

**WAIVER REQUEST**  
**Initial SNAP Process-COVID**

- 1. Type of Request:** Initial
- 2. Primary Regulation Citations:** 7 CFR 273.2(e)(1); 7 CFR.2(f)(1)(4)
- 3. Secondary Regulation Citation:** 7 CFR 273.10(f)(3)
- 4. State:** Arkansas
- 5. FNS Region:** Southwest
- 6. Regulatory Requirements:** All households must have a face-to-face interview with an eligibility worker at initial certification and at least once every 12 months thereafter. Documentary evidence will be used as the primary source of verification on all items except residency and household size. The State agency must assign the longest certification possible based on the household's circumstances.
- 7. Proposed Alternative Procedures:** Arkansas is proposing to use the attached abbreviated initial SNAP application and waive the interview requirement. In addition to the above proposals, Arkansas is also requesting that this initial application allow for attestation in lieu of documentary evidence and apply a three-month certification for these households due to the coronavirus human pandemic. Arkansas will continue to offer face-to-face interviews if requested by the household.
- 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. This proposal will allow the state to continue to provide recipients benefits without the threat of interruption, and without putting themselves and their family at risk of exposure to COVID-19.
- 9. Anticipated Impact on Households:** This waiver will ensure that eligible households will receive vital benefits without increasing the risk of exposure to COVID-19.
- 10. Affected Caseload:**

Full Caseload; all participants

**11. Anticipated Implementation Date:** The day after the waiver has been approved.

**12. Proposed Quality control Procedures:** The proposal does not affect quality control sampling or procedures. Quality Assurance will review these cases according to this waiver.

**13. Signature and Title of Requesting Official:**

*Larry Crutchfield*

**\_Larry Crutchfield, Assistant Director**

**14. Date of Request:** 03/26/2020