



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
P.O. BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

LINDA T. BLANCHETTE
Deputy Secretary for
Income Maintenance

PHONE: (717) 783-3063
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JAN 28 2009

Mr. William Kluxen
Regional Director
Supplemental Nutrition Assistance Program
United States Department of Agriculture
Food and Nutrition Service, Mid-Atlantic Region
Mercer Corporate Boulevard
Robbinsville, New Jersey 08691-1598

Dear Mr. Kluxen:

The Commonwealth of Pennsylvania is requesting an extension and modification of our current waiver #2020019.

Enclosed please find the justification for the waiving of the entire state of Pennsylvania based on the provisions of FNS Administrative Notice 07-09.

Thank you for your consideration of this waiver request. If you have any questions, please do not hesitate to contact Mr. Shawn Kepner, Director, Bureau of Program Support, at 717-787-9884.

Sincerely,

A handwritten signature in cursive script, appearing to read "Linda T. Blanchette".

Linda T. Blanchette

Enclosure

WAIVER REQUEST

1. **Waiver serial number:**
2020019
2. **Type of request:**
Modification and 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:**
CFR 273.24 (f)(3)(iii)
5. **State:**
Pennsylvania
6. **Region:**
Mid-Atlantic
7. **Regulatory Requirements:**
Under 7 CFR 273.24(b) individuals are not 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; participate in and comply with the requirements of a work program for 20 hours or more per week; or participate in and comply with requirements of a program under Section 20 or a comparable program established by the State.

Under 7 CFR 273.24(f), upon the request of a State agency, the Food and Nutrition Service (FNS) may waive the applicability of the above provision for any group of individuals in the State if the FNS 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. **Description of the proposed alternative procedures:**
The State of Pennsylvania requests a 12-month waiver of ABAWD individuals residing within the entire state starting January 31, 2009 in accordance with the procedure explained in MARO SNAP Administrative Notice 07-09. As described in this notice, the entire state can be waived if Pennsylvania is listed on the Department of Labor Extended Benefits Trigger Notice as being "ON" Extended Benefits. This waiver is in accordance with The Unemployment Compensation Extension Act of 2008 (P.L. 110-449) which modified the criteria used by DOL for the EB program for the duration of the legislation.

9. Justification for request:

Pennsylvania is listed as "ON" Extended Benefits status in the following document: EUC 2008 Trigger Notice No. 2009 – 1, Second Tier EUC 2008 Triggers under P.L. 110-449, Effective January 18, 2009. This document is on the Internet at:

http://www.ows.doleta.gov/unemploy/euc_trigger/2009/euc_011809.html.

10. Anticipated impact on households and State agency operations:

This waiver will provide consistency for households and State agency operations throughout Pennsylvania.

11. Caseload information, including percent, characteristic, and quality control error rate for affected portion:

The caseload for this waiver represents 100% of the caseload for the state. There are no quality control procedures.

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

The State is requesting a waiver effective through January 31, 2010.

13. Proposed quality control review procedures:

There are no special quality control procedures needed in conjunction with this waiver.

14. Signature and title of requesting official:



Linda T. Blanchette

Deputy Secretary for Income Maintenance

15. Date of request:

JAN 29 2009

UN#RB

bc: Ms. Blanchette
Mr. Schore
Mr. Zogby
Ms. Roe
Ms. Connolly
Dr. Noon
Mr. Kepner *SK*
Mr. Martin