

STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):**
2. **Type of request:** New
3. **Regulatory citation:** 7 CFR 273.2(b)(1)(iii); 7 CFR 273.2(c)(7)(i)
4. **Secondary regulation citation, if any:**
5. **State:** Michigan
6. **Region:** MWRO
7. **Regulatory requirements:** The Supplemental Nutrition Assistance Program (SNAP) regulations at 7 CFR 273.2(b)(1)(iii) requires a statement to be signed by one adult household member which certifies, under penalty of perjury, the truth of the information contained in the application, including the information concerning citizenship and alien status of the members applying for benefits and 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.
8. **Proposed alternative procedures:** The Michigan Department of Health & Human Services (MDHHS) is requesting a waiver of the regulatory requirement at 7 CFR 273.2(b)(iii) to permit client signature of the SNAP application to be collected via phone consultation with the MDHHS specialist during the time Michigan is under a state of emergency due to COVID-19. This phone signature will also establish the filing date for the application.
9. **Justification for request:** On January 31, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak of COVID-19 a public health emergency of international concern as well as Health and Human Services Secretary, Alex M. Azar II, declared a public health emergency for the United States. The Governor of Michigan, Governor Gretchen Whitmer, declared a state of emergency of the entire state of Michigan on March 10, 2020, (Executive Order 2020-04) to protect the well-being of the citizens of Michigan from the dangerous effects of COVID-19. In addition to the state-declared state of emergency, on March 13, 2020, President Trump declared a national state of emergency over the COVID-19 pandemic.

This waiver will allow for individuals to verbally sign the application for SNAP benefits and/or member adds upon consultation with the MDHHS specialist during the application interview. This will eliminate the time spent requesting and waiting for documents to return and will allow for agency workers to expeditiously process eligibility after completing the interview. Further, while the number of applications increases, counties will not have the staff capacity to maintain the work and will need to prioritize accordingly. Allowing this exemption will provide needy

citizens of Michigan benefits quicker and lessen the strain on county workforce, who were already at capacity.

- 10. Anticipated impact on households and State agency operations:** This waiver will eliminate the requirement for SNAP applicants to submit a signed physical copy of the application at a time when individuals are being directed to stay in their homes and to not go to public buildings. Due to the expected influx in SNAP applications, we are seeking approval of this waiver to expeditiously ensure SNAP benefits are received timely, to assist local offices agencies in managing the substantially increased number of applications, and to issue benefits to vulnerable citizens quicker. Further, while the number of applications increases, the current county workforce level to process the work, already strained, will be unable to keep up with the demand.
- 11. Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable):** This waiver will apply to all SNAP applicant and recipient households. The number of SNAP recipients as of February 9,2020 was 1,175,901.
- 12. Anticipated implementation date and time period for which waiver is needed:**
Immediately upon approval until the month following the month the state of emergency ends.
- 13. Proposed quality control review procedures:** Cases will be reviewed in accordance with this waiver approval.
- 14. State agency submitting waiver request and State contact person:** Michigan Department of Health & Human Services, Dawn M. Sweeney.
- 15. Signature and title of requesting official:**

Dawn M. Sweeney
SNAP State Administrator, Economic Stability Administration, MDHHS
Sweeneyd1@michigan.gov

- 16. Date of request:** March 20, 2020
- 17. State agency staff contact (name/email/telephone):** Dawn M. Sweeney, 517-243-5560
Sweeneyd1@michigan.gov
- 18. Regional office contact person:**