

STATE WAIVER REQUEST

1. **Type of request:** Initial
2. **Regulatory citation:** 7 CFR 273.2(c)(7)(viii) (A-D)
3. **State:** Oregon
4. **Region:** Western
5. **Regulatory requirements:** Supplemental Nutrition Assistance Program (SNAP) regulations at 7 CFR 273.2 (c)(7)(viii) (A-D) specify provisions to capture telephonic signatures including audio recordings of verbal assent to the application.
6. **Description of alternative procedures:** This waiver allows the State Agency to waive the requirement of recording the verbal assent. Eligibility workers will narrate the information and the agreement.
7. **State specific alternative procedures, if applicable:** None
8. **Justification for request:** In accordance with CDC guidelines this waiver intends to reduce opportunities for COVID-19 community spread by reducing the need for clients to have physical contact with potentially infected employers, co-workers and others to meet SNAP requirements. This additional efficiency will afford our staff time to serve a greater number of new applicants and process reported changes from current recipients while providing nutritional benefits to households affected by the COVID-19 pandemic.
9. **Anticipated impact on households and State agency operations:** Oregon anticipates that implementation of this waiver will result in time savings for eligibility and administrative workers. This process will improve timeliness of benefits while reducing the risk of transmission of the virus due to the decreased contact an applicant will be required to have with the agency.
10. **Caseload information, including percent, characteristics, and quality control error rate for affected portion:**

Caseload Information:

Oregon's total SNAP caseload for December of 2019 was 348,294 or 586,789 individuals.

Quality Control Information:

Oregon doesn't anticipate that this waiver request will result in an increase in Quality Control errors.

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


This waiver will be implemented upon approval and will be effective during the entire month, discontinuing the last day of the month the COVID-19 pandemic is declared ended.

12. Proposed quality control review procedures: There will be no special quality control procedures needed in conjunction with this waiver request. However, State Quality Control will be tracking this error element for evaluation purposes.

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

Oregon Department of Human Services
Self-Sufficiency Programs
Supplemental Nutrition Assistance Program
Contact: Heather Miles, SSP Design Program Manager

14. Signature and title of requesting official:



**Dan Haun, Self-Sufficiency Program Director
Oregon Department of Human Services**

15. Date of request:

March 23, 2020

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