WAIVER REQUEST
Expedited Processing

1. Type of Request: Initial

2. Primary Regulation Citations: 7 CFR 273.2(i)(4)(A)(B)(C)

3. Secondary Regulation Citation:

4. State: Arkansas

5. FNS Region: Southwest

6. Regulatory Requirements: Regulations require that households approved for Expedited services on or before the 15th of the month be certified for one month or normal certification. Households approved for Expedited services on or after the 16th of the month shall be certified for two months or normal certification. Verification may be postponed until the following month to be certified for continued benefits.

7. Proposed Alternative Procedures: Through the public health emergency period, applicants approved for Expedited services will be certified for two months with postponed verification. The postponed verification must be provided in order to receive additional months. If the verification is not provided within 30 days of the application date or by the due date, no further benefits will be issued.

Households closed for failure to furnish postponed verification must provide the postponed verification within 60 days from the original application date or must submit a new application.

8. Justification for Request: This waiver is requested under the provision of CFR 272.3(c)(1)(ii) which allows approval of waivers that result in a more effective and efficient administration of the SNAP. In order to assist households impacted by the COVID-19 public health emergency, the state proposes to temporarily ease certain Expedited service rules during this public health emergency period. This proposal will allow the state to aid those applicants whose jobs have been put on hold or work hours have reduced while employers follow the pandemic guidelines set forth by the Centers for Disease Control (CDC) throughout the public health emergency period.
9. **Anticipated Impact on Households:** This waiver will ensure applicant households quickly receive food assistance during the public health emergency health period using Expedited processing rules due a reduction or loss of income and will not require applicants to interact with the agency as quickly as they would have to under normal processing standards.

10. **Affected Caseload:** Full caseload, and all applicants.

11. **Anticipated Implementation Date:** The day after approval is received.

12. **Proposed Quality control Procedures:** Quality Assurance will review these cases based on the waiver.

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

   [Signature]

   ________Assistant Director__________

14. **Date of Request:** 03/19/2020