

STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):**
2. **Type of request:** Initial
3. **Statutory citation:** Section 6(o) of the Food and Nutrition Act of 2008
4. **Regulatory citation:** 7 CFR 273.24
5. **State:** Illinois
6. **Region:** MWRO
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 Illinois is requesting to exempt able-bodied adults without dependents (ABAWDs) for the entire state from the SNAP 3-month time limit at 7 CFR 273.24 for 24 months.
9. **Justification for request:** This request to exempt residents residing in the entire state from the time limit in 7 CFR 273.24 due to having insufficient jobs is based on the state of Illinois having an average unemployment rate greater than 20 percent above the national average for the 36-month period of December 2021 to November 2024. 7 CFR 273.24 (f)(2)(ii) states that, “To support a claim of lack of sufficient jobs, a State may submit evidence that an area (...) has a 24-month average unemployment rate 20 percent above the national average for the same 24-month period.” Guidance issued by FNS in February 2006 states that areas can be eligible for two-year waivers if they demonstrate that an area has “an unemployment rate greater than 20 percent above the national average for a 36-month period, ending no earlier than three months prior to the request”.¹

¹ Memo dated February 3, 2006. “FSP – 2-Year Approval of Waivers of the Work Requirements for ABAWDs under 7 CFR 273.24.” <https://www.fns.usda.gov/snap/ABAWD/two-year-waiver-approval>

The state of Illinois seeks a two-year waiver based on the territory having an average unemployment rate greater than 20 percent above the national average for the 36-month period of December 2021 through November 2024. The state's average unemployment rate for this 36-month period was 4.7 percent. The national average for this period was 3.8 percent; 20 percent above this was 4.5 percent.

Bureau of Labor Statistics Local Area Unemployment Data December 2021 through November 2024		
	Unemployed	Labor force
Illinois	10,982,430	232,438,438
Unemployment Rate	4.7%	
20% Above the National Average Unemployment Rate Threshold	4.5%	

10. **Anticipated impact on households and State agency operations:** This waiver will provide consistency for state 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 two-year waiver, from February 1, 2025 through January 31, 2027.
13. **Proposed quality control review procedures:** There are no quality control procedures involved.
14. **State agency submitting waiver request and State contact person:** Illinois Department of Human Services terri.kulhan@illinois.gov
15. **Signature and title of requesting official:**



 Title: IDHS SNAP Director
 Email for transmission of response: Leslie.k.cully@illinois.gov
16. **Date of request:** 01/23/2025
17. **State agency staff contact (name/email/telephone):** Jill Outland jill.outland@illinois.gov 618/534-2374 Terri Kulhan terri.kulhan@illinois.gov
18. **Regional office contact person (to be completed by FNS regional office):**