



210PO

3SquaresVT Only
Time Limited Benefits Work Requirement
Exemption Personal Obstacle or Barrier

The person listed below **must** complete 80 hours of work, training, or employment activities each month. Some people can be temporarily exempt from this requirement if they have a personal obstacle or barrier that prevents them from participating in work, training, or employment activities. A personal obstacle or barrier is *a physical, mental or emotional situation that makes it hard or impossible for someone to meet the monthly work requirement.*

Name: _____ **DOB:** _____ **Last 4 of SSN:** _____

1. Please describe your professional relationship with the above individual:

- ☐ ICAN Provider ☐ Housing Case Manager ☐ Department of Corrections
☐ Vermont Foodbank ☐ HireAbilityVT
☐ Other (List Agency and Title): _____

2. Is the individual currently able to participate in training and employment 20 hours per week averaged 80 hours per month? ☐ Yes ☐ No

Only complete the rest of this form if question 2 is “No”.

3. How many months do you anticipate the individual cannot meet the work requirement?

- ☐ 1 Month ☐ 2 Months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months
☐ 7 months ☐ 8 months ☐ 9 months ☐ 10 months ☐ 11 months ☐ 12 months or more*

*A new form is required every 12 months for situations lasting longer than 12 months

4. Please provide details about why this individual cannot meet their work requirement. This list is not exhaustive.

- ☐ Homeless and does not have access to their basic needs.
☐ Struggling with education they need for employment.
☐ A medical issue not yet evaluated by a health care provider.
☐ Struggling with the loss of a family member or friend.
☐ Just got out of jail and having a difficult time adjusting.
☐ Dealing with a domestic violence situation and cannot work right now.
☐ Unable to drive due to a mental or physical limitation.
☐ Other situations not listed above (Provide more details):

Name (please print): _____ Agency: _____

Address: _____ Telephone number: _____

Signature: _____ Date: _____

For more information on the 3SVT work requirements and the personal obstacle or barrier exemption, please see the work requirements website at:

<https://dcf.vermont.gov/benefits/3SquaresVT/WorkRules> or call ESD at 1-800-479-6151