

## STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):**
2. **Type of request:** Initial due to COVID-19 emergency
3. **Statutory citation:** Families First Coronavirus Response Act
4. **Regulatory citation:** §7 CFR 273.2 (c)(7)
5. **State:** Iowa
6. **Region:** MWRO
7. **Regulatory requirements:**

§7 CFR 273.2 (c)(7)(i) Requirement for a signature. A form must be signed to establish a filing date and to determine the State agency's deadline for acting on the form. The State agency shall not certify a household without a signed form. 273.2 (iii) through (ix) (B) describes the various signing options – written, unwritten, electronic, telephonic (recorded), and gestured.
8. **Description of alternative procedures:**

Individuals who request assistance over the phone will have their applications (including applications for recertification) completed, and interview held by the eligibility worker at the time of the call. The application date will be the date the phone interview takes place, which will be the same day the application is completed by eligibility staff. Many households do not have access to the internet, and as human service offices continue to close and social distancing is recommended, households need easy access to benefits.

Iowa still expects to receive applications via mail, fax and electronically. There will be no change to benefit start date when applications are received under normal processes. However, if a required signature is missing, eligibility staff will allow a verbal signature.

Any time a verbal signature is accepted, the eligibility worker will note this on the application and enter a case note in WISE, Iowa's electronic case file.
9. **Justification for request:**

This request is justified pursuant to the Families First Coronavirus Response Act and 7 CFR 272.3(c) (1)(ii) which permits FNS to authorize waivers that result in a more effective and efficient administration of the program. The approval of this waiver will ensure Iowa can respond quickly to the increase in demand for SNAP benefits as a result of this health crisis.

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

This waiver will allow applications for SNAP benefits to be approved more quickly. In the first quarter of FFY 20, the Iowa DHS received 34,237 initial applications and 31,823 applications for recertification, for a total of 66,060. This is an average of just over 22,000 applications monthly, and we expect increased numbers during the COVID-19 health crisis. Approximately 75% of initial applications are filed electronically and an electronic signature is required for submission, so those applications will not be affected by this waiver.

Allowing verbal signature on all applications, both applications completed verbally and those that are received without the required signature, will help ensure benefits flow quickly to households with swift approval processes.

**11. Caseload information:**

As of February 2020, Iowa was serving 144,817 SNAP households. We expect increased applications and caseloads during the COVID-19 health crisis.

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

Immediately until the COVID-19 health crisis has passed.

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

Iowa requests hold-harmless provisions for all pandemic-related waivers approved by USDA.

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

**e-signed:** *Janee Harvey*

Name: Janee Harvey

Title: Division Administrator, Adult, Children and Family Services

Email for transmission of response: [Jharvey1@dhs.state.ia.us](mailto:Jharvey1@dhs.state.ia.us)

**15. Date of request:**

3/23/2020

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

Food Assistance Program Manager: Kari Lind, [klind@dhs.state.ia.us](mailto:klind@dhs.state.ia.us), 515-281-7000

**17. Regional office contact person (to be completed by FNS regional office):** Tina Kopec, [Christina.kopec@usda.gov](mailto:Christina.kopec@usda.gov)