

ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWD) WAIVER REQUEST

1. **Type of request:** Initial
2. **Statutory citation:** Section 6(o) of the Food and Nutrition Act of 2008, as amended
3. **Regulatory citation:** 7 CFR 273.24
4. **State:** New Jersey
5. **Region:** Mid-Atlantic
6. **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.
7. **Description of alternative procedures:** The State of New Jersey is requesting to exempt able bodied adults without dependents (ABAWDs) in 20 counties.
8. **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 region of 20 counties based on the region's aggregate average unemployment rate for the 24-month period of October 2022 to September 2024. The national average unemployment rate for this period was 3.8 percent; 20 percent above this was 4.5 percent. The region's aggregate average unemployment rate for this period was 4.5 percent.

Regional Grouping	Total Labor Force	Total Unemployed
Atlantic County, NJ	2,980,394	176,264
Bergen County, NJ	12,322,014	475,619
Burlington County, NJ	6,057,326	239,838
Camden County, NJ	6,629,476	318,720
Cape May County, NJ	1,172,805	87,567
Cumberland County, NJ	1,672,764	108,023
Essex County, NJ	9,527,404	529,988

Gloucester County, NJ	3,944,103	170,154
Hudson County, NJ	9,244,708	405,934
Hunterdon County, NJ	1,661,616	57,808
Mercer County, NJ	5,255,592	204,609
Middlesex County, NJ	11,273,876	463,114
Monmouth County, NJ	8,459,029	324,569
Ocean County, NJ	7,254,040	307,719
Passaic County, NJ	6,208,297	341,791
Salem County, NJ	753,630	41,655
Somerset County, NJ	4,383,089	167,401
Sussex County, NJ	1,894,872	80,874
Union County, NJ	7,088,585	335,334
Warren County, NJ	1,441,283	58,525
Total for Region	109,224,903	4,895,506
Combined Area Unemployment		4.5%
National Average		3.8%
20% Above National Average		4.5%

9. **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.
10. **Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable):** The 20 counties that are eligible for the ABAWD waiver represent 97.66% of SNAP households and 97.93% of SNAP participants in New Jersey.
11. **Anticipated implementation date and time period for which waiver is needed:** The State is asking for a one year waiver from February 1 ,2025 – January 31, 2026.
12. **Proposed quality control review procedures:** There are no special quality control procedures needed in conjunction with this waiver.
13. **Name, title, email, and signature of requesting official:**
Name: Larry Braasch
Title: Deputy Division Director
Email: larry.braasch@dhs.nj.gov
Signature:
14. **Date of request:** November 6, 2024
15. **State agency staff contact:**
Name: Alecia Eubanks
Title: Assistant Division Director

Email: alecia.eubanks@dhs.nj.gov

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