



Food and Nutrition  
Service

1320 Braddock Place  
Alexandria, VA  
22314

March 27, 2020

Grace B. Hou  
Secretary  
Illinois Department of Human Services  
Harris II Building, 3rd Floor  
100 South Grand Avenue, East  
Springfield, Illinois 62762

RE: Supplemental Nutrition Assistance Program (SNAP) – Illinois Adjustment  
Request for Recording of Telephonic Signature –Due to Novel Coronavirus  
(COVID-19) Approval

Dear Ms. Hou:

This letter transmits the approval of the Illinois Department of Human Services (DHS) request to adjust SNAP regulations at 7 CFR 273.2(c)(7)(viii)(A), 7 CFR 273.2(c)(7)(viii)(B), and 7 CFR 273.2(e)(7)(viii)(C), which require an audio recording of a telephonic signature.

Under this adjustment (COV-056), the State can document in the case file that a client verbally attested to the information provided on the application. The State must document the client's name, date and time of application, a summary of the information to which the client verbally assents, and the client's responses indicating agreement or disagreement. Such documentation will fulfill the requirements for a signed application for households who submit an application over the phone or who have submitted an application without a signature.

The Food and Nutrition Service (FNS) is approving this adjustment under authorization of the Families First Coronavirus Response Act (P.L. 116-127) for a period of 3 months, effective March 1, 2020 through May 31, 2020. FNS has determined this adjustment to be consistent with what is practicable under actual conditions in areas affected by the COVID-19 Public Health Emergency.

The approval is contingent upon the State agency's compliance with the conditions and data reporting components in item 11 of Enclosure 1 and are due 45 days after expiration (July 15, 2020). The detailed waiver response is enclosed.

Please note that this approval may differ from the State's request. If you have questions or need additional information regarding this adjustment, please contact your respective Regional office representative.

COV-056

Page 2

Sincerely,

Sasha Gersten-Paal

Director

Program Development Division

Supplemental Nutrition Assistance Program

Enclosure

**RECORDING OF TELEPHONIC SIGNATURES ADJUSTMENT  
RESPONSE**

1. **Waiver serial number:** COV-056
2. **Type of request:** Initial
3. **Regulatory citation:** 7 CFR 273.2(c)(7)(viii)(A), 7 CFR 273.2(c)(7)(viii)(B), 7 CFR 273.2(e)(7)(viii)(C)
4. **State:** Illinois
5. **Region:** Midwest
6. **Regulatory requirements:** Supplemental Nutrition Assistance Program (SNAP) regulations at 7 CFR 273.2(c)(7)(viii)(A) require State agencies that choose the option to accept telephonic signatures to specify in their State plans of operation that they have taken the option.

Regulations at 7 CFR 273.2(c)(7)(viii)(B) require that to constitute a valid telephonic signature, the State agency's telephonic signature system must make an audio recording of the household's verbal assent and a summary of the information to which the household assents. An example of a telephonic signature is a recording of "Yes" or "No", "I agree" or "I do not agree", or otherwise clearly indicating agreement or disagreement during an interview over the telephone.

Regulations at 7 CFR 273.2(c)(7)(viii)(C) require that a telephonic signature system must provide for linkage from the audio file of the recorded verbal assent to the application so that the State agency has ready access to the household's entire case file.

7. **Description of alternative procedures:** The State will not be required to create an audio recording of the client attestation or link that recording to the client case file. The State will summarize the information to which the household assents and allow a verbal signature from the client that is documented by the State. The documentation will include a case note in the State's eligibility system to demonstrate that the client has signed the application. The information the State documents in the case file must include the client's name, date and time of application, a summary of the information to which the client verbally assents, and the client's responses indicating agreement or disagreement. If a client submits an application without a signature and the State is able to connect with the client over the phone, the State will also note on the application that verbal attestation of

the signature was given. The State is not required to amend its State Plan of Operation to indicate it is taking the telephonic signature option.

**8. Action and reason for approval or denial:** The Food and Nutrition Service (FNS) recognizes the need for adjustments due to the COVID-19 Public Health Emergency. As authorized by the Families First Coronavirus Response Act (P.L. 116-127), FNS' approval of this adjustment is based on the determination that the adjustment is consistent with what is practicable under actual conditions in areas affected by the COVID-19 Public Health Emergency. FNS is approving the State's request for a period of 3 months, effective March 1, 2020, through May 31, 2020.

**9. Conditions and reasons:** FNS is approving this adjustment subject to the following conditions:

- The adjustment is limited to those households who submit an application over the phone or who have submitted a paper application without a signature;
- Households will still be permitted to submit an application over the telephone with only name, address and signature to establish a filing date;
- The State will continue to accept paper applications with signatures and online applications with electronic signatures (if available in the State);
- The State will ensure that sufficient controls in their policy and automation are in place to implement the terms of this waiver correctly, including a sufficient number of lines to accept calls and any necessary staffing changes to accept applications through the telephone;
- The State will continue to comply with all other applicable interview and signature requirements;
- The State will not accept an application without a signature, in accordance with 7 CFR 273.2(c)(7)(i);
- The State will consult with their legal counsel to determine if this alternate approach constitutes a valid legal signature in their State; and
- The State agency has the capacity to provide to FNS the data required for evaluation of the caseload.

**10. Evaluation Data Requirements**

The State agency must provide to FNS the data and analysis listed below required for evaluation of this adjustment.

- Estimated number of households affected by this adjustment;
- A narrative on the effect of program access and client satisfaction, including an analysis of any client or advocate complaints received related to the adjustment procedure;
- A narrative on the effect of providing timely and accurate benefits; and

- A narrative on the effect of any other aspects of the eligibility process including the ability to manage staff caseload growth and the impact on administrative efficiency.

**11. Expiration date:** May 31, 2020

**12. Quality control procedures:** No special Quality Control (QC) procedures are required for cases subject to the provisions of this waiver. Cases should be reviewed using standard review procedures contained in the FNS Handbook 310.

**13. Anticipated implementation date (*notify FNS if actual date differs*):**  
Upon receipt of approval.