



April 17, 2020

Julie Mikkelson  
Midwest Regional Director  
Supplemental Nutrition Assistance Program  
United States Department of Agriculture  
77 West Jackson Blvd., 20th Floor  
Chicago, Illinois 60604-3507

Dear Julie Mikkelson:

The Illinois Department of Human Services is submitting a waiver request to disregard regulations at 7 CFR 273.6 that require that households participating or applying for SNAP benefits provide the Social Security Number (SSN) of each household member or apply for one before certification.

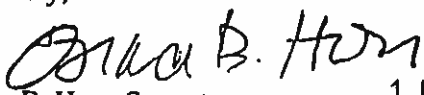
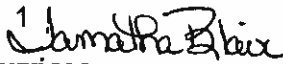
During the current COVID-19 pandemic, the Social Security Administration has closed their offices to in-person activities. While some priority services are available over the telephone or online, some services require an in-person interview.

Newly arrived immigrants 12 years of age and old and immigrants who have status changes are required to report in person.

Because of this hardship, Illinois is requesting a waiver to allow the month of application and three months following as the good cause period.

If you have questions regarding the waiver request, please do not hesitate to contact Leslie K. Cully at [leslie.k.cully@illinois.gov](mailto:leslie.k.cully@illinois.gov) or 217/785-3294. We look forward to hearing from you.

Sincerely,

  
Grace B. Hou, Secretary  
Illinois Department of Human Services  


Cc: Leslie K. Cully  
Terri Vaniter

## STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):**
2. **Type of request:** Initial
3. **Regulatory citation:** 7CFR 283.6 (d)
4. **State:** Illinois
5. **Region:** MWRO
6. **Regulatory requirements:**

Regulations at 7 CFR 273.6 require that households participating or applying for SNAP benefits provide the Social Security Number (SSN) of each household member or apply for one before certification. Section (d) of this chapter addresses good cause requirements for not providing or applying for one. If the household member is able to show good cause why an application has not been completed in a timely manner, that person is allowed to participate for one month in addition to the month of application. This good cause determination must be re-examined monthly.
7. **Description of alternative procedures:**

Illinois is requesting a waiver to allow the month of application and three months following as the good cause period. At the end of the good cause period, the agency would re-determine good cause for an additional three-month period.
8. **Justification for request:**

During the current COVID-19 pandemic, the Social Security Administration has closed their offices to in-person activities. According to their website, only certain priority services will be available, those that may be done over the phone or online. Applications for SSNs for newborns or children up to age 12 may be completed online, but applications for newly arrived immigrants 12 and over or those age 12 and over whose status has adjusted, must still be completed in person. This is not possible now, and when the offices do reopen, we expect they will have a backlog that may further delay issuing the new numbers.
9. **Anticipated impact on households and State agency operations:**

Under the current process, any cases affected must be reviewed monthly, with the eligibility worker reaching out to the client to see if good cause still exists. With no in-person SSA office visits allowed, the client's circumstances will not have changed. Allowing the good cause redetermination period to extend three months beyond the application month will ease the burden on staff and eliminate needless contacts with clients.

**10. Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable):**

As of 04/1/2020 the total SNAP households are 891,097 with 4234 total SNAP households that contain a Refugee or a total 10558 individuals.

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

Implementation upon approval. We request a waiver period of 6 months, with the option of extending in 6-month increments, if necessary.

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

For active cases, household members age 12 or over whose SSNs have not been issued will be eligible for three months after the month of application, with extensions allowed in three-month increments. Negative actions based on a client's failure to establish good cause will be found invalid if the good cause period was less than three full months and continuing good cause was not determined correctly.

**13. State agency submitting waiver request and State contact person:**

Leslie K. Cully  
Illinois SNAP Director  
Illinois Department of Human Services

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



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**Grace B. Hou**  
Title: Secretary/IDHS



**15. Date of request: 04/17/2020**

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

Leslie K. Cully at [leslie.k.cully@illinois.gov](mailto:leslie.k.cully@illinois.gov) 217/785-3294

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