

ATTACHMENT A1.1
TO
ADVANCE NOTICE
 (Form PA/SNAP 162A)

INDIVIDUAL FIRST SANCTION	DATE
CASE NAME	CASE NUMBER

PERSON WHO FAILED TO MEET WORK OR WORK-RELATED REQUIREMENTS 

WORK OR WORK-RELATED REQUIREMENT(S) YOU FAILED TO MEET:

You are required by law to meet work requirements of at least _____ hours a week unless you show that you have good cause (a good reason) or are exempt. Our records show that you did not meet the number of hours listed on your Agreement of Mutual Responsibility (AMR) that you signed dated _____. Our records show you did not meet an exemption or have a good cause. You were scheduled to attend a compliance review (to discuss your work requirements) on _____. The compliance review determined that you do not have an exemption or good cause to meet work requirements. If you think you did meet work requirements, or if you can prove you are exempt or have good cause from work requirements, contact your county assistance office. The box below says how you did not meet work requirements. The back of this page gives examples of what we may consider to be a good cause or an exemption. If you disagree with this decision, you may file an appeal by _____. Information telling you how to appeal may be found in this envelope.

HOW YOU FAILED TO MEET THESE REQUIREMENTS:

Our records show that you failed to meet work requirements for the number of hours agreed on in your AMR. You are participating _____ hours per week. You are required to participate at least _____ hours per week. This failure is considered willful (intentional) and without good cause (without a good reason) because you:

MINIMUM SANCTION PERIOD AND HOW TO END THE SANCTION

You have received cash assistance for less than 24 months in your lifetime and this is your first sanction. You will be the only person to lose cash assistance benefits (be sanctioned) for at least 30 days starting _____. This notice applies only to you. The rest of your family will continue to receive cash assistance if they meet cash eligibility requirements.

To start getting cash assistance after at least 30 days, you must contact the county assistance office and:

- Prove that you're working or in an approved work-related activity and sign a new Agreement of Mutual Responsibility (AMR) agreeing to comply with work and work-related activities. Work and work-related activities may include getting a paid job, doing community service, job search, or other education or training activities that will help prepare you for a job; **or**
- Prove that you are exempt or have good cause to not meet work-requirements and sign a new AMR based on your current circumstances; **or**
- Show that you are willing to comply with work requirements by signing a new AMR accepting a referral to a contracted program.

Contact your local county assistance office to let them know you want to know how to end your sanction and start getting cash assistance again. You can also call the Customer Service Center at 1-877-395-8930 (in Philadelphia, call (215) 560-7226).

IF YOU ARE SANCTIONED AGAIN:

With less than 24 countable months of cash assistance in your lifetime:

The penalty for a second sanction is at least 60 days individual level sanction.

The third sanction is a permanent individual sanction.

With more than 24 countable months of cash assistance in your lifetime.

The penalty for a second sanction is at least 60 days full-family sanction.

The third sanction is a permanent full-family sanction.

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

The following laws apply: 62 P.S. §§ 402, 403.2, 432.3, 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!

YOU MAY BE EXCUSED FROM THE WORK REQUIREMENT

If you prove you cannot participate in work or work-related activities because of short-term or long-term circumstances outside of your control such as:

- If a person who has a physical or mental disability confirmed by a doctor, nurse practitioner, physician's assistant, or licensed psychologist.
- If there is a related child or adult with a disability, living in your home, that a doctor states needs care that no one else can provide.
- If a person is a single parent with custody of a child under 12 months of age (limited to 12 months in the parent's lifetime).
- If a child is under the age of 18 and enrolled in school full time or in a GED program.
- You have a disability or are caring for a household member who has a disability that requires your care.
- You are getting mental health treatment, drug and alcohol counseling, or services through a child welfare agency.
- You are homeless, facing eviction, or utility shut-off(s).
- You are a victim of domestic violence.
- You are experiencing a family or personal emergency.
- You are unable to find child care even though you tried, or
- The local Early Learning Resource Center (ELRC) says that there is a lack of child care in your area.
- You are unable to get transportation even though you tried.
- The job or training was too hard for you.
- You were discriminated against at the assigned job.
- There were dangerous conditions at the assigned job.
- You live more than 2 hours, round trip, from a job or work assignment.