



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Health

DIVISION OF PUBLIC ASSISTANCE
Policy & Program Development
P.O. Box 110640
Juneau, Alaska 99811-0640
Main: 907-465-3382
Fax: 907-465-5254

August 29, 2023

Charles Tobin
Director
Supplemental Nutrition Assistance Program
Western Region
550 Kearny Street, Room 400
San Francisco, CA 94108

Dear Mr. Tobin:

The State of Alaska is submitting the enclosed request to extend waiver 2150041 regarding the ABAWD work requirements and time limit. We are requesting this waiver be approved for a one-year period from November 1, 2023 through October 31, 2024.

The State is requesting this waiver to help manage our caseload and to better serve our clients.

If you have any questions, please contact Christina Davis at christina.davis@alaska.gov or Reuben Lumbab at reuben.Lumbab@alaska.gov.

Thank you,

Christina Davis

Christina Davis
Chief of Policy & Program Development
Division of Public Assistance

STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):**
2150041
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:** Alaska
6. **Region:** WRO
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:**
Alaska is requesting a one-year statewide waiver from SNAP time limits at 7 CFR 273.24.
9. **Justification for request:**
Alaska believes that approval of this waiver is essential to protecting SNAP recipients who will likely be eligible for benefits. Implementation of the ABAWD program will result in a significant administrative burden for the state at a time when the state is working through a backlog in SNAP applications. The waiver enables Alaska to successfully execute our current Corrective Action Plans and ensures that SNAP recipients do not lose benefits as we manage this significant workload.
10. **Anticipated impact on households and State agency operations:**
This waiver will provide consistency for state operations and benefit SNAP households.

11. Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable): This waiver affects the entire state.

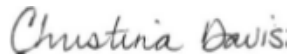
12. Anticipated implementation date and time period for which waiver is needed:
The State is requesting a one-year waiver, from November 1, 2023 through October 31, 2024.

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:

Christina Davis
Chief of Policy & Program Development
Division of Public Assistance

15. Signature and title of requesting official:



Christina Davis
Chief of Policy & Program Development

16. Date of request: August 29, 2023

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

Reuben Lumbab
Public Assistance Analyst II
State of Alaska – Department of Health – Division of Public Assistance
(907)500-2423
reuben.lumbab@alaska.gov

or

Christina Davis
Chief of Policy & Program Development
State of Alaska – Department of Health – Division of Public Assistance
(907)500-4746
christina.davis@alaska.gov

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