DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES

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GOVERNOR

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July 20, 2011

Jody Cornwell
Regional Director
Supplemental Nutrition Assistance Program
1244 Speer Boulevard, Suite 903
Denver, Colorado 80204-3585

Dear Ms. Cornwell:

I am writing this letter to notify you that Montana will be adopting the twelve month statewide Able Bodied Adults without Dependents (ABAWD) waiver for the period of October 1, 2011 September 30, 2012.

Under Supplemental Nutrition Assistance Program regulations at 7 CFR 273.24(f)(2) Montana is one of the states that meets the criteria for this waiver based on the Department of Labor's Unemployment Insurance Trigger Notice 2011-13, effective April 10, 2011.

Sincerely,

Deborah Christiansen

Deborah Christiansen, Manager
Supplemental Nutrition Assistance Program

cc: Linda Snedigar, Division Administrator
Kathe Quittenton, Bureau Chief
Sabina Velasco, State Desk Manager