



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Health and Social Services

DIVISION OF PUBLIC ASSISTANCE
Policy & Program Development
P.O. Box 110640
Juneau, Alaska 99811-0640
Main: 907-465-3382
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March 18, 2020

Charles Tobin
Regional Director
Supplemental Nutrition Assistance Program
550 Kearny Street, Room 400
San Francisco, CA 94108

Dear Mr. Tobin:

The State of Alaska is requesting to waive regulations at 7 CFR 273.2(a)(2)(b) and 7 CFR 273.2(c)(7)(i). Under this waiver, Alaska is requesting to accept telephonic applications and document the applicant's voice signature in our eligibility system. The State will continue to accept and require signatures on paper applications.

The State is requesting this temporary waiver to facilitate program access and ease the hardship for needy Alaskans while also helping to keep applicants and caseworkers healthy by creating the social distancing needed during these difficult times.

If you have any questions, please contact Matthew Stangley at (907)465-5835 or via email at Matthew.Stangley@alaska.gov, or Reuben Lumbab at (907)465-3201 or via email at Reuben.Lumbab@alaska.gov.

Thank you,

A handwritten signature in black ink, appearing to read "M. Stangley".

Matthew Stangley
Chief of Policy and Program Development
Division of Public Assistance

STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):**
2. **Type of request:** Initial
3. **Regulation citations:** 7 CFR 273.2(a)(2)(b) and 7 CFR 273.2(c)(7)(i)
4. **State:** Alaska
5. **Region:** Western
6. **Regulatory requirements:** Under 7 CFR 273.2(a)(2)(b), a State agency may consider an application form to be a paper document, on-line document or recorded conversation.

Under 7 CFR 273.2(c)(7)(i), a form must be signed to establish a filing date and to determine the State agency's deadline for acting on the form. The agency shall not certify a household without a signed form.
7. **Description of alternative procedures:** The State of Alaska is requesting approval to temporarily waive the requirements to receive a signed application prior to certification. Alaska would continue to accept and require a signature on paper applications but we would also start accepting telephonic applications. The following alternate procedures would be followed:
 - Caseworkers would read the rights and responsibilities to the applicant and document their understanding in our eligibility system.
 - Caseworkers would ask the applicant each application question and document the applicant's answer to each in our eligibility system.
 - Caseworkers would confirm and document in our eligibility system that the applicant attests, under penalty of perjury, to the truthfulness of the information contained in the application, including the information concerning citizenship and alien status of the members applying for benefits.
 - Caseworkers would confirm that the applicant is signing the application with their voice consent and document this fact in our eligibility system.
8. **Justification for request:** The State of Alaska believes that this waiver will help facilitate program access for needy Alaskans while also helping to reduce the transmission of the COVID-19 virus.
9. **Anticipated impact on households and State agency operations:** The waiver will ease the hardship for low-income Alaskans caused by the COVID-19 virus outbreak and help keep applicants and caseworkers healthy by creating the social distancing needed during these difficult times.

10. Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable): This waiver affects the entire state.

11. Anticipated implementation date and time period for which waiver is needed:
The State is requesting that this waiver be approved effective April 1, 2020 through September 30, 2020.

12. Proposed quality control review procedures: No special Quality Control review processes will be required.

13. State agency submitting waiver request and State contact person:

Matthew Stanglely
Chief of Policy & Program Development
Division of Public Assistance

14. Signature and title of requesting official:



Matthew Stanglely
Chief of Policy & Program Development

15. Date of request: March 18, 2020

16. State agency staff contact (name/email/telephone):

Matthew Stanglely
Chief of Policy & Program Development
State of Alaska – Dept. of Health and Social Services – Division of Public Assistance
907-465-5835
matthew.stanglely@alaska.gov

or

Reuben Lumbab
Public Assistance Analyst II
State of Alaska – Dept. of Health and Social Services – Division of Public Assistance
907-465-3201
reuben.lumbab@alaska.gov

18. Regional office contact person (to be completed by FNS regional office):