

STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):** 2150080
2. **Type of request:** Extension
3. **Statutory citation:** Section 6(o) of the Food and Nutrition Act of 2008, as amended
4. **Regulatory citation:** 7 CFR 273.24
5. **State:** Hawaii
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 Hawaii is requesting to exempt able-bodied adults without dependents (ABAWDs) on Molokai Island from the SNAP time limit at 7 CFR 273.24.
9. **Justification for request:**
Under SNAP regulations at 7 CFR 273.24(f)(2), areas may qualify for an ABAWD time limit waiver if they have insufficient jobs. To support this claim, states may submit evidence that an area has an average unemployment rate for a 24-month time period that is at least 20 percent above the national average for the same 24-month period. 7 CFR 273.24(f)(6) provides that States may define areas to be waived.

The Island of Molokai in the State of Hawaii is eligible for a waiver based on the island's average unemployment rate for the 24-month period of July 2017 through June 2019. The national average unemployment rate for this 24-month period was 3.9 percent; 20 percent above this was 4.7 percent. The island's unemployment rate for this period was 5.8 percent. These unemployment rates are calculated from data obtained from the Hawaii Department of Labor and Industrial Relations (DLRI),

since the national Bureau of Labor Statistics does not collect data for this island. The Hawaii DLRI collaborates with BLS to produce these estimates.¹

Bureau of Labor Statistics Local Area Unemployment Data July 2017 through June 2019			
	Unemployed	Labor Force	Unemployment Rate
Molokai Island	3,650	62,450	5.8%
20% Above National Average Threshold	4.7%		

10. **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.
11. **Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable):**
The caseload for these areas, as of **June 2019**, represent **1.37%** of the caseload for the state. There are no quality control procedures involved.
12. **Anticipated implementation date and time period for which waiver is needed:**
The State is requesting a one-year waiver, from December 1, 2019 through November 30, 2020.
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:** Hawaii Department of Human Services, Benefit, Employment and Support Services, SNAP Office, SNAP Employment & Training Coordinator, Claire Yim.
15. **Signature and title of requesting official:**

Title: Assistant Benefit, Employment and Support Services Administrator
Email for transmission of response: SNakasone2@dhs.hawaii.gov
16. **Date of request:** 08/27/19
17. **State agency staff contact (name/email/telephone):** Claire Yim/CYim@dhs.hawaii.gov/808-586-7050

¹ The data used to support this request was downloaded from the Hawaii DLRI website: <https://www.hawaii.org/dsipub/index.asp?docid=417>.

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