



Joe 4
Pat
11/30

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Office of the Secretary

Bob Wise
Governor

State Capitol Complex, Building 3, Room 206
Charleston, West Virginia 25305
Telephone: (304) 558-0684 Fax: (304) 558-1130

Paul L. Nusbaum
Secretary

November 16, 2001

Joseph Weingart, Regional Director
Food Stamp Program
Mid-Atlantic Region
United States Department of Agriculture
Mercer Corporate Park
300 Corporate Boulevard
Robbinsville, New Jersey 08691-1598

Dear Mr. Weingart:

Enclosed is West Virginia's waiver extension request for exclusion from implementation of Section 824 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (P.L. 104-193) for ABAWDs residing in counties with unemployment rates of 10% or more for 2002.

Statistics provided by the West Virginia Bureau of Employment Programs, Division of Labor and Economic Research, verify that 3 counties qualify for exclusion as having unemployment rates of 10% or higher.

I want to thank you for the 90-day extension for the Labor Surplus Area (LSA) waiver. As soon as the Department of Labor releases the LSA list for 2002, we will immediately submit our LSA waiver.

Due to the court-ordered time constraints on the issuance of policy, it is extremely important that we receive your notice of decision as soon as possible.

If you have questions, or concerns about any of the information provided, please contact Thomas Ingles in the Office of Family Support at (304) 558-8290.

Sincerely,

Paul Nusbaum
Secretary

PLN:jb

Enclosures

WAIVER REQUEST -- WEST VIRGINIA

1. **Waiver serial number:** 970036
2. **Type of request:** Extension
3. **Primary regulation citation:** Section 6(o) of the Food Stamp Act, as amended by Section 824 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, P.L. 104-193.
4. **Secondary regulation citation:** None
5. **State:** West Virginia
6. **Region:** MARO
7. **Regulatory requirements:** Section 6(o) of the Food Stamp Act, as amended by Section 824 of the Personal Responsibility and Work Opportunity Reconciliation Act (PROWRA), P.L. 104-193, provides that no individual shall be eligible to participate in the Food Stamp Program as a member of any household if, during the preceding 36 month period, the individual received food stamp benefits for not less than 3 months (consecutive or otherwise), during which the individual did not work 20 hours or more per week, averaged monthly; did not participate in and comply with the requirements of a work program for 20 hours or more per week; did not participate in and comply with requirements of a program under Section 20 or a comparable program established by the state; or received benefits because they were exempt from these requirements.

Section 6(o) of the Food Stamp Act, as amended by Section 824 of the PRWORA, also provides that, upon the request of a state agency, the Secretary may waive the applicability of the above provision for any group of individuals in the state if the Secretary makes a determination that the area in which the individuals reside has an unemployment rate of over 10 percent, or does not have a sufficient number of jobs to provide employment for the individuals.

8. **Summary of waiver extension request:** The State is requesting to exempt individuals from ~~16~~ counties which have unemployment rates over 10 percent.
3 per PARE 12/12/01
9. **Counties qualifying for exemption due to unemployment of 10 percent:**

Below is a chart listing the counties with unemployment rates of 10 percent or more, averaged over the first eight months of 2001. This information is compiled by the West Virginia Bureau of Employment Programs, Division of Labor and Economic Research. Calendar Year 2001 information is available by county on the Bureau's web site at: www.state.us/bep.

County	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	YR Avg
Calhoun	22.0	22.5	20.2	19.9	16.6	15.3	12.5	11.9	11.7
Roane	18.2	19.0	18.2	17.4	15.1	14.1	11.6	10.3	16.2
Wirt	12.4	12.9	10.7	10.6	12.5	13.1	10.8	10.7	17.6

10. **Duration of waiver:** This waiver extension should be approved for a period of not less than one year.

11. **Signature and Title of Requesting Official:**



Paul L. Nusbaum, Secretary
West Virginia Department of Health and Human Resources

12. **Date of request:**

13. **Regional Recommendation:**

14. **Date of Submission by MARO:**