

WAIVER REQUEST

Telephone Request for Assistance

1. **Type of Request:** Initial
2. **Primary Regulation Citations:** 7 CFR 273.2 (c)(7)(iii)
3. **Secondary Regulation Citation:** 7 CFR 273.2 (c)(7)(vi)
4. **State:** Arkansas
5. **FNS Region:** Southwest
6. **Regulatory Requirements:** Federal regulations stipulate that a signature is required on SNAP applications to establish a filing date and deadline for application processing. Regulations allow for SNAP applications to be processed with an unwritten signature at the discretion of the State agency. An unwritten signature procedure may include the use of a telephonic signature system that will provide an audio consent of their agreement or disagreement of the terms as well as a summation of the information to which they agreed. This system must also be capable of providing a link to the recorded file that can be easily accessed by the State agency. The State agency will also immediately provide a copy of the information collected to make the determination as well as simple instructions on how to correct any errors.
7. **Proposed Alternative Procedures:** For all active and potential SNAP households that request their application be submitted via telephone, Arkansas is requesting to use an alternative signature method to complete the application process. This substitution will allow the eligibility worker to complete the application process via telephone and sign on behalf of the applicant using the following prepared statement.

I am providing a verbal signature and consent to the Arkansas Department of Human Services, Division of County Operations that they may submit an application for benefits on my behalf. I attest that the information I have provided to DHS is truthful and accurate to the best of my knowledge. This verbal consent is given in response to the 2020 Covid-19 pandemic following the recommendations of the Centers for Disease Control (CDC) to avoid close contact with others in my community.

This procedure will be authorized from waiver approval through the end of the public health emergency. The household will receive a copy of the

application upon completion of the application as a receipt of their request for benefits.

8. Justification for Request: This waiver is requested under provision of CFR 272.3(c)(1)(ii) which allows approval of waivers which result in a more effective and efficient administration of the SNAP. We fear that many recipients will be unable to visit the county office to request benefits due to the recent coronavirus pandemic. This proposal will allow the state to provide continued benefits to current recipients as well as extend the service to potential participants that have been affected by COVID 19.

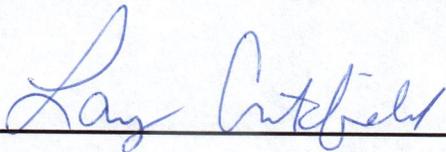
9. Anticipated Impact on Households: This waiver will reduce time between application and delivery of SNAP benefits to potential participants as well as prevent disruption of benefits to current SNAP recipients that have been affected by the coronavirus pandemic and will allow full social distancing protocols to be most effective.

10. Affected Caseload: All SNAP applicants are eligible to request.

11. Anticipated Implementation Date: The waiver will be in effect from FNS approval date until the end of the public health emergency.

12. Proposed Quality control Procedures: The state requests that QA review according to the waiver, if approved.

13. Signature and Title of Requesting Official:



_____**Assistant Director**_____

14. Date of Request: 03/19/2020