

STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):** 2150019
2. **Type of request:** Amendment
3. **Statutory citation:** Section 6(o) of the Food and Nutrition Act of 2008
4. **Regulatory citation:** 7 CFR 273.24, January 17, 2001 rule (66 FR 4438)
5. **State:** California
6. **Region:** Western
7. **Regulatory requirements:** Section 6(o) of the Food and Nutrition Act of 2008, as amended, provides that no able-bodied adult without dependents (ABAWD) shall be 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 months during any 3-year period in which the individual was subject to but did not comply with the ABAWD work requirement. Section 6(o) also provides that, upon the request of the State agency, the Secretary may waive the applicability of the 3-month ABAWD time limit for any group of individuals in the State if the Secretary 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 alternative procedures:** The State of California is requesting a waiver to exempt residents residing in the entire state from the SNAP time limit at 7 CFR 273.24 under the 2001 rule.
9. **Justification for request:**
Under SNAP regulations at 7 CFR 273.24(f)(2), the State may support a claim of insufficient jobs by submitting evidence that the State qualifies for extended unemployment benefits within the past 12 months.

26 USC 3304 (Public Law 102-318) allows States to use a trigger for the extended benefits program, based on the State's not seasonally adjusted insured unemployment rate (IUR) for the most recent 13 weeks reaching at least: (1) 5 percent; and (2) 120 percent of such IUR for the corresponding 13-week periods ending in each of the two preceding calendar years; or (3) 6 percent regardless of the preceding calendar years.

The Department of Labor's Trigger Notice No. 2020 – 17¹ shows the State's 13-week insured unemployment rate (IUR) was: (1) 6.49 percent and (2) 295 percent of the 13-week rate for the corresponding period in the two preceding years, making the State eligible for extended unemployment benefits.

California's seasonally unadjusted unemployment rate for April 2020 is 16.1 percent, a 178 percent increase over March 2020², with nearly 4 million people in the state filing initial unemployment insurance claims in the eight weeks ending May 9, 2020.³ We believe that the exceptional circumstances brought on by the federal public health emergency warrant swift action by USDA.

10. Anticipated impact on households and State agency operations:

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

11. Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable):

This waiver affects the entire state.

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

The State is requesting a one-year waiver from July 1, 2020 through June 30, 2021.

13. Proposed quality control review procedures:

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

14. State agency submitting waiver request and State contact person:

Alexis Fernández
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California Department of Social Services
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(916) 653-6162

¹ Extended Benefits Trigger Notices can be found at http://ows.doleta.gov/unemploy/claims_arch.asp. Trigger notice 2020-17 was issued the week of May 10, 2020.

² See Table 2 of State Employment and Unemployment (Monthly) News Release, Bureau of Labor Statistics, Friday, May 22, 2020, https://www.bls.gov/news.release/archives/laus_05222020.htm.

³ State-level weekly unemployment insurance claims data are from the U.S. Department of Labor at <https://oui.doleta.gov/unemploy/claims.asp>.

15. Signature and title of requesting official:



Title: Chief, CalFresh and Nutrition Branch

Email for transmission of response: Alexis.Fernandez@dss.ca.gov

16. Date of request: DATE

17. State agency staff contact (name/email/telephone):

Alexis Fernández

Chief, CalFresh and Nutrition Branch

California Department of Social Services

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(916) 653-6162

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