

**ATTACHMENT A-2**  
**TO**  
**ADVANCE NOTICE**  
(Form PA/SNAP 162A)

SECOND SANCTION PRE-24 MONTHS	DATE
CASE NAME	CASE NUMBER

**PERSON WHO FAILED TO MEET  
THE WORK REQUIREMENT** ▶

**WORK REQUIREMENT(S) YOU FAILED TO DO:**

Federal and state law require that you participate in an approved work or work-related activity for at least \_\_\_\_\_ hours a week unless you show that you have good cause (a good reason) or are exempt from this requirement. Our records indicate that you are not participating in an approved work or work-related activity for the number of hours listed on the Agreement of Mutual Responsibility, AMR, that was developed by you and your caseworker. The record also does not show that you meet an exemption or have good cause. You were scheduled to attend a compliance review on \_\_\_\_\_. You either did not attend this mandatory appointment or you were determined to not have good cause or meet an exemption for not participating during this appointment. If you think that you have good cause or meet an exemption that will excuse you from participation in the required number of hours in a countable activity, contact your caseworker.

**HOW YOU FAILED TO DO THESE REQUIREMENTS:**

Our records indicate that you failed to participate in an approved work or work-related activity for the required number of hours as agreed upon in the AMR. You are participating only \_\_\_\_\_ hours per week. You are required to participate \_\_\_\_\_ hours per week. This failure is considered willful and without good cause because you

\_\_\_\_\_

\_\_\_\_\_

**SANCTION PROCEDURE:**

You and your family have received Cash Assistance for less than 24 months. You will be the only person to lose cash benefits (be sanctioned) for a **minimum of 60 days** beginning \_\_\_\_\_ and until you take the actions listed below.

To begin receiving Cash Assistance again, you must:

- Complete a Partial Redetermination appointment with your caseworker and update the AMR.
- Agree to comply with RESET requirements by participating in a work or work-related activity within 7 days of completing the AMR.

The penalty for a third sanction is permanent ineligibility.

This action does not affect your Medical Assistance or Supplemental Nutrition Assistance Program, SNAP, benefits. You will receive a separate notice if any changes occur to your Medical Assistance and/or SNAP.

The following State Regulations apply: 55 PA Code 165.1, 165.21, 165.31(a), 165.52, 165.61.

\*Important information regarding EXEMPTIONS and GOOD CAUSE is on the other side of this page.

**EXEMPTIONS:**

The work requirements apply to adults within a household who are mandatory to participate in work or work-related activities and who are receiving Cash Assistance.

**EXEMPTIONS:**

- An individual who has a verified physical or mental disability as determined by a physician, nurse practitioner, a physician's assistant or licensed psychologist.
- A single custodial parent with a child under age 1 (up to 12 months in the parent's lifetime).
- Children under the age of 18 who are in school or in a GED program.

**GOOD CAUSE:**

Good cause may be granted to you if you have a reasonable excuse to not participate in a work or work-related activity.

**GENERAL REASONS FOR HAVING GOOD CAUSE:**

- You are disabled or are caring for a household member with a disability that requires special attention.
- You receive mental health treatment or drug and alcohol counseling.
- You're homeless, facing eviction or utility shut-offs.
- You received child welfare agency services.
- You are a victim of domestic violence.
- You have language barriers.
- You were previously enrolled or you are currently enrolled in the Maximizing Participation Project, MPP.

**CHILD CARE REASON:**

- If you are unable to arrange child care.
- If the local Child Care Information Services verifies that there is a lack of child care.
- If a physician verifies a disabled child or incapacitated adult in the home needs care and no one else is able to provide this care.

**JOB RELATED REASONS:**

- You are unable to arrange or locate transportation.
- The job or training was beyond your capacity.
- You experience discrimination or dangerous conditions at a job.
- You live more than 2 hours, round trip, from a job or work assignment.