

## 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, as amended
4. **Regulatory citation:** 7 CFR 273.24
5. **State:** New Jersey
6. **Region:** MARO
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 ABAWDs in 15 counties from SNAP time limits at 7 CFR 273.24.
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. 7 CFR 273.24(f)(6) provides that States may define areas to be waived.

The State of New Jersey seeks a waiver for a regional group of 15 counties based on the region's aggregate average unemployment rate for the 24-month period of April 2017 through March 2019. The national average unemployment rate for this 24-month period was 4.0 percent; 20 percent above this was 4.8 percent. The region's average unemployment rate for this period was 4.8 percent.

<b>Bureau of Labor Statistics Local Area Unemployment Data</b> <b>April 2017 through March 2019</b>		
<b>Counties</b>	<b>Unemployed Total</b>	<b>Labor Force Total</b>
Atlantic County, NJ	181,186	2,857,733
Burlington County, NJ	214,614	5,486,010
Camden County, NJ	290,739	6,031,265
Cape May County, NJ	95,612	1,106,704
Cumberland County, NJ	103,284	1,552,213
Essex County, NJ	470,680	8,778,893
Gloucester County, NJ	157,320	3,551,722
Hunterdon County, NJ	51,256	1,517,498
Mercer County, NJ	181,356	4,715,903
Ocean County, NJ	289,899	6,421,424
Passaic County, NJ	306,915	5,766,367
Salem County, NJ	39,846	694,568
Sussex County, NJ	72,335	1,748,189
Union County, NJ	294,162	6,569,059
Warren County, NJ	52,712	1,330,249
<b>Combined Area Total</b>	<b>2,801,916</b>	<b>58,127,797</b>
<b>Combined Area Unemployment Rate</b>	<b>4.8%</b>	
<b>20% Above National Average Threshold</b>	<b>4.8%</b>	

**10. Anticipated impact on households and State agency operations:**

This waiver will provide consistency for households and State agency operations in areas where unemployment remains higher than the national average.

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

The caseload for these areas, as of June 2019, represent 67% 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 January 1, 2020 through December 31, 2020.

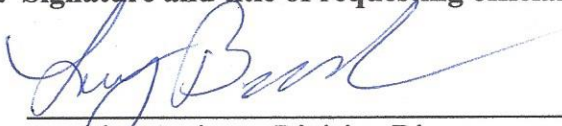
**13. Proposed quality control review procedures:**

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, Division Director

**15. Signature and title of requesting official:**



Title: Assistant Division Director

Email for transmission of response: [Larry.braasch@dhs.state.nj.us](mailto:Larry.braasch@dhs.state.nj.us)

**16. Date of request:**

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

Larry Braasch, Assistant Division Director

[Larry.braasch@dhs.state.nj.us](mailto:Larry.braasch@dhs.state.nj.us)

(609) 588-2405

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