

STATE WAIVER REQUEST

1. **Type of request:** Initial
2. **Regulatory citation:** 7 CFR 273.24(d)
3. **State:** Oregon
4. **Region:** Western
5. **Regulatory requirements:** Supplemental Nutrition Assistance Program regulations at 7 CFR 273.24 (d) require that an individual denied eligibility due to time-limit regulations at 7 CFR 273.24 (b) to regain eligibility by meeting certain requirements during any 30 consecutive days.
6. **Description of alternative procedures:** This waiver allows the individual to regain eligibility if, at the time they reapply, they are not able to complete activities due to COVID-19.
7. **State specific alternative procedures, if applicable:** None
8. **Justification for request:** In accordance with CDC guidelines this waiver intends to reduce opportunities for COVID-19 community spread by reducing the need for clients to have physical contact with potentially infected employers, co-workers, community agencies and others to meet SNAP requirements. As the pandemic fear spreads, businesses are downsizing or temporarily closing the doors. School and training centers are also closing or moving to online learning for current students. This makes it difficult for a participant who wants to regain eligibility to meet the participation hours within the required timeframe. This waiver allows individuals to meet their nutritional needs while affected by the COVID-19 pandemic.
9. **Anticipated impact on households and State agency operations:**
Oregon anticipates that implementation of this waiver will allow households a pathway to regaining eligibility during a period of time when there are limited resources and options available to individuals to be able to complete their regaining requirements.
10. **Caseload information, including percent, characteristics, and quality control error rate for affection portion:**

Caseload Information:

Oregon's current total SNAP caseload for December of 2019 was 348,294.

Starting April 1, 2020, up to 19,000 individuals in the State of Oregon may lose eligibility due to not meeting an exemption or participating in work activities. They may experience barriers to regaining due to a significant decrease in resources associated with the COVID-19 pandemic and related closures.

Quality Control Information:

Oregon doesn't anticipate that this waiver request will result in an increase in Quality Control errors.

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

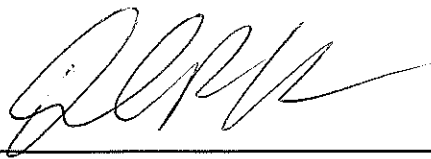
This waiver will be implemented upon approval and will be effective during the entire month, discontinuing the last day of the month the COVID-19 pandemic is declassified as a pandemic ended.

12. Proposed quality control review procedures: There will be no special quality control procedures needed in conjunction with this waiver request. However, State Quality Control will be tracking this error element for evaluation purposes.

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

Oregon Department of Human Services
Self-Sufficiency Programs
Supplemental Nutrition Assistance Program
Contact: Heather Miles, SSP Design Program Manager

14. Signature and title of requesting official:



Dan Haun, Self-Sufficiency Program Director
Self-Sufficiency Programs
Oregon Department of Human Services

15. Date of request:

March 20, 2020

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

