAWD requirements through February 28, 2026 and should not be using the LDSS-5127 at this time.

II. Background

This LDSS-5127 provides ABAWDs with a scheduled appointment to meet with a district staff member or contracted employment vendor for the purpose of offering the ABAWD the opportunity to engage in a qualifying work activity assignment.

The LDSS-5127 has been updated to include the modifications of the ABAWD time limit exemptions and ABAWD time limit age increase mandated by the Fiscal Responsibility Act of 2023 (FRA). The language on the form has also been updated to be consistent with the language on the LDSS-5193 *Important Information About SNAP Work Rules (General, Mandatory E&T, and ABAWD)*.

III. Program Implications

The LDSS-5127 has been revised to include the modified exemption criteria for ABAWDs which resulted from the enactment of the FRA and to reflect the age increase for those subject to the ABAWD time limit. Consistent with provisions of the FRA effective October 1, 2024, the age limit was increased to 54. For further information regarding the modified exemption criteria or increased age limit please review [23-ADM-08 - Modifications of the ABAWD Time Limit Exemptions Mandated by the Fiscal Responsibility Act of 2023](#) and [25DC005 - Changes to the SNAP Work Requirements Mandated by the Fiscal Responsibility Act of 2023 Final Rule](#).

Note: The modifications to the ABAWD exemption criteria mandated by the FRA sunset on October 1, 2030, barring any federal action to extend them.

Consistent with the policy in [18-ADM-07](#), Saratoga County eligibility workers must provide the LDSS-5127 *Able-Bodied Adults Without Dependent (ABAWD) Work Activity Letter* (or a locally developed equivalent approved by OTDA) to each ABAWD who is subject to the ABAWD requirements in the following situations:

- At the time of application/certification and/or at recertification.
- Anytime during the certification period when an individual's status changes and the individual becomes subject to the ABAWD time limit. For example: An individual has been exempt from the ABAWD time limit solely because of a child under the age of 18 in the SNAP household, and during the certification period the youngest child turns 18. Please note that consistent with [25DC005 - Changes to the SNAP Work Requirements mandated by the Fiscal Responsibility Act of 2023 Final Rule](#) if an individual's ABAWD status changes from exempt to non-exempt during the certification period, the district must screen the individual for exemptions before assigning ABAWD countable months.
- When an ABAWD previously engaged in work or a work activity and meeting the ABAWD work requirements is no longer engaged at least 20 hours weekly/80 hours monthly.

All other New York State counties are waived from implementing ABAWD requirements through February 28, 2026 and should not be using the LDSS-5127 at this time.

IV. Forms Ordering Information

- The English version of the LDSS-5127 is a Web Only form. The form is also available on the OTDA Intranet website in the following languages: Arabic, Bengali, Chinese, French, Haitian-Creole, Italian, Korean, Polish, Russian, Spanish, Urdu, and Yiddish.
- The LDSS-5127 is available on the OTDA Intranet website at: http://otda.state.ny.net/ldss_eforms/. Local districts can download and reproduce it locally. The form is available in English and other languages.
- The LDSS-5127 is available in Intelligent Auto Fill (IAF). Copies of the LDSS-5127 when generated through IAF will be stored in the Imaging and Enterprise Document Repository (IEDR) for districts using IEDR for electronic case files.

- Upon the release of this LCM, all previous versions of the LDSS-5127 **must immediately be destroyed**.
- The LDSS-5127 is a Web posted only form; therefore, it is only available online and is not available in hard copy from the New York State Office of Temporary and Disability Assistance (OTDA).
- Questions concerning Web posted only forms should be directed to BMS Document Services at: (518) 474-9522.
- Requests for local equivalent versions of this form should be submitted to this email address for review and approval: otda.sm.local.equivalent.requests@otda.ny.gov.

Issued By:

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Division/Office: Employment and Income Support Programs/Office of Temporary and Disability Assistance