



Department of Human Services

Division of Family Assistance

1303 Hospital Ground, STE. 1
St. Thomas, Virgin Islands, 00802
Phone (340) 715-6921 Fax (340) 777-5449

July 26, 2016

Eric Ratchford
Regional Director
USDA-FNS
Mid-Atlantic Region
300 Corporate Boulevard
Robbinsville, New Jersey 08691-1598

Dear Mr. Ratchford:

Please accept this letter as our official request for a two-year waiver to exempt Able-bodied Bodies Without Dependents (ABAWDs) throughout the Territory from January 1, 2017 to December 31, 2018, from the Supplemental Nutrition Assistance Program (SNAP) time limits at 7 CFR 273.24. The waiver application is attached.

If you have any questions, please contact me at (340) 772-7101.

Sincerely,

Natalie Bailey
Acting Administrator

NB/ea

Attachment

c: Natalie Bailey

David Gagliardi

Alyssa Hayes

Alexis Lometz

Emmanueline Archer

STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):** 2150046
2. **Type of request:** Modification and extension
3. **Regulatory citation:** 7 CFR 273.24
4. **State:** Virgin Islands
5. **Region:** MARO
6. **Regulatory requirements:** Under 7 CFR 273.24(b) individuals are not eligible to participate in the Supplemental Nutrition Assistance Program (SNAP) as a member of any household if, during the preceding 36-month period, the individual received SNAP 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.

7. **Description of alternative procedures:** The U.S. Virgin Islands is requesting to exempt able-bodied adults without dependents (ABAWDs) in the entire territory for two years from SNAP time limits at 7 CFR 273.24.
8. **Justification for request:** This request to exempt residents residing in the entire territory from the time limit in 7 CFR 273.24 due to having insufficient jobs is based on the State having an unemployment rate greater than 20 percent above the national average for the 36-month period of April 2013 through March 2016. 7 CFR 273.24 (f)(2)(ii) states that, "To support a claim of lack of sufficient jobs, a State may submit evidence that an area (...) has a 24-month average unemployment rate 20 percent above the national average for the same 24-month period." Guidance issued by FNS in February 2006 states that areas can be eligible for two-year waivers if they demonstrate that an area has "an unemployment rate greater than 20 percent above the national average for a 36-month period, ending no earlier than three months prior to the request".¹

¹ Memo dated February 3, 2006. "FSP – 2-Year Approval of Waivers of the Work Requirements for ABAWDs under 7 CFR 273.24." <http://www.fns.usda.gov/sites/default/files/020306.pdf>

percent; 20 percent above that was 7.2 percent. The end date of this 36-month time period, March 2016, falls within three months of the request date.

	Labor Force Totals, April 2013 – March 2016	Unemployment Totals, April 2013 – March 2016	Average Unemployment Rate, April 2013 – March 2016
Virgin Islands	1,714,470	215,300	12.6
20% Above the National Average Threshold	7.2		

9. **Anticipated impact on households and State agency operations:** This waiver will provide consistency for state operations.
10. **Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable):** This waiver affects the entire territory.
11. **Anticipated implementation date and time period for which waiver is needed:**
The State is requesting a two-year waiver, from January 1, 2017 through December 31, 2018.
12. **Proposed quality control review procedures:** There are no quality control procedures involved.

State agency submitting waiver request and State contact person: US Virgin Islands Department of Human Services, Ms. Natalie Bailey

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

Name: 
Title: Acting Administrator
Division of Family Assistance
US Virgin Islands, Department of Humans Services

Email for transmission of response: natalie.bailey@dhs.vi.gov

14. **Date of request:** July 26, 2016

15. **State agency staff contact (name/email/telephone):** Emmanueline Archer,
emmanueline.archer@dhs.vi.gov, (340) 774-0930 ext. 4309

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