

SNAP Waiver Decision Worksheet

WAIVER DETAILS

1. State or Retailer Name:
2. Waiver Title:
3. Waiver Number or Identifier:
4. Analyst:
5. Type:
 - a. Other, if applicable:
6. Waiver Type:
7. Request Type:
8. Date Received:
9. Final Decision:
10. Final Decision Date:

WAIVER REQUEST

1. Does the request include all required waiver request parts?
2. Did FNS provide any technical assistance on this request?
3. Briefly describe any technical assistance provided.
4. Is this request a routine waiver? If yes, you may be finished with this coversheet. Confirm with your SOP. If no, continue to the next section.

ADDITIONAL WAIVER INFORMATION

1. Does the submission request to modify a current active waiver?
2. If applicable, Please provide a brief description of the modification.
3. Does the request include novel or innovative waivers or processes?
4. If applicable, please provide a brief description of the novel or innovative component?

5. Was anything, such as a write up, summary, etc, sent to leadership for an approval or denial decision that is above a Division Director?
6. If applicable, please provide details on leadership's decision to approve or deny the request, the date the decision was issued, the reason for the decision and/or the policy interpretation. Make sure any relevant emails and/or briefing papers are included in the casefile, as applicable.
7. If applicable, does the request have potential adverse impacts on any of the following:
 - a. Program Integrity
 - b. Program access
 - c. Timeliness
 - d. Churn
 - e. Administrative Burden
 - f. Civil Rights
 - g. Other:

DATA REPORTS AND EVALUATIONS, IF APPLICABLE

1. Have all required data reports been submitted?
2. Are the data reports sufficient for FNS to evaluate the request?
3. If applicable, are the data reports sufficient for FNS to determine cost neutrality?