

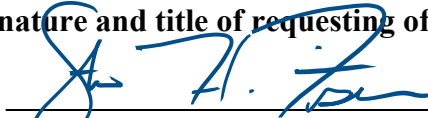
## STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):**
2. **Type of request:** Initial
3. **Regulatory citation:** 7 CFR 273.5(a)
4. **State:** Nevada
5. **Region:** WRO
6. **Regulatory requirements:** The Supplemental Nutrition Assistance Program (SNAP) regulations at CFR 273.5(a) state that an individual who is enrolled at least half-time in an institution of higher education shall be ineligible to participate in SNAP, unless the individual qualifies for one of the exemptions contained in paragraph (b) of this section.
7. **Description of alternative procedures:** Nevada is requesting a waiver of regulations at 7 CFR 273.5(a) to allow students who are enrolled at least half-time in an institution of higher education to be eligible to participate in SNAP without being required to meet one of the exemptions in 7 CFR 273.5(b).
8. **Justification for request:** As a result of the COVID-19 pandemic, many businesses, employers, and school offices are closed. This makes it extremely challenging for our front-line eligibility staff to verify student enrollment, verify if the school meets the definition of an institution of higher education, or verify if a student is approved to participate in a work study program. Additionally, many Nevada businesses have been closed as a result of the pandemic, which has resulted in job loss for those students who were employed.
9. **Anticipated impact on households and State agency operations:** This waiver will allow students in higher education to be eligible for SNAP without the requirement to meet an exemption in 7 CFR 273.5(b) or for the division to verify if a student meets one of these exemptions.
10. **Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable):** This waiver is applicable to Nevada's entire SNAP caseload.
11. **Anticipated implementation date and time period for which waiver is needed:** March 18, 2020 through June 30, 2020.
12. **Proposed quality control review procedures:** There are no quality control procedures involved.

**13. State agency submitting waiver request and State contact person:** State of Nevada,  
Department of Health and Human Services, Division of Welfare and Supportive Services.

Contact Person: Steve H. Fisher, Administrator  
Division of Welfare and Supportive Services  
1470 College Parkway  
Carson City, Nevada 89706  
shfisher@dwss.nv.gov

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



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Steve H. Fisher, Administrator

Email for transmission of response: shfisher@dwss.nv.gov

**15. Date of request:** April 1, 2020.

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

Sheri Gallucci, SNAP Program Specialist  
Division of Welfare and Supportive Services  
[sgallucci@dwss.nv.gov](mailto:sgallucci@dwss.nv.gov)  
775-684-0608.

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