

WAIVER REQUEST

1. **Waiver serial number:** To be assigned
2. **Type of request:** Initial
3. **Primary regulation citation:** 7 CFR 273.24
4. **Secondary regulation citation, if any:** 7 CFR 273.24(f)
5. **State:** Minnesota
6. **Region:** Midwest Region
7. **Regulatory requirements:**

7 CFR 273.24 limits the receipt of SNAP benefits to 3 months in a 3-year period for able-bodied adults without dependents (ABAWDs) who are not working, not exempt, not participating in and complying with the requirements of a work program for 20 hours or more each week, or a workfare program.

8. **Proposed alternative procedures:**

7 CFR 273.24(f) provides that upon request of a State Agency, FNS may waive the time limit for a group of individuals in the State if the area in which the individuals live has an unemployment rate of over 10 percent. Or if the area does not have a sufficient number of jobs to provide employment for the individuals, FNS may waive the time limit. Minnesota is requesting a new waiver for one year exempting individuals from the work requirements of 7 CFR 273.24 who live in the following counties:

Cass, Clearwater, Kanabec and Mille Lacs

9. **Justification for request:**

Unemployment data prepared by the Minnesota Department of Employment and Economic Development have unemployment rates exceeding 10% of the national average for the time period of January 1, 2012 to December 31, 2012 for the counties of Clearwater and Mille Lacs. The U.S. Department of Labor, Bureau of Labor Statistics declared all four counties to be labor surplus areas from October 1, 2011 through September 30, 2013.

10. **Anticipated impact on households and State agency operations:**

No change is expected because the individuals living in the counties listed above.

WAIVER REQUEST

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

Minnesota anticipates 14,526 SNAP participants live in the counties listed on page 1.

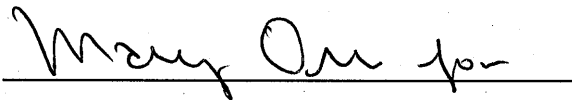
12. **Anticipated implementation date and time period for which waiver is needed:**

This waiver is requested for the time period beginning October 1, 2013 through September 30, 2014.

13. **Proposed quality control review procedures:**

Quality Control (QC) verifies the county agency either (1) correctly categorized a SNAP recipient as an ABAWD, or (2) correctly exempted a recipient from the ABAWD provisions. Persons living in areas covered by a waiver would fall into the second category.

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



Erin Sullivan Sutton

Assistant Commissioner

Children and Family Services Administration

15. **Date of request: August 1, 2013**

16. **State agency contact: Karen Nelsen-Huss, karen.nelsen-huss@state.mn.us**