

## STATE WAIVER REQUEST

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1. **Type of request:** Initial
2. **Regulatory citation:** 7 CFR 273.12(a)(v-vi) and (c)(2)
3. **State:** Oregon
4. **Region:** Western
5. **Regulatory requirements:** Supplemental Nutrition Assistance Program (SNAP) regulations at 7 CFR 273.12 (a)(v-vi) and (c)(2) specify provisions regarding reporting requirements and acting on changes.
6. **Description of alternative procedures:** This waiver allows the State Agency to waive the reporting requirements for individuals based on their assigned reporting requirement. This waiver also waives the State agency's requirements to act on reported changes when they result in a reduction or ineligibility for benefits. The waiver will be effective March 1, 2020 through the end of the month following the month COVID-19 is no longer considered a state public health emergency.
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 that increase benefits from current recipients while providing nutritional benefits to households affected by the COVID-19 pandemic. In addition, this waiver aligns with similar flexibilities allowing for mass supplementation and waiving periodic report requirements.
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 affection 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:**

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

**15. Date of request:**  
April 2, 2020

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