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Disabilities and SNAP Work Requirements: A Scoping Review

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Abstract

This scoping review aims to assess if the criteria to determine Supplemental Nutrition Assistance Program (SNAP) work requirement exemptions provide equal access to individuals with disabilities (IWDs) using a modified PRISMA analysis framework. IWDs applying for SNAP must meet at least one of three requirements to be exempt from work requirements, but these requirements may be disproportionately burdensome for them. SNAP has a long history of expanding food security throughout the U.S., benefiting millions of families. Almost two-thirds of SNAP participants are children, older adults, or IWDs. Children and older adults are exempt from work requirements and IWDs may be exempt depending on their ability to perform job functions. IWDs are more likely to be enrolled in SNAP benefits and live at or below the national poverty line, indicating lower financial assets. This evaluation used a modified PRISMA analysis framework to conduct a comprehensive literature review. The literature shows that IWDs are more likely to experience food insecurity and the current SNAP enrollment process is burdensome for IWDs and all potential SNAP enrollees to access food assistance. There is little to no literature indicating whether or not IWDs are disproportionately burdened by work requirements. Future research opportunities include the impact of work requirements on IWDs specifically, rather than SNAP participants generally and revisions to the SNAP enrollment process.

Chapter 1: Introduction

The Supplemental Nutrition Assistance Program (SNAP) is the largest federally funded food assistance program in the United States (Wang, et al., 2021). Program eligibility and benefits differ slightly by state but are ultimately determined by a household's income (Wang, et al., 2021). Households with lower income receive greater SNAP benefits to improve food security and decrease the effects of poverty (Wang, et al., 2021). Most states mandate able-bodied adults without dependents (ABAWD) to work at least 20 hours a week for participants to remain eligible for SNAP benefits (Bolen, et al., 2023), however, there are work requirement exemptions which are determined by a person's ability to perform necessary job functions.

Almost two-thirds of SNAP participants are children, older adults, or individuals with disabilities (IWDs) (Keith-Jennings & Chaudhry, 2018). Children and older adults are automatically exempt from work requirements and IWDs may be exempt, depending on their ability to perform necessary job functions. Persons with disabilities applying for SNAP must meet certain requirements to be exempt from work requirements, but these requirements (see Appendices A and B) may disproportionately burden those with disabilities. Although mental and physical disabilities are included as exceptions to work requirements, the process of becoming exempt due to a disability can be biased due to the three (3) qualifications that applicants must meet at least one (1) of. These qualifications are to:

- 1) Receive disability benefits such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).
- 2) Be "unfit" for employment determined by a SNAP caseworker.
- 3) Have documentation from a medical professional stating they are "unfit" for employment (Burnside, 2023).

These qualifications are difficult to meet because the process of applying for and receiving disability benefits is long and discouraging and often not accessible (Samuel, et al., 2023) due to burdensome paperwork (Brantley, et al., 2020), typically taking 3 to 6 months to receive an application decision (Social Security Administration, 2022). Even when appealing the Social Security Administration's (SSA) initial disability ruling, it takes more than a year to receive a final decision (Sanders & Larson, 2020). Between 2011 and 2019, tens of thousands of individuals filed for bankruptcy or died while waiting for the final decision on their appeals (Sanders & Larson, 2020). Additionally, the Special Needs Alliance (2023) describes the process of applying for SNAP benefits as extensive, cumbersome, and the "program rules are complicated" (Special Needs Alliance, 2023). If someone were to have an intellectual or learning disability, an extensive and cumbersome application process where "program rules are complicated" (Special Needs Alliance, 2023) would create a much more difficult situation.

Furthermore, IWDs may not receive the maximum benefits they can due to the inability to produce the needed documentation of "income, assets, medical expenses, and/or housing expenses" (Samuel, et al., 2023). It can also be difficult to access and acquire medical documents from a medical professional because for persons with a disability, securing medical documents is an additional burden when dealing with added complexities associated with transportation, appointment waitlists, health insurance, and biases held by medical providers (Burnside, 2023). Finally, SNAP caseworkers may determine a person is not 'disabled enough' to qualify due to the program caseworker's prejudice, bias, and stereotypes.

This scoping review aims to assess if the criteria to determine SNAP work requirement exemption status provides undue burden to individuals with disabilities (IWDs) with consideration of other potential barriers to SNAP enrollment. This scoping review is important

for public health practice because it outlines the inequities that individuals with disabilities may face when applying for and receiving SNAP benefits.

Chapter 2: Background

SNAP History

The Food Stamp Act of 1964, signed by President Lyndon B. Johnson, established the food stamp national program to strengthen the agricultural economy, provide greater nutrition to low-income households, and bring the pilot program under Congressional jurisdiction and enact it into law (USDA Food and Nutrition Service, 2023b). The pilot program, enacted three (3) years prior, increased the consumption of perishables (i.e. fruits, vegetables, meat, dairy) and expanded food distribution in the United States (USDA Food and Nutrition Service, 2023b). However, the pilot program required that people purchase the food stamps, which may have decreased accessibility for certain groups, including people with disabilities, due to affordability (USDA Food and Nutrition Service, 2023b). The Food Stamp Act of 1964 built off the pilot program and greatly expanded it.

Adding to what the pilot program had already developed, The Food Stamp Act of 1964 required each state to develop a plan of operation and eligibility standards specific to themselves, divided the responsibilities of the program (i.e. certification, funding of benefits, authorization of retailers) between the federal and state governments (USDA Food and Nutrition Service, 2023), and prohibited discrimination on the basis of “race, religious creed, national origin, or political beliefs” (Food Stamp Act of 1964, 1964). However, at this time, it was not illegal to discriminate on the basis of disability.

The Food Stamp Program (FSP) continued to expand, and participation grew from a little more than half a million participants to 15 million in 1974 due to geographic expansion (USDA

Food and Nutrition Service, 2023b). Due to this expansion of participation, new legislation was introduced to try and balance program access and accountability, specifically three (3) public laws: the Food Stamp Act Amendment of 1970, Agriculture and Consumer Protection Act of 1973, and an Act to continue domestic food assistance programs (PL 93-347) (USDA Food and Nutrition Service, 2023b). The Food Stamp Act Amendment of 1970 expanded the program to Guam, Puerto Rico, and the Virgin Islands, established national standards for eligibility and work requirements, and others (USDA Food and Nutrition Service, 2023b). The Agriculture and Consumer Protection Act of 1973 expanded the FSP to every political jurisdiction including people in drug and alcohol treatment centers, adjusted the frequency of funding allocation, included the purchase of seeds and plants to produce food, and others (USDA Food and Nutrition Service, 2023b). Finally, PL 93-347 authorized the Department of Health and Human Services (DHHS) to pay 50 percent of states' costs for "administering the program" and required efficient and effective administration by each state's DHHS (USDA Food and Nutrition Service, 2023b).

After a few more years of participation expansion, the FSP was reformed, establishing the Food and Agriculture Act of 1977. There were many changes, but the most significant were the elimination of the purchase requirement, elimination of the cooking facilities requirement, and included more ways to access applications and certification such as by phone or mail (USDA Food and Nutrition Service, 2023b). These changes created greater accessibility for more people to participate in and benefit from SNAP, including IWDs.

Between the 1980s and early 2000s, newly implemented nutrition laws focused on a few things: job search and work requirements, narrower income and legal status eligibility, children's nutrition education and hunger relief, certifying retailers, and simplifying eligibility requirements (USDA Food and Nutrition Service, 2023b). The Agricultural Act of 2014 created greater

accessibility for households in rural areas by including not-for-profits, government agencies, and farmers markets as retailers that can accept Electronic Benefit Transfer (EBT) cards (USDA Food and Nutrition Service, 2023b). Lastly, the Agricultural Act of 2014 excluded medical marijuana as a medical expense deduction; limited student exemption from Employment and Training (E&T) programs; established an income, eligibility, and immigration verification system; and required that extra funding be used for technology, administration, and preventing SNAP benefit fraud and abuse (USDA Food and Nutrition Service, 2023b).

The Supplemental Nutrition Assistance Program (SNAP) has an extensive history beginning in the 1960s with the Food Stamp Act of 1964. It is both regulatory and allocative as it provides rules and regulations on how the law must be implemented, but also allocates funds towards the establishment of SNAP benefits, administration, and oversight of the program.

Impact on Individuals with Disabilities

SNAP participation varies each year, however, individuals with a disability consistently account for 1 of 4 SNAP benefits recipients (Carlson, et al., 2017). In 2015, there were 45,767,000 people on SNAP benefits in the U.S. (USDA Food and Nutrition Service, 2023a) and approximately 22-26%, or 8.1 to 11 million, of participants self-identified as having a disability (Carlson, et al., 2017). According to a 2022 National Council on Aging report, 22% of SNAP households have a family member who has a disability under the age of 60 years old (NCOA, 2022). A total of \$7,394,676,000 was spent on the Food Stamp Program in 2015, with beneficiaries receiving an average of \$126.81 per person in food assistance (USDA Food and Nutrition Service, 2023a). Approximately a quarter (25%) of these funds were allocated to IWDs, almost double the number (13%) of Americans who self-identify as having a disability (Leppert & Schaeffer, 2023; Carlson, et al., 2017). This shows that IWDs are more likely to

receive SNAP benefits than those without a disability because a smaller portion of the American population (IWDs) receives a greater percentage of SNAP benefits in comparison.

SNAP benefits are allocated based on household income. Households qualify for SNAP benefits if their gross income equals or is less than 130 percent of the national poverty line, likely because those under 130% of the national poverty line are six (6) times more likely to experience food insecurity than households at or above 185% of the national poverty line (Samuel, et al., 2023).

In the U.S., on average, IWDs are more likely to have an annual income that is \$12,500 less compared to those without a disability (Leppert & Schaeffer, 2023). Additionally, 19.7% of IWDs are at or below 100 percent of the national poverty line compared to 10.3% of people without a disability (U.S. Census Bureau, 2021). This shows that IWDs are almost twice as likely to live in poverty as opposed to people without a disability. SNAP benefits allow IWDs and their households to purchase food without having to use the lesser funds they have compared to individuals without a disability.

Chapter 3: Methods

This scoping review was conducted to assess if the criteria to determine SNAP work exemption is equitable in providing equal access to IWDs using a modified PRISMA analysis framework and current literature. The literature came from a search of journal articles from the UNMC McGoogan Library databases including CINAHL, JStor, MEDLINE, PsycInfo, PubMed, and SCOPUS. The phrase “SNAP and disabilities” was searched in each database.

A modified PRISMA analysis framework was selected for this impact evaluation because it allows for systematic evaluation of the literature surrounding a specific topic and future researchers can replicate or modify the approach to fit their research needs. This review will compare the intended outcomes of SNAP work requirements regarding disability exemptions to

its actual outcomes thereby identifying any possible biases in the SNAP application process.

Quantitative and qualitative data will be collected from existing literature to evaluate the impact of the work requirements on IWDs.

Chapter 4: Results

The search results of “SNAP and disabilities” produced 3,646 journal articles. Exclusion criteria included articles with neither ‘SNAP’ nor ‘Disabilities’ in the article title or abstract, articles where ‘SNAP’ was used as an acronym for anything other than Supplemental Nutrition Assistance Program, articles that included SNAP but not eligibility and/or enrollment information, articles not offered in English, and articles without full text options. The resulting 29 articles were then reviewed to remove duplicates between databases. The final number of articles totaled 15 (Figure 1). The findings from these articles were categorized into 4 groups due to similarity of findings: work requirements, enrollment, food insecurity, and medical (Table 1).

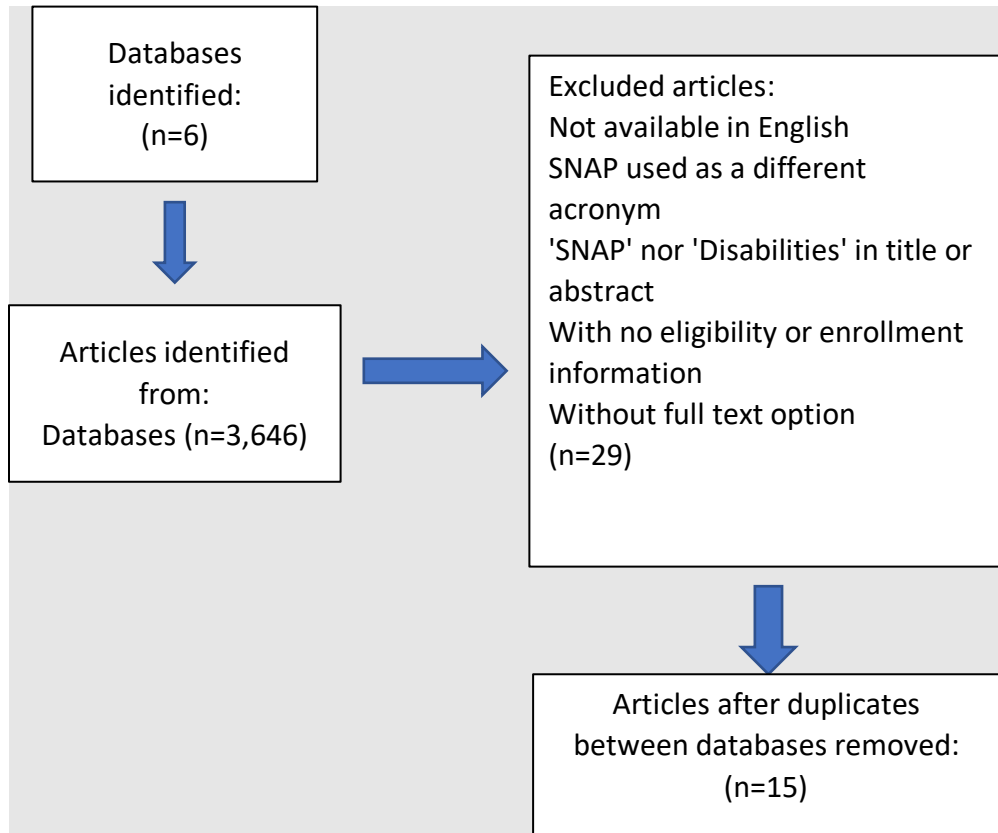
Figure 1.

Table 1.

Source	Findings			
	Work Requirements	Enrollment	Food Insecurity	Medical
Samuel, et al. (2023)		The SNAP enrollment process likely creates a barrier for IWDs to access food assistance.	Households with someone with either a work-limiting disability or non-work-limiting disability were 300% and 75% more likely, respectively, to have food insecurity while on SNAP compared to households without someone with a disability. Current SNAP benefits are not enough to alleviate food insecurity in low-income households that have an IWD.	
Li, et al. (2023)		The implementation of standard medical deductions (SMDs) can increase SNAP participation among households with older adults and IWDs.		Cost-neutrality requirements may take benefits from low-income households without medical expenses to give to low-income households with medical expenses.
Bolen, et al. (2023)	For all groups, SNAP work requirements do not increase employment rates, only decrease food assistance.	Caseworkers who screen for disabilities must properly exempt individuals from work requirements when being		There is a strong correlation between chronic health conditions and food insecurity.

Source	Findings			
	Work Requirements	Enrollment	Food Insecurity	Medical
	<p>Work requirement time limits of 20 hours per week cut SNAP participation by 53% but do not increase employment or earnings.</p> <p>Adults unable to document their work hours are at risk of losing their benefits.</p>	<p>added to the SNAP enrollment system.</p>		
Coughenour, et al. (2023)			<p>There were significant associations between food insecurity and disability status ($p=0.0002$) in 2020 and between food insecurity and SNAP participation ($p=0.0063$) in 2021.</p> <p>Minority and low-income households were significantly more likely to be food insecure than white and middle-class households.</p>	
Samuel, et al. (2022)		<p>SNAP is administered by states, meaning they control the SNAP enrollment process for their own state which</p>	<p>SNAP is associated with greater health outcomes and reduced food insecurity.</p>	

Source	Findings			
	Work Requirements	Enrollment	Food Insecurity	Medical
		<p>could create differences in accessibility across states.</p> <p>Results showed that 0 SNAP programs scored perfectly for flexibility in the enrollment process, 2 scored perfectly for efficiency, and 31 were perfect in accessibility.</p> <p>States are enacting universal design differently which creates variability in IWDs' access to SNAP enrollment based on location.</p>	<p>IWDs are more likely to be food insecure but are underrepresented in SNAP participants.</p>	
Guo, et al. (2020)			<p>Food insecurity is associated with adverse health outcomes.</p> <p>Food insecurity and SNAP participation were higher in families with a child or young adult with a disability.</p>	<p>A stricter disability definition for adults can make children living in low-income families lose eligibility for SNAP, Social Security Income (SSI), and Medicaid when transitioning to adulthood. 1 in 3 children receiving SSI lose eligibility when turning 18 years old.</p> <p>Youth with disabilities had lower self-rated health and were more likely to delay</p>

Source	Findings			
	Work Requirements	Enrollment	Food Insecurity	Medical
				medical care or not receive it compared to youth without disabilities due to loss of SSI eligibility.
Wang, et al. (2021)			<p>Before 2019, SSI beneficiaries in California were not eligible for SNAP benefits, instead receiving a cash benefit from SSI to cover food expenses. The cash benefit did not increase over time.</p> <p>After instituting SNAP for SSI beneficiaries, food-secure participants almost doubled (16.9% to 32.5%).</p> <p>After receiving SNAP, 21.9% of previously food insecure participants became newly food secure and had significantly less stress than before.</p>	Participants reporting cost-related medication nonadherence and those using free community food resources decreased after receiving SNAP.
Friedman, C. (2021)			Food insecurity in the US decreased from 2011 to 2018 but the food insecurity of IWDs stayed the same.	

Source	Findings			
	Work Requirements	Enrollment	Food Insecurity	Medical
			<p>IWDs were more likely to not have enough to eat sometimes (1.03 times) and often (1.15 times) compared to people without disabilities.</p> <p>During the 2020 Covid-19 pandemic, IWDs were more likely to not have enough food because they could not get out to buy more (1.55 times), were afraid to go out or did not want to (1.21 times), and could not get food or groceries delivered (1.46 times).</p> <p>Only 28.4% of IWDs felt very confident in their ability to afford food in the next month and 23.1% were moderately confident.</p> <p>IWDs enrolled in both Medicare and Medicaid had less to eat and less confidence about their ability to access food in the</p>	

Source	Findings			
	Work Requirements	Enrollment	Food Insecurity	Medical
			<p>future compared to those enrolled in just Medicare.</p> <p>Factors that increased food insecurity in IWDs included “being dual eligible [Medicare and Medicaid], from a larger household, female, Black, another race or multiracial, and having less education”.</p>	
Sonik, et al. (2018)				<p>Medicaid admissions rose gradually until April 2009 when SNAP benefits were increased, and growth slowed. After SNAP benefits were later decreased, Medicaid admissions drastically increased, implying correlation.</p> <p>Medicaid admissions increased and decreased significantly more than Medicare admissions during this time.</p> <p>Medicaid recipients with a higher likelihood of a</p>

Source	Findings			
	Work Requirements	Enrollment	Food Insecurity	Medical
				<p>disability had a greater response to changes in SNAP benefits than recipients with a lower likelihood of having a disability.</p> <p>An estimated \$26.5 billion was saved between April 2009 and October 2013 in admissions costs across the US.</p>
Cree, et al. (2018)		Of children living below 200% of the federal poverty level, 73.4% had received public assistance in the past year.		Public assistance programs have the potential to connect families living in poverty with other services such as pediatricians and public health professionals.
Brantley, et al. (2020)	<p>A 3.5% (18.9% relative) decrease in SNAP participation among low-income adults <i>without a disability</i> was associated with work requirements.</p> <p>A 4.4% reduction in SNAP participation among <i>all participants</i> was associated with work requirements, or an 8.5% relative reduction.</p>			

Source	Findings			
	Work Requirements	Enrollment	Food Insecurity	Medical
	<p>The introduction of work requirements resulted in a decrease in IWDs participating in SNAP.</p> <p>Excluding Social Security Income (SSI) recipients from the analysis created a stronger effect, indicating that work requirements do not affect SNAP participants who are automatically exempt from them.</p>			
Gorman, et al. (2013)		<p>SNAP participation varies among groups. Households with children, those receiving Temporary Assistance to Needy Families (TANF), and those with incomes below 50% of the federal poverty line are much more likely to participate in SNAP than other groups such as households with an elderly person or IWD.</p> <p>Administrative hassles largely account for SNAP</p>		

Source	Findings			
	Work Requirements	Enrollment	Food Insecurity	Medical
		nonparticipation and are one of the biggest challenges for potential SNAP clients.		
Berkowitz, et al. (2017)		SNAP enrollment policies vary by state which could make it harder or easier for enrollment based on where people live.	SNAP participants were more likely to be younger, have public insurance or be uninsured, have a disability, be a racial/ethnic minority, and be poorer compared to other low-income adults.	Food insecurity is associated with higher health care expenses. SNAP was associated with \$1,409 lower personal healthcare expenses per year per person compared to those not enrolled in SNAP.
Jacknowitz, et al. (2019)			<p>Almost half of participants cited employment challenges as an obstacle to food security.</p> <p>Almost one-fifth of participants cited transportation as a challenge to acquiring food from stores or food pantries.</p>	<p>57.8% of participants responded that someone in their household has a health condition or disability. Diabetes and cardiovascular disease were mentioned most frequently.</p> <p>68.3% of participants said their health influences what food they can shop for and consume.</p>
Suttles, et al. (2024)		A community's socioeconomic trends are better predictors of SNAP application submissions whereas applicants'	A decrease in welfare programs such as TANF and Medicaid is associated with an increase in SNAP and SSI use.	

Source	Findings			
	Work Requirements	Enrollment	Food Insecurity	Medical
		<p>circumstances are better predictors of SNAP denial rates.</p> <p>Eliminating or reducing administrative tasks such as the asset test in applying for SNAP can increase access for underserved households and the likelihood of success in the approval process.</p> <p>In Indiana, all SNAP participants must undergo a recertification process every year, regardless of age or disability status, creating undue administrative burden.</p> <p>Rural people may have a harder time applying for SNAP due to limited internet, postal services, and public transportation.</p>	<p>Households with an IWD are more likely to participate in SNAP than households without an IWD.</p>	

Chapter 5: Discussion

Summary

SNAP has an extensive history whose original intentions were to strengthen the agricultural economy, provide greater nutrition to low-income households, increase the consumption of perishables, and expand food distribution in the United States. SNAP benefits are allocated based on household income and households with an IWD are almost twice as likely to participate in SNAP than households without a person with a disability. Furthermore, IWDs are more likely to have a lower annual income than people without disabilities and almost twice as likely to live in poverty. Finally, IWDs are impacted by food insecurity at almost twice the rate of people without a disability

Results indicate that food insecurity is associated with chronic health conditions such as cardiovascular disease and diabetes, medication nonadherence, higher healthcare expenses, and greater amounts of stress. IWDs are more likely to experience food insecurity, even while participating in SNAP. Additionally, SNAP enrollment processes and regulations differ by state, creating inconsistencies, and SNAP enrollment paperwork likely creates barriers for IWDs. Finally, work requirements do not increase employment or earnings but instead decrease SNAP participation.

Strengths and Limitations

This scoping review has multiple strengths and limitations worth noting. The first strength of this paper is the applicability of results to the SNAP eligible disability community and low-income households. Second, an extensive reference list indicates consensus among literature surrounding the disparate impact of food insecurity on IWDs and how application regulations may be disproportionately burdening IWDs.

Limitations to this paper include a short timeline of one (1) semester (16 weeks) to complete the research and finalize the paper and a lack of generalizability to groups outside the disability community and low-income households. Additionally, the search phrase “SNAP and disabilities” was not inclusive enough to gather the intended results in relation to work requirements and likely affected the results.

Gaps in Evidence

Gaps in evidence of this comprehensive literature review include minimal literature surrounding the potential burden of work requirements on IWDs when generally searching “SNAP and disabilities”. This potentially means there are little to no burdens to IWDs or it has yet to be extensively studied.

Public Health Implications and Future Research

The SNAP enrollment process is burdensome and likely a barrier for IWDs to access SNAP benefits (Samuel, et al., 2023). Berkowitz, et al. (2017) suggest that making it easier for “eligible Americans to enroll in SNAP is likely to be a feasible way to help reduce health care costs” due to SNAP’s association with improved health. A universal welfare application could reduce the administrative burden for many Americans, including IWDs who may face barriers in the application process (Suttles, et al., 2024). Gorman, et al. (2013) found that collaborating with community partners and spreading targeted media messaging can be effective outreach strategies for encouraging eligible households to apply for SNAP. Future research should include the impact of work requirements on IWDs and how the process of applying for work exemptions may or may not burden them.

Conclusions

SNAP is the largest food assistance program in the United States and has been shown to reduce food insecurity and related health complications among participants. There is not enough current literature available to properly determine if work requirements disproportionately burden IWDs or not. However, it is clear that IWDs are disproportionately impacted by food insecurity compared to those without a disability and may benefit from a revised SNAP application process. This revision process should include IWDs as important stakeholders who can identify barriers and opportunities for improvement in the application process, specifically in reducing the administrative burden. A revised application process will create greater accessibility for IWDs and all persons applying for greater food security through SNAP.

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Appendix A.

SNAP Work Requirement Exemptions

(b) Exemptions from work requirements.

(1) The following persons are exempt from SNAP work requirements:

(i) A person younger than 16 years of age or a person 60 years of age or older. A person age 16 or 17 who is not the head of a household or who is attending school, or is enrolled in an employment training program, on at least a half-time basis, is also exempt. If the person turns 16 (or 18 under the preceding sentence) during a certification period, the State agency must register the person as part of the next scheduled recertification process, unless the person qualifies for another exemption.

(ii) A person physically or mentally unfit for employment. For the purposes of this [paragraph \(b\)](#), a State agency will define physical and mental fitness; establish procedures for verifying; and will verify claimed physical or mental unfitness when necessary. However, the State agency must not use a definition, procedure for verification, or verification that is less restrictive on SNAP recipients than a comparable meaning, procedure, or determination under the State agency's program funded under title IV-A of the Social Security Act.

(iii) A person subject to and complying with any work requirement under title IV of the Social Security Act. If the exemption claimed is questionable, the State agency is responsible for verifying the exemption.

(iv) A parent or other household member responsible for the care of a dependent child under 6 or an incapacitated person. If the child has his or her 6th birthday during a certification period, the State agency must work register the individual responsible for the care of the child as part of the next scheduled recertification process, unless the individual qualifies for another exemption.

(v) A person receiving unemployment compensation. A person who has applied for, but is not yet receiving, unemployment compensation is also exempt if that person is complying with work requirements that are part of the Federal-State unemployment compensation application process.

If the exemption claimed is questionable, the State agency is responsible for verifying the exemption with the appropriate office of the State employment services agency.

(vi) A regular participant in a drug addiction or alcoholic treatment and rehabilitation program.

(vii) An employed or self-employed person working a minimum of 30 hours weekly or earning weekly wages at least equal to the Federal minimum wage multiplied by 30 hours. This includes migrant and seasonal farm workers under contract or similar agreement with an employer or crew chief to begin employment within 30 days (although this will not prevent individuals from seeking additional services from the State employment services agency). For work registration purposes, a person residing in areas of Alaska designated in [§ 274.10\(a\)\(4\)\(iv\) of this chapter](#), who subsistence hunts and/or fishes a minimum of 30 hours weekly (averaged over the certification period) is considered exempt as self-employed. An employed or self-employed person who voluntarily and without good cause reduces his or her work effort and, after the reduction, is working less than 30 hours per week, is ineligible to participate in SNAP under [paragraph \(j\) of this section](#).

(viii) A student enrolled at least half-time in any recognized school, training program, or institution of higher education. Students enrolled at least half-time in an institution of higher education must meet the student eligibility requirements listed in [§ 273.5](#). A student will remain exempt during normal periods of class attendance, vacation, and recess. If the student graduates, enrolls less than half-time, is suspended or expelled, drops out, or does not intend to register for

the next normal school term (excluding summer), the State agency must work register the individual, unless the individual qualifies for another exemption. (National Archives, 2023)

Appendix B.

Work Requirements of Able Bodied Adults Without Dependents

001.04(N) ABLE BODIED ADULTS WITHOUT DEPENDENTS WORK REQUIREMENTS.

Able Bodied Adults Without Dependents are eligible for only three full months of benefits during a 36-month period without meeting an Able Bodied Adults Without Dependents work requirement or qualifying for an Able Bodied Adult Without Dependents work requirement exemption. Months of prorated benefits do not count in the three months. An Able Bodied Adult Without Dependents 36-month period begins the first full month the individual does not meet an Able Bodied Adults Without Dependents work requirement or qualify for an Able Bodied Adults Without Dependents exemption. 001.04(N)

(i) WORK REQUIREMENTS FOR ABLE BODIED ADULTS WITHOUT DEPENDENTS.

Individual's age 18 through 49 are ineligible to receive benefits after three full months unless they meet one of the following criteria: (1) Working 20 or more hours per week, including in-kind or volunteer work, or a total of 80 hours per month; (2) Participating in and complying 20 or more hours per week or a total of 80 hours per month with the requirements of a work program. A work program means: (a) A program under the Workforce Innovation and Opportunity Act; (b) A program under section 236 of the Trade Act of 1974; or (c) An employment and training program other than job search or job search training approved by the State; or (3) Any combination of working and participating in a work program for a total of 20 or more hours per week or a total of 80 hours per month. 001.04(N)

(i)(a) ABLE BODIED ADULT WITHOUT DEPENDENTS WORK REQUIREMENT

EXEMPTIONS. Individuals are exempt if they meet one of the following: (1) Under 18 or over

49 years of age; (2) Physically or mentally unfit for employment; (3) Residing in a Supplemental Nutrition Assistance Program household where a household member is age 17 or younger, even if the household member who is age 17 or younger is not receiving benefits; (4) Pregnant; (5) Exempt from work requirements; or (6) Resides in an area that has been granted an exemption by the Department. (National Archives, 2023)