

## STATE WAIVER REQUEST

**1. Waiver Serial Number (if applicable):**

**2. Type of request:**

Initial

**3. Regulatory citation:**

7 CFR 273.13

**4. State:**

North Dakota

**5. Region:**

Mountain Plains Region

**6. Regulatory requirements:**

Regulation at 7 CFR 273.13 provide that states must complete an adverse action to terminate a SNAP case when they are found to no longer be eligible.

**7. Proposed alternative procedures:**

North Dakota is requesting a waiver be granted to waive all closing or benefit reduction adverse actions for 90 days. This proposal will affect all active cases during April, May and June due to the COVID-19 pandemic. The exception to the waiver will be death notifications which will be closed immediately. The waiver will be re-evaluated at 90 days.

**8. Justification for request:**

This request is justified pursuant to 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 the waiver would allow participants to remain active so that households can continue to receive SNAP benefits during this health crisis.

**9. Caseload information, including percent of caseload and description of population expected to be affected by this waiver:**

North Dakota currently has 22,910 active SNAP households that may be affected by this waiver.

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

The waiver will allow participants to continue receiving SNAP benefits during this time of health crisis. Reporting, Processing and verification requirements will be followed after the 90 days or the end of the health crisis.

**11. Anticipated implementation date and time period for which waiver is needed (please indicate if the waiver approval is needed to make system adjustments):**

Will be implemented upon waiver approval for the period of 90 days or until COVID-19 health crisis has passed. Waiver will be re-evaluated at 90 days.

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

No special QC procedures are required for cases subject to the provisions of the waiver

**13. Name, title, and email of requesting official:**

**Name: Michele Gee**

**Title: Director of Economic Assistance**

**Email: [mgee@nd.gov](mailto:mgee@nd.gov)**

**14. Date of request: 3/25/2020**

**15. State agency staff contact:**

**Name: Deb Kramer**

**Title: SNAP Program Administrator**

**Email: [debkramer@nd.gov](mailto:debkramer@nd.gov)**

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

**Philip Fraley, [Philip.fraley@usda.gov](mailto:Philip.fraley@usda.gov), 303.844.0341**