

ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWD) WAIVER REQUEST

- 1. Type of request: Initial Request**
- 2. Statutory citation:** Section 6(o) of the Food and Nutrition Act of 2008, as amended
- 3. Regulatory citation:** 7 CFR 273.24
- 4. State:** MT
- 5. Region:** MPR
- 6. 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.
- 7. Description of alternative procedures:** The State of Montana is requesting to exempt able-bodied adults without dependents (ABAWDS) within 4 Indian Reservations from SNAP time limited benefits at 7 CFR 273.24 as amended by the Food and Nutrition Service's Final Rule (84 FR 66782).
- 8. Justification for request:** Under SNAP regulations at 7CFR 273.24(f)(2), areas may support a claim of insufficient jobs by submitting evidence that an area has an average unemployment rate for a 24-month period exceeds the national average for the same 24-month period by 20 percent, 7 CFR 273.24(f)(4) provides that a Labor Market Area (LMA), the intrastate part of an interstate LMA, a Reservation area, or a U.S. Territory are considered to be areas for the purposes of waivers.

The State of Montana seeks to waive the following reservations based on average unemployment rates that exceed 20 percent above the national average for the 24-month period of September 2020 through August 2022. The national average unemployment rate for this 24-month period was 5.1 percent; 20 percent above this was 6.1 percent.

Bureau of Labor Statistics Local Area Unemployment Data Sept 2020 through Aug 2022.			
Labor Market Area / Reservation	Unemployed Total	Labor Force Total	Unemployment Rate
Black Feet Indian Reservation and Off-Reservation Trust Land, MT (Glacier county (part), and Pondera County (part))	9081	98,468	9.2%
Crow Indian Reservation and Off-Reservation Trust Land, MT (Big Horn County (part), Treasure County (part), and Yellowstone County (part))	5368	53,149	10.1%
Fort Belknap Indian Reservation and Off-Reservation Trust Land, MT (Blaine County (part) and Phillips County (part))	1762	19,045	9.2%
Northern Cheyenne Indian Reservation and Off-Reservation Trust Land, MT (Big horn County (part), Rosebud County (part))	3136	36,745	8.5%

9. Anticipated impact on households and State agency operations: This waiver will provide consistency for households and State agency operations in areas where there are not enough jobs to provide employment for able-bodied adults without dependents.

10. Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable): The caseloads for the 4 reservations are listed below. It is based on a 12-month average (September 2021 – August 2022).

County/Reservation	Monthly Average Case Count	Percentage of State Case Load (Monthly State Average = 53206)
Blackfoot Reservation	289	0.64%
Crow Reservation	3499	7.71%
Fort Belknap Reservation	279	0.61%
Northern Cheyenne Reservation	541	1.19%
Total % of Case Load		

11. Anticipated implementation date and time period for which waiver is needed:
The State is requesting a one-year waiver, from June 1, 2023 through May 31, 2024.

12. Proposed quality control review procedures:

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

13. Name, title, email, and signature of requesting official:

Name: Andréa Boltz

Title: SNAP Program Manager

Email: aboltz@mt.gov

Signature:

14. Date of request: 03/14/2023

15. State agency staff contact:

Name: Andréa Boltz

Title: SNAP Program Manager

Email: aboltz@mt.gov

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