

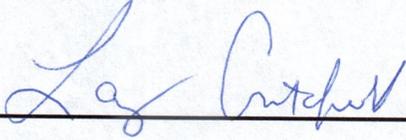
WAIVER REQUEST

Report Changes

1. **Type of Request:** Initial
2. **Primary Regulation Citations:** 7 CFR 273.12(a)(4)(vi)
3. **Secondary Regulation Citation:** 7 CFR 273.12(c)(3)(i)(B)
4. **State:** Arkansas
5. **FNS Region:** Southwest
6. **Regulatory Requirements:** The State Agency must act on any changes reported outside of the periodic report. The State agency will send a request for contact (RFC) if information submitted on the change report is unclear. If the household fails to respond to the RFC, the State agency will send a notice of adverse action to terminate the SNAP case.
7. **Proposed Alternative Procedures:** All active SNAP households that have reported changes (from the date of this waiver through the end of the public health emergency,) will not be closed or have benefits decreased for failure to return information or respond to a DHS notice.
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 provide recipients continued 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 current SNAP households will receive the benefits needed to continue to purchase healthy foods without interruption exacerbated by the COVID pandemic.
10. **Affected Caseload:**
Full Caseload; all participants
11. **Anticipated Implementation Date:** The day after the waiver has been approved.

12. Proposed Quality control Procedures: Quality Assurance will review SNAP cases according to this waiver.

13. Signature and Title of Requesting Official:



_____**Assistant Director**_____

14. Date of Request: 03/19/2020