

STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):** 2130033
2. **Type of request:** Initial
3. **Statutory citation:** 7 U.S.C. § 2015(o)
4. **Regulatory citation:** 7 CFR § 273.24
5. **State:** Vermont
6. **Region:** Northeast
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.
8. **Description of alternative procedures:** The State of Vermont is requesting a waiver to exempt residents residing in the entire state from the SNAP time limit at 7 CFR 273.24.
9. **Justification for request:**

Under SNAP regulations at 7 CFR § 273.24(f)(1)(ii), FNS may waive the time limit for a group of individuals in the State if it determines that the area in which the individuals reside does not have a sufficient number of jobs to provide employment for the individuals. 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 (7 C.F.R. § 273.24(f)(2)(ii)).

The Department of Labor's Trigger Notice No. 2020 – 41¹ shows the State's 13-week insured unemployment rate (IUR) was: (1) 8.38 percent and (2) 1028 percent of the 13-week rate for the corresponding period in the two preceding years, making the State eligible for extended unemployment benefits.
10. **Anticipated impact on households and State agency operations:**

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

¹ Extended Benefits Trigger Notices can be found at http://ows.doleta.gov/unemploy/claims_arch.asp. Trigger notice 2020-41 was issued the week of October 25, 2020. This notice is also attached to this request.

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 October 1, 2021 through September 30, 2022.

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:

15. Signature and title of requesting official:



Title: Tricia M. Tyo, MPA
Deputy Commissioner

Email for transmission of response: leslie.wisdom@vermont.gov

16. Date of request: April 21, 2021

17. State agency staff contact (name/email/telephone): Leslie Wisdom,
leslie.wisdom@vermont.gov, 802-585-4852

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