

WAIVER REQUEST

1. **Waiver Serial Number:** 2150031
2. **Type of Request:** Renewal
3. **Regulatory Citation:** 7 CFR 273.24
4. **State:** West Virginia
5. **Region:** MARO
6. **Regulatory Requirements:**

Under 7 CFR 273.24(b), certain individuals are not eligible to participate in the Supplemental Nutrition Assistance Program (SNAP) as a member of any household if the individual received program benefits for more than 3 countable months during any three-year period in which the individual was subject to, but did not comply with, the SNAP ABAWD work requirements. Regulations at 273.24(a) provide that fulfilling the work requirement means: working 20 hours or more per week, averaged monthly; participating in and complying with the requirements of a work program or a workfare program for at least 20 hours per week; or any combination of working and participating in a work program for a total of 20 hours per week.

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 time limit described above for any group of individuals in the State if FNS makes a determination that the area in which the individuals reside does not have a sufficient number of jobs to provide employment for the individuals.

7. Description of Alternative Procedures:

The State of West Virginia is requesting to exempt Able-Bodied Adults Without Dependents (ABAWDs) in 37 of the 55 counties in the state. The ABAWD time limits will be operated in the following eighteen counties: Berkeley, Cabell, Doddridge, Greenbrier, Hampshire, Harrison, Jefferson, Kanawha, Marion, Monongalia, Monroe, Morgan, Ohio, Pendleton, Preston, Putnam, Taylor, and Tucker.

8. Justification for Request:

West Virginia is requesting this waiver to exempt residents residing in 37 counties of the State from the time limit due to having insufficient jobs. Under 7 CFR 273.24(f)(3)(ii), a State can support a claim of a lack of jobs in the State by providing evidence that the State's area "...has been designated a Labor Surplus Area by the ETA for the current fiscal year". This is being used to request waivers for the following counties: Barbour, Boone, Braxton, Brooke, Calhoun, Clay, Fayette, Gilmer, Grant, Hancock, Hardy, Jackson, Lewis, Lincoln, Logan, Mason, McDowell, Mercer, Mineral, Mingo, Nicholas, Pleasants, Pocahontas, Preston, Raleigh, Randolph, Ritchie, Roane, Summers, Tyler, Upshur, Webster, Wetzel, Wirt, and Wyoming. Under 7 CFR 273.24(f)(3)(iii), areas may be exempt if "...an area has a 24-month average unemployment rate that exceeds the national average by 20 percent for any 24-month period...". West Virginia would request that three counties be exempted under this criterion: Marshall, Wayne, and Wood.

9. Anticipated Impact on Households and State Agency Operations:

This waiver will provide consistency for households and State agency operations in areas where unemployment remains higher than the national average.

10. Caseload Information, Including Percent, Characteristics, and Quality Control Error Rate for Affection Portion (If Applicable):

The caseload for these areas, as of July 2018, represents 42.88% of the ABAWD population caseload for the State. There are no quality control procedures involved.

11. Anticipated Implementation Date and Time Period For Which Waiver Is Needed:

The State is requesting this waiver from January 1, 2019 through December 31, 2019.

12. Proposed Quality Control Review Procedures:

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

13. State Agency Submitting Waiver Request and State Contact Person:

The State of West Virginia, Department of Health and Human Resources.
State contact person: Monica Hamilton

14. Signature and Title of Requesting Official:



Linda Watts, Commissioner
Bureau for Children and Families
West Virginia Department of Health and Human Resources

15. Date of Request: November 30, 2018

16. State Agency Staff Contact (Name/Email/Telephone):

Monica Hamilton, Monica.A.Hamilton@wv.gov, (304) 356-4620

17. Regional Office Contact Person (to be completed by FNS Regional office):