United States Department of Agriculture

Food and Nutrition Service

3101 Park Center Drive

Alexandria, VA 22302-1500

JAN 5 2011

970152

SUBJECT: Nebraska Waiver Request – Exemption of ABAWD Work Requirement Time Limits at 7 CFR 273.24 – Modification - Approval

TO: Jody Cornwell
Regional Director
Supplemental Nutrition Assistance Program
Mountain Plains Region

Food and Nutrition Service (FNS) has reviewed Nebraska's November 22, 2010, request to modify waiver #970152 to exempt individuals who reside in Thurston County from ABAWD time limits for two years. On September 30, 2010, FNS approved waiver #970152 to exempt individuals who reside on the Omaha and Winnebago Reservations from ABAWD time limits for two years, from October 1, 2010, through September 30, 2012. Since these two reservations are almost entirely contained within Thurston County, our September 30, 2010, approval was based on Thurston County's designation as a Labor Surplus Area (LSA) by the United States Department of Labor for fiscal years 2009 and 2010.

Subsequent to our approval, Nebraska on November 22, 2010, requested that in light of Thurston County's designation as an LSA by the United States Department of Labor for fiscal years 2009 and 2010 FNS modify its previous approval to include Thurston County. Since Nebraska seeks to add Thurston County to the previous waiver requested and approved on September 30, 2010, FNS is using the LSA designation for fiscal years 2009 and 2010 to evaluate and approve Nebraska's November 22, 2010, waiver request.

Based on our review of the data provided with the waiver request, FNS finds that the request is consistent with Department of Labor Bureau of Labor Statistics data and that Thurston County will not be subject to the ABAWD time limit for the effective dates described further herein. FNS is approving the waiver for two years, from October 1, 2010, through September 30, 2012, as described in the attachment.

If you have any questions, please contact Jessica Becker at jessica.becker@fns.usda.gov or at (703) 305-2446.

Angela Kline
Chief
Certification Policy Branch
Program Development Division

Attachment

WAIVER RESPONSE

1. **Waiver serial number:** 970152

2. **Type of request:** Extension and Modification

3. **Primary regulation citation:** 7 CFR 273.24(f)

4. **Secondary regulation citation:** N/A

5. **State:** Nebraska

6. **Region:** Mountain Plains

7. **Regulatory requirements:** 7 CFR 273.24 provides that no individual shall be eligible to participate in the Supplemental Nutrition Assistance Program (SNAP) as a member of any household if, during the preceding 36-month period, the individual received food stamp benefits for not less than 3 months (consecutive or otherwise), during which the individual did not work 20 hours or more per week, averaged monthly; did not participate in and comply with the requirements of a work program for 20 hours or more per week; did not participate in and comply with requirements of a program under Section 20 of the Food and Nutrition Act or a comparable program established by the State; or was exempt from these requirements.

   7 CFR 273.24(f) also provides that, upon the request of a State agency, the Food and Nutrition Service (FNS) 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.

   FNS imposes strict criteria for the approval of two-year waivers that target areas that qualified for ABAWD waivers for two consecutive past years. In order to be eligible for a 2-year waiver, the affected area must meet at least one of the following criteria indicating that the area has experienced and will probably continue chronic high unemployment:

   - An unemployment rate greater than 10 percent for the 2-year period immediately prior to the request;
   - Designation as a labor surplus area (LSA) by the Department of Labor's Employment and Training Administration (DOLETA) for a minimum of two consecutive fiscal years (the year of the request and the fiscal year prior to the request); or
   - 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 (please note that this time frame is different and more restrictive than the 24-month time frame used for waivers in which the State is requesting a waiver for a one-year period).

8. **Proposed alternative procedures:** The Nebraska State Agency is requesting a modification and extension of its waiver to exempt from ABAWD requirements individuals residing in Thurston County. Thurston County has been designated an LSA by the United States Department of Labor for fiscal years 2009 and 2010.

9. **Action and reason for approval or denial:**

We are approving the waiver as requested. Thurston County has been designated by the Employment and Training Administration of Department of Labor (DOL) as an LSA for fiscal years 2009 and 2010. Based on the designation of the county as an LSA, we are approving exemption for two years.

10. **Regulatory or legislative basis for action:** The waiver is approved pursuant to 7 CFR 273.24(f).

11. **Conditions and reasons:** None.

12. **Information required for extension:** To receive an extension, the State agency must provide data or other information as described in 273.24(f)(2) and (f)(3). If Nebraska wishes to receive an extension based on unemployment rates, they must provide FNS with all supporting documentation, including spreadsheets in digital form.

13. **Expiration date:** The waiver is effective beginning on October 1, 2010 and will expire on September 30, 2012.

14. **Limitation on regional office approval of like requests:** Approval of this waiver is limited to the Nebraska State agency.

15. **Quality control procedures:** N/A

16. **Date of national office action:** January 4, 2010

17. **Date of State agency's request:** November 22, 2010

18. **Date of regional office transmittal of request to national office:**

19. **Date of regional office transmittal of response to State agency:**

20. **Actual implementation date:**