USDA
United States Department of Agriculture

Food and Nutrition Service

Park Office Center

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JUN 0 4 2014

Melinda Cummings
Supplemental Nutrition Assistance Program Manager
Department of Public Health and Human Services
Human and Community Services Division
P.O. Box 202925
Helena, MT 59620

RE: SNAP – Montana Request to Waive Able-bodied Adults without Dependents Time Limits - Extension - Approval

Dear Ms. Cummings:

This is in response to the Montana Department of Public Health and Human Services' request for an extension of its waiver to exempt able-bodied adults without dependents (ABAWDs) throughout the State from Supplemental Nutrition Assistance Program (SNAP) time limits at 7 CFR 273.24.

The Montana State agency has requested an extension of its statewide waiver of the ABAWD time limit. The State's current waiver is effective through September 30, 2014. The supporting documentation provided shows that Montana qualified for extended unemployment benefits, criteria for waiver approval outlined in SNAP regulations at 7 CFR 273.24. Montana has provided a copy the Department of Labor's Emergency Unemployment Compensation (EUC) trigger notice 2012-52, effective January 13, 2013, showing that the State qualified for EUC, an extended unemployment benefit program. Following longstanding Food and Nutrition Service (FNS) policy, States qualify for a 12-month statewide wavier for up to 12 months after the trigger date. Based upon EUC trigger notice 2012-52, Montana is eligible for a statewide ABAWD wavier from January 2013 through December 2013, which would extend the State's current waiver of the ABAWD time limit by three months.

FNS is approving Montana's request to extend its waiver of the ABAWD time limit by three months, from October 1, 2014 through December 31, 2014. Although the State agency requested an extension through January 2015, FNS policy limits the effective dates of waivers under extended unemployment benefits to a 12-month period up to 12 months after the trigger date. The detailed waiver response is attached. If you have any questions, please contact Kathie Herrman at Kathie.Herrman@fns.usda.gov.

Elizabeth Weber
Acting Chief
Certification Policy Branch
Program Development Division

Attachment

WAIVER RESPONSE

1. **Waiver Serial Number:** 2140013

2. **Type of Request:** Extension

3. **Primary regulation citation:** 7 CFR 273.24

4. **State:** Montana

5. **Region:** Mountain Plains

6. **Regulatory Requirement:** Federal 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 SNAP work requirements. Regulations at 273.24(a) provide that fulfilling the work requirement means: working 20 hours or more per week, averaged monthly; participating in and complying with the requirements of a work program or a workfare program for at least 20 hours per week; or any combination of working and participating in a work program for a total of 20 hours per week.

   Regulations at 7CFR 273.24(f) also provide that, upon the request of a State agency, the Secretary may waive the applicability of the above provision 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.

7. **Description of proposed alternative procedures**: The State of Montana is requesting to exempt able-bodied adults without dependents (ABAWDs) from SNAP time limits at 7 CFR 273.24 from October 1, 2014 through December 31, 2014.

8. **Action and reason for approval or denial:** FNS is approving the Montana State agency's request to waive ABAWD time limits as the State meets the requirements for approval provided at 7 CFR 273.24(f)(2)(ii)

9. **Regulatory or legislative basis for action:** This waiver is approved pursuant to 7 CFR 273.24(f)(3)(i),(ii) and (iii).

10. **Conditions and reasons:** None.

11. **Information required for extension:** To receive an extension the State agency must provide data or other information as described in 273.24(f). If Montana wishes to receive an extension based on unemployment rates, they must provide FNS with a waiver request along with all supporting documentation, including spreadsheets.

12. **Expiration date:** This waiver extension is effective beginning October 1, 2014 and will expire on December 31, 2014.

13. **Limitation, if any, on regional office approval of like requests:** This waiver is limited to the Montana Department of Public Health and Human Services.

14. **Date of national office action:** JUN 0 4 2014

15. **Date of State agency's request:** January 21, 2014

16. **Date of regional office transmittal of request:** February 13, 2014

17. **Implementation date (notify FNS if actual date differs):** October 1, 2014

18. **State agency contact:**
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406-444-5685

19. **FNS regional contact:**
Kathie Herrman
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