

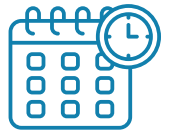
# KNOW YOUR RIGHTS

## How to Show You Are Exempt from SNAP Work Requirements



Updated March 4, 2026

Starting January 2026, more adults have to show proof they are doing paid or unpaid work for an average of 20 hours a week (or 80 hours total per month). Adults will lose SNAP after three months of not meeting the requirements.



If you are exempt, you do not have to show that you are working. You can also receive SNAP even if your benefits were previously ended for not meeting the work requirements.

### YOU ARE EXEMPT IF YOU ARE:

- ✓ Working 30 hours a week.
- ✓ Earning at least \$217.50 a week on average (or 30 hours at federal minimum wage \$7.25).
- ✓ Under 18 or over 64 years of age.
- ✓ Live with someone under 14.
- ✓ Pregnant.
- ✓ Unable to work 30 hours a week due to a physical or mental concern.
- ✓ Chronically homeless (See IPP 18-04: homeless for more than 6 months, more than once in the last year, or unable to meet basic necessities of everyday life: shelter, food, lights, heat, water or clothes)
- ✓ Receiving General Assistance.
- ✓ Taking care of someone who cannot care for themselves and needs a caregiver or home aid.
- ✓ Native American recognized under federal law, including being a member of a federally recognized tribe and qualifying for care at Indian Health Service for reasons other than having a spouse who qualifies.
- ✓ A student enrolled half time or more in a school, training program, college or university.
- ✓ Participating in a drug or alcohol treatment and rehabilitation program on a regular basis.
- ✓ Applying for or receiving Unemployment Benefits.
- ✓ Applying for or receiving Social Security Disability or Supplemental Security Income through the Social Security Administration.
- ✓ Living in an area where the requirements are waived. Current waived areas are: Luna County and Laguna, Taos, San Felipe and Tesuque Pueblos.

#### You can request an exemption:

- At your application or recertification interview
- By calling the customer service center: **800-283-4465**
- By uploading or turning in a written request.  
You can use the form at the end of this document.

#### How to show you are exempt:

In some cases, your statement is enough proof. The Income Support Division (ISD) may ask for more only if what you say conflicts with other information. If proof is needed, ISD must explain in writing what documents are required and help you get them if you ask. **ISD must tell you about these exemptions and check if they apply to you.**

#### If you are disabled:

You may need to show documentation of disability, like medical records, a letter from a doctor, nurse, social worker or other healthcare provider.

See our factsheet on the disability exemption.

SCAN QR CODE



#### ? If your benefits are terminated, seek help:

You have a right to appeal a determination that you are not exempt or that you failed to meet the requirements. File an Appeal by calling **800-283-4465**.

Seek legal help by calling:

NM Legal Aid at **1-833-545-4357** or  
NM Center on Law and Poverty **505-255-2840**



Use the form below to notify the Income Support Division (ISD) you are exempt from SNAP Work Rules. Upload it to your YES NM account or turn it in at a local ISD office.

What to include with the form:

Your exemption may be processed faster if you have documentation showing you are in school, disabled or receiving certain benefits. If you do, include it with this form. If ISD needs additional documentation, they must request it from you and offer to assist you in gathering it.

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## Notification of SNAP Work Requirement Exception

Name: \_\_\_\_\_

Case Number (If you have it): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**I qualify for an exemption from SNAP Work Requirements because I am (check all that apply):**

- Working 30 hours a week.**
- Earning at least \$217.50 a week.**
- Under 18 or over 64 years of age.** My age is \_\_\_\_\_.
- Live with someone under 14.** That person's name is \_\_\_\_\_.
- Pregnant.**
- Unable to work 30 hours a week** due to a physical or mental concern.
- Chronically homeless** - see IPP 18-04
- Native American.** I am a member of \_\_\_\_\_.
- Taking care of someone** who cannot care for themselves and needs a caregiver or home aid.  
That person's name is \_\_\_\_\_.
- A student enrolled half time or more in a school,** training program, college or university. I am enrolled in \_\_\_\_\_.
- Participating in a drug or alcohol treatment and rehabilitation program** on a regular basis.
- Applying for or receiving Unemployment Benefits.**
- Applying for or receiving Social Security Disability or Supplemental Security Income** through the Social Security Administration
- Receiving General Assistance.**
- Live in an area where the requirements are waived.** Current waived areas are: Luna County and Laguna, Taos, San Felipe and Tesuque Pueblos.