



GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES
Department of Human Services
Division of Family Assistance

Office of the Administrator

October 8, 2019

Bonnie Brathwaite
SNAP Regional Division Director
USDA/FNS Northeast Regional Office
10 Causeway Street, Room 501
Boston, MA 02222

RE: ABAWD Waiver Exemption Request

Dear Ms. Brathwaite:

Please accept this letter as our official request for a one-year waiver to exempt Able Bodies Without Dependents (ABAWDs) throughout the Territory from January 1, 2020 to December 31, 2020, from the Supplemental Nutrition Assistance Program (SNAP) time limits at 7CFR 273.24. The ABAWD and DOL data stats are attached.

Please do not hesitate to contact me should you require additional information.

Sincerely,

Natalie Bailey
Administrator

c: Ms. Pauline Dawes
Mrs. Emmanueline Archer


STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):** 2150046
2. **Type of request:** Extension and modification
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:** Virgin Islands
6. **Region:** NERO
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 U.S. Virgin Islands is requesting to exempt able-bodied adults without dependents (ABAWDs) on the entire U.S. territory from the SNAP time limit at 7 CFR 273.24.
9. **Justification for request:**
Under SNAP regulations at 7 CFR 273.24(f)(2), areas may qualify for an ABAWD time limit waiver if they have insufficient jobs. To support this claim, states may submit evidence that an area has an average unemployment rate for a 24-month time period that is at least 20 percent above the national average for the same 24-month period. 7 CFR 273.24(f)(6) provides that States may define areas to be waived.

The U.S. Virgin Islands is eligible for a waiver based on the island's average unemployment rate for the 24-month period of August 2017 through July 2019. The national average unemployment rate for this 24-month period was 3.9 percent; 20 percent above this was 4.7 percent. The territory's unemployment rate for this period was 9.2 percent. These unemployment rates are calculated from data obtained from

the Virgin Islands Department of Labor, since the U.S. Bureau of Labor Statistics does not collect data for this territory.¹

Virgin Islands Department of Labor Statistics Unemployment Data August 2017 through July 2019			
	Unemployed	Labor Force	Unemployment Rate
Virgin Islands	99,173	1,080,459	9.2%
20% Above National Average Threshold	4.7%		

10. **Anticipated impact on households and State agency operations:** This waiver will provide consistency for state operations.
11. **Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable):** This waiver affects the entire territory.
12. **Anticipated implementation date and time period for which waiver is needed:** The U.S. Virgin Islands is requesting a one-year waiver from January 1, 2020 through December 31, 2020.
13. **Proposed quality control review procedures:** There are no quality control procedures involved.
14. **State agency submitting waiver request and State contact person:** US Virgin Islands, Department of Human Services, Division of Family Assistance, Ms. Natalie Bailey
15. **Signature and title of requesting official:**

Title: Administrator
Email for transmission of response: natalie.bailey@dhs.vi.gov
16. **Date of request:** October 8, 2019
17. **State agency staff contact (name/email/telephone):** Emmanueline Archer, emmanueline.archer@dhs.vi.gov (340) 774-4309 ext. 4309
18. **Regional office contact person (to be completed by FNS regional office):**

¹ The data used to support this request was downloaded from the Virgin Islands Department of Labor website: <https://www.vidolviews.org/gsipub/index.asp?docid=430>.