



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Health and Social Services

DIVISION OF PUBLIC ASSISTANCE
Policy & Program Development
P.O. Box 110640
Juneau, Alaska 99811-0640
Main: 907-465-3382
Fax: 907-465-5254

March 18, 2020

Charles Tobin
Regional Director
Supplemental Nutrition Assistance Program
550 Kearny Street, Room 400
San Francisco, CA 94108

Dear Mr. Tobin:

The State of Alaska is requesting to waive regulations at 7 CFR 273.2(f)(1)(i) and 7 CF 273.2(f)(3)(vii). Under this waiver, Alaska is requesting to waive verification of gross nonexempt income and identity of the applicant and authorized representative when the initial verification attempt has failed.

The State is requesting this temporary waiver to facilitate program access and ease the hardship for needy Alaskans while also helping to reduce the transmission of the COVID-19 virus.

If you have any questions, please contact Matthew Stangley at (907)465-5835 or via email at Matthew.Stangley@alaska.gov, or Reuben Lumbab at (907)465-3201 or via email at Reuben.Lumbab@alaska.gov.

Thank you,

A handwritten signature in black ink, appearing to read "M. Stangley", followed by a long horizontal flourish.

Matthew Stangley
Chief of Policy and Program Development
Division of Public Assistance

STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):**
2. **Type of request:** Initial
3. **Regulation citations:** 7 CFR 273.2(f)(1)(i) and 7 CF 273.2(f)(3)(vii)
4. **State:** Alaska
5. **Region:** Western
6. **Regulatory requirements:** Under 7 CFR 273.2(f)(1)(i), gross nonexempt income shall be verified for all household prior to certification. However, where all attempts to verify the income have been unsuccessful because the person or organization providing the income has failed to cooperate with the household and the State agency, and all other sources of verification are unavailable, the eligibility worker shall determine an amount to be used for certification purposes based on the best available information.

Under 7 CFR 273.2(f)(3)(viii), the identity of the person making application shall be verified. Where an authorized representative applies on behalf of a household, the identity of both the authorized representative and the head of household shall be verified. Identity may be verified through readily available documentary evidence, or if this is unavailable, through a collateral contact. Examples of acceptable documentary evidence which the applicant may provide include, but are not limited to, a driver's license, a work or school ID, an ID for health benefits or for another assistance or social services program, a voter registration card, wage stubs, or a birth certificate. Any documents which reasonably establish the applicant's identity must be accepted, and no requirement for a specific type of document, such as a birth certificate, may be imposed.

7. **Description of alternative procedures:** The State of Alaska is requesting approval to temporarily waive the requirements to verify gross nonexempt income, and the identity of the applicant and authorized representative prior to certification.

As an alternative procedure, Alaska would make one attempt to verify the needed income information or verify the identity of the applicant and authorized representative but would accept client statement if that verification attempt was not successful.

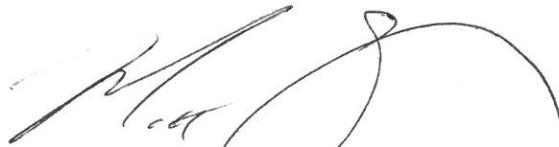
8. **Justification for request:** The State of Alaska believes that this waiver will help facilitate program access for needy Alaskans while also helping to reduce the transmission of the COVID-19 virus. Many employers are unexpectedly closed so

verification of income is becoming difficult to obtain, leading to a delay in food benefits at a time when access needs to be increased.

9. **Anticipated impact on households and State agency operations:** The waiver will ease the hardship for low-income Alaskans caused by the COVID-19 virus outbreak and help keep applicants and caseworkers healthy by creating the social distancing needed during these difficult times.
10. **Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable):** This waiver affects the entire state.
11. **Anticipated implementation date and time period for which waiver is needed:** The State is requesting that this waiver be approved effective April 1, 2020 through September 30, 2020.
12. **Proposed quality control review procedures:** No special Quality Control review processes will be required.
13. **State agency submitting waiver request and State contact person:**

Matthew Stangley
Chief of Policy & Program Development
Division of Public Assistance

14. **Signature and title of requesting official:**



Matthew Stangley
Chief of Policy & Program Development

15. **Date of request:** March 18, 2020
16. **State agency staff contact (name/email/telephone):**

Matthew Stangley
Chief of Policy & Program Development
State of Alaska – Dept. of Health and Social Services – Division of Public Assistance
907-465-5835
matthew.stangley@alaska.gov

or

Reuben Lumbab
Public Assistance Analyst II
State of Alaska – Dept. of Health and Social Services – Division of Public Assistance
907-465-3201
reuben.lumbab@alaska.gov

18. Regional office contact person (to be completed by FNS regional office):