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DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

www.dphhs.mt.gov

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May 7, 2012

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

Dear Ms. Kennedy:

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, 2012 through September 30, 2013.

Under Supplemental Nutrition Assistance Program regulations at 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 Emergency Unemployment Compensation Trigger Notice 2011-52, effective January 8, 2012.

Sincerely,

Kathe Quittenton, Bureau Chief
Supplemental Nutrition Assistance Program

Cc: Jamie Palagi, Division Administrator
Sabina Velasco, State Desk Manager