

STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):** 970028
2. **Type of request:** Amendment
3. **Statutory citation:** Section 6(o) of the Food and Nutrition Act of 2008
4. **Regulatory citation:** 7 CFR 273.24 as amended by the Food and Nutrition Service's Final Rule "Supplemental Nutrition Assistance Program: Requirements for Able-Bodied Adults Without Dependents," published on December 5, 2019 (84 FR 66782).
5. **State:** New Jersey
6. **Region:** Mid-Atlantic
7. **Regulatory requirements:** Section 6(o) of the Food and Nutrition Act of 2008, as amended, provides that no able-bodied adult without dependents (ABAWD) shall be eligible to participate in the Supplemental Nutrition Assistance Program (SNAP) as a member of any household if the individual received program benefits for more than 3 months during any 3-year period in which the individual was subject to but did not comply with the ABAWD work requirement. Section 6(o) also provides that, upon the request of the State agency, the Secretary may waive the applicability of the 3-month ABAWD time limit for any group of individuals in the State if the Secretary makes a determination that the area in which the individuals reside has an unemployment rate of over 10 percent, or does not have a sufficient number of jobs to provide employment for the individuals.
8. **Description of alternative procedures:** The State of New Jersey is requesting to exempt able-bodied adults without dependents (ABAWDs) in 3 Labor Market Areas (LMAs) from SNAP time limits at 7 CFR 273.24 as amended by the Food and Nutrition Service's Final Rule (84 FR 66782).
9. **Justification for request:**
Under SNAP regulations at 7 CFR 273.24(f)(2), areas may support a claim of insufficient jobs by submitting evidence that an area has an average unemployment rate for a 24-month time period that exceeds the national average for the same 24-month period by 20 percent, but in no case may the 24-month average unemployment rate of the requested area be less than 6 percent. 7 CFR 273.24(f)(4) provides that a Labor Market Area (LMA), the intrastate part of an interstate LMA, a reservation area, or a U.S. Territory are considered to be areas for the purposes of waivers.

The State of New Jersey seeks a waiver for 3 Labor Market Areas based on each Labor Market Area having an average unemployment rate at least 6 percent and at least 20 percent above the national average for the 24-month period of July 2017 through June 2019. The national average unemployment rate for this 24-month period was 3.9 percent; 20 percent above this was 4.7 percent.

Bureau of Labor Statistics Labor Market Area Unemployment Data July 2017 through June 2019			
Labor Market Areas - Affiliated County(ies)	Unemployed Total	Labor Force Total	24-Month Unemployment Rate
Atlantic City – Hammonton	171,616	2,862,650	6.0%
- Atlantic County			
Ocean City	91,921	1,111,749	8.3%
- Cape May County			
Vineland - Bridgeton	99,394	1,552,610	6.4%
- Cumberland County			
20% Above National Average Threshold			4.7%

10. Anticipated impact on households and State agency operations:

This waiver will provide consistency for households and State agency operations in areas where there are not a sufficient number of jobs to provide employment for able-bodied adults without dependents.

11. Caseload information, including percent, characteristics, and quality control error rate for affected portion (if applicable):

The caseload for these areas, as of September 2019, represent 9% of the caseload for the state. There are no quality control procedures involved.

12. Anticipated implementation date and time period for which waiver is needed:

The State is requesting a one-year waiver, from April 1, 2020 through March 31, 2021.

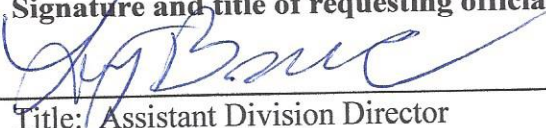
13. Proposed quality control review procedures:

There are no special quality control procedures needed in conjunction with this waiver.

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

New Jersey Department of Human Services, Division of Family Development
Natasha Johnson, Assistant Commissioner

15. Signature and title of requesting official:



Title: Assistant Division Director

Email for transmission of response: Larry.braasch@dhs.nj.gov

16. Date of request:

January 31, 2020

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

Larry Braasch, Assistant Division Director

Larry.braasch@dhs.nj.gov

(609) 588-2405

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