



Lori A. Shabinette  
Commissioner

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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*DIVISION OF ECONOMIC & HOUSING STABILITY*  
*BUREAU OF FAMILY ASSISTANCE*

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April 3, 2020

Bonnie Brathwaite, Director  
Supplemental Nutrition Assistance Program  
Northeast Region  
10 Causeway Street  
Boston, MA 02222

Dear Ms. Brathwaite:

New Hampshire has chosen to accept telephonic signatures as indicated in our annual State Plan. However, the current Coronavirus pandemic is putting additional strain on our electronic systems as a result of the increasing numbers of applicants and changes that are necessary to maintain optimum system capacity.

While it is our intention to continue on-going use of our current telephonic signature capacity, out of an abundance of caution that we might find systems failing, we have decided to request a waiver to waive the requirement to create an audio recording of the household attestation or link the recording to the household case file. Instead, the State will summarize the information to which the household assents and allow a verbal signature from the household which we will document.

The Families First Coronavirus Response Act (P.L. 116-127) allows this adjustment as it is consistent with what is reasonable under the actual conditions states are facing as a result of the Covid-19 public health emergency.

If you have any questions please contact Maureen Burke, Administrator III, at 603-271-9660. She can also be reached at [Maureen.Burke@dhhs.nh.gov](mailto:Maureen.Burke@dhhs.nh.gov)

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Debra Sorli".

Debra Sorli, Bureau Chief  
Bureau of Family Assistance

Cc:  
Maureen Burke

## INITIAL WAIVER TEMPLATE

**1. Waiver serial number:**

**2. Type of request:** Initial

**3. Primary regulation citations:** 7 CFR 273.2(c)(7)(viii)(A), 7 CFR 273.2(c)(7)(viii)(B), and 7 CFR 273.2(c)(7)(viii)(C)

**4. Secondary regulation citation, if any:** N/A

**5. State:** New Hampshire

**6. Region:** NERO

**7. Regulatory requirements:** 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 Operations that they have chosen this option.

7 CFR 273.2(c)(7)(viii)(B) requires 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. An example of a summary of the information to which the household assents is a recording of a reiteration of the household's details agreed to during the telephone conversation.

7 CFR 273.2(c)(7)(viii)(C) requires that the 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.

**8. Proposed alternative procedures:** New Hampshire will not be required to create an audio recording of the household attestation or link the recording to the household case file. Instead, the State will summarize the information to which the household assents and allow a verbal signature from the household that is documented by the State. The documentation will include a case note in the State's eligibility system to demonstrate that the household has signed the application. The information the State documents in the case file will include the client's name, date and time of application, a summary of the information to which the household assents, and the client's responses indicating agreement or disagreement. If a household submits an application without a signature and the State agency is able to connect with the household over the telephone, the State will also note on the application that verbal attestation of the signature was given. The State will not be required to amend its State Plan of Operation to indicate it is taking the telephonic signature option.

**9. Justification for Request:** The State believes this waiver request is justified pursuant to §272.3(c)(1)(i) and (ii), which allows FNS to approve waivers it determines appropriate when specific regulatory provision cannot be implemented due to extraordinary temporary situations and when approval of the waiver would result in a more effective and efficient administration of the program.

The Families First Coronavirus Response Act (P.L. 116-127) allows this adjustment as it is consistent with what is reasonable under the actual conditions states are facing as a result of the Covid-19 public health emergency.

**10. Anticipated impact on households and State agency operations:** New Hampshire anticipates that the impact of this waiver will be to ease application and recertification requirements for those individuals impacted by the current pandemic and allow for more rapid processing of benefits. In addition, it will assist local offices manage the substantially increased number of applications.

**11. Caseload Information including percent of caseload and description of caseload expected to be effected by this waiver:** The State will apply this waiver to all applicant and recipient households. The number of SNAP recipients as of February 29, 2020 was 72,095.

**12. Proposed Implementation Date:** The State agency requests that this waiver be effective from March 1, 2020 – July 31, 2020.

**13. Proposed quality control review procedures:** No special Quality Control procedures will be required. Cases will be reviewed using basic review standards using the Quality Control 310 Handbook.

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

Name: Debra Sorli

Title: Bureau Chief, Bureau of Family Assistance

**15. Date of request:** April 3, 2020

**16. State Agency Staff Contacts:**

Name: Maureen Burke and/or Laurie Green

Phone: 603-271-9660 and/or 603-271-9287

E-mail: Maureen.burke@dhhs.nh.gov and/or laurie.green@dhhs.nh.gov

**Regional Office Contact:** *(to be completed by FNS Regional Office)*