



Food and
Nutrition
Service

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Date: November 9, 2018

Eric T. Clark
Commissioner
Department for Community Based Services
Kentucky Cabinet for Health and Family Services
275 East Main Street, 3W-A
Frankfort, Kentucky 40621

**Supplemental Nutrition Assistance Program (SNAP) – Kentucky Request to Waive
Able-Bodied Adults Without Dependents Time Limit – Approval**

Dear Mr. Clark:

This is in response to the Kentucky State agency's July 24, 2018, request to waive the SNAP time limit for able-bodied adults without dependents in 8 counties from January 1, 2019, through December 31, 2019.

The State agency's request meets the requirements for approval provided at 7 CFR 273.24(f) and relevant Food and Nutrition Service (FNS) guidance. Therefore, FNS is approving the State to waive the time limit for a 12-month period in these areas, as requested. The attached waiver response includes the approved areas, the supporting evidence used, and the conditions of approval. Please contact your FNS Regional Office with any questions.

FNS is reviewing its policies regarding waivers of the SNAP time limit for able-bodied adults without dependents. Moving forward, FNS will be taking actions to support the Administration's priority to provide able-bodied Americans a path to self-sufficiency. This goal requires that we establish a clear and mutual commitment to moving SNAP participants to meaningful employment.

Sincerely,

Sasha Gersten-Paal
Chief
Certification Policy Branch
Program Development Division

Able-Bodied Adults Without Dependents (ABAWD) Waiver Response

1. **Serial Number:** 2150037
2. **Request Type:** Extension and amendment
3. **Statutory Citation:** Section 6(o) of the Food and Nutrition Act of 2008
4. **Regulatory Citation:** 7 CFR 273.24
5. **State:** Kentucky
6. **Food and Nutrition Service (FNS) Region:** Southeast
7. **Requirement:** Section 6(o) of the Food and Nutrition Act of 2008 and regulations at 7 CFR 273.24 provide that no individual 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) and 7 CFR 273.24 also provide 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. **Requested Area(s) and Support:** The Kentucky State agency has requested to waive the ABAWD time limit in 8 contiguous counties from January 1, 2019, through December 31, 2019. The State agency has grouped the 8 contiguous counties together and has supported its request based upon the group having an aggregate average unemployment rate 20 percent above the national average for a recent 24-month period of May 2016 through April 2018. During this time period the national average unemployment rate was 4.4 percent; 20 percent above that rate is 5.3 percent. As shown in the following table, the average unemployment rate for the requested area was 8.1 percent during the selected time period.

**Table 1: Bureau of Labor Statistics Local Area Unemployment Data
May 2016 through February 2018**

Counties
1. Bell County
2. Clay County
3. Harlan County
4. Knox County
5. Leslie County
6. Letcher County
7. Perry County
8. Whitley County
Combined Area Unemployment Rate: 8.1%
Data extracted from http://www.bls.gov on August 3, 2018

9. **FNS Action and Justification:** FNS is approving the State agency to waive the ABAWD time limit as requested. The State agency's request meets the requirements for approval provided at 7 CFR 273.24(f) and relevant FNS guidance.
10. **Authority:** The waiver is approved pursuant to section 6(o) of the Food and Nutrition Act of 2008 and 7 CFR 273.24(f).
11. **Implementation Date:** January 1, 2019
12. **Expiration Date:** December 31, 2019
13. **Information Required for Amendment or Extension:** To receive an amendment or extension the State agency must provide FNS with a formal request supported by data or other information as described in 7 CFR 273.24(f). Any request based upon unemployment rates must include data spreadsheets and supporting documentation.
14. **State Agency Contact Information:**

Name: Anne Supplee
Phone Number: (502) 564-3440 ext. 3675
Email: Anne.Supplee@ky.gov
15. **FNS Regional Office Contact Information:**

Name: Yolaunda Daniel
Phone Number: (404) 562-1815
Email: Yolaunda.Daniel@fns.usda.gov