



Department of Public Health and Human Services

Human and Community Services Division ♦ PO Box 202925 ♦ Helena, MT 59620-2925

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Steve Bullock, Governor

Richard H. Opper, Director

July 25, 2013

Cheryl Kennedy, Regional Division Director
Supplemental Nutrition Assistance Program
1244 Speer Boulevard, Suite 903
Denver, CO 80204-3585

Dear Ms. Kennedy:

Enclosed please find Montana's request for a statewide waiver to waive the requirement that households without an ABAWD exemption can only receive SNAP benefits for 3 months in a 36 month period. Under 7 CFR 273.24(f) this requirement can be waived if an individual resides in an area in which the unemployment rate is over 10 percent or does not have a sufficient number of jobs. Montana is making this request due to having insufficient jobs based on the State qualifying for extended unemployment benefits.

Thank you in advance for assisting us in obtaining this waiver request. If you have any questions concerning this waiver request, please contact me at (406) 444-5685.

Sincerely,

MELINDA CUMMINGS
Supplemental Nutrition Assistance Program Manager