

Request to Provide Emergency Allotments (Supplements) to SNAP Households

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

- 1. Type of Request:** Initial
- 2. Primary Citation:** Families First Coronavirus Response Act
- 3. State [specify]:** Montana
- 4. Proposed Alternative Procedures:**

The State proposes to provide an emergency allotment to address temporary food needs to households to bring all households up to the maximum benefit due to pandemic related economic conditions for up to 2 months. Contingent upon the availability of funding and ongoing need, USDA may approve additional months of emergency issuance with an extension request from the State.

These households are eligible for temporary emergency allotments because:

- There is a public health emergency declared by the Secretary of Health and Human Services and there is a State-wide emergency or disaster declaration (copy attached); and
- Due to Covid-19 [check all that apply]:
 - X Residents of the State are confirmed to have contracted Covid-19
 - X Some or all areas of the State are containment or quarantine zones
 - X Businesses have closed or significantly reduced their hours
 - X The State's residents have experienced economic impacts due to job suspensions or losses
 - X The State's residents have been directed to practice social distancing

Issuing Emergency Allotments to Current SNAP Households:

Supplemental emergency allotments would be issued in the following manner:

In April 2020

— On a single date [specify]: _____

X Over a series of days as follows: Work with our system and EBT team to determine the best way to issue this with regular issuance. These benefits will be issued the 2nd through the 6th of the month with our regular issuance. The date the client will receive them is based on the last digit of their 6 digit case number. For example: If case number is 654321 benefits will issue on the 2nd of the month.

— Staggered as follows: _____

— Other [please explain]: _____

In subsequent months, emergency allotments should be provided in accordance with the State's regular issuance schedule. If a State wants to use a different schedule, explain:

The State may provide the emergency allotment(s) without contacting the household. While individual notification is not required, States should notify clients consistent with SNAP requirements for mass changes, including notice that emergency allotments will be issued for up to 2 months. Should this schedule change and additional months are approved during the public health emergency, the State will provide a subsequent mass change notice at that time.

Other Requirements: [If applicable, STATE SHOULD ADDRESS ANY OTHER STATE-SPECIFIC NEEDS THEY MAY HAVE.]

All emergency allotments will be delivered on the household's EBT card.

The State's SNAP agency also agrees to complete the FNS-292 on a timely basis in accordance with requirements as well as all other normally recurring SNAP reporting included the FNS 46 and 388 reports, on a timely basis in accordance with requirements.

In addition, The State agency will submit weekly reports to FNS with the following information for the entire State:

- The value of EA issued.
- The average issuance amount per household.
- The number of households issued EA

Justification for Request: Coronavirus COVID-19, as provided by the Families First Coronavirus Response Act.

5. Affected Caseload:

One month estimates for existing SNAP households under these procedures:

- Number of households receiving emergency allotments benefits: 46101
- Amount of emergency allotment benefits issued for one month: \$5,108,000.00
- Number of months requested (2 month limit) 2 Months (April and May)

USDA reserves the right to withdraw or otherwise modify this approval subject to availability of funding

6. Anticipated Implementation Date:

As soon as the waiver is approved and we are able to get the system updates made.

7. Signature and Title of Requesting State Agency Official:

Justine Welker

Signature

Justine Welker SNAP/QA Program Manager

Print Name and Title

8. Date of Request: March 30, 2020