

STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):**
2. **Type of request: Initial due to COVID-19 Health Crisis**
3. **Regulatory citation: 273.2(n)**
4. **State: Illinois**
5. **Region: MWRO**
6. **Regulatory requirements:**

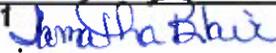
Authorized representatives. Representatives may be authorized to act on behalf of a household in the application process, in obtaining SNAP benefits, and in using SNAP benefits. A nonhousehold member may be designated as an authorized representative for the application process provided that the person is an adult who is sufficiently aware of relevant household circumstances and the authorized representative designation has been made in writing by the head of the household, the spouse, or another responsible member of the household. Paragraph (n)(4) of this section contains further restrictions on who can be designated an authorized representative.
7. **Description of alternative procedures:**

The Community Partners and Advocates will complete an application over the telephone with the individual. The Community Partners and Advocates will also obtain an Authorized Representative form from the applicant through verbal attestation giving the advocates approval to act on their behalf through the application process. The advocate will then submit and electronically sign the application via ABE.illinois.gov on behalf of the individual.
8. **Justification for request:**

Due to the Coronavirus Disease (COVID-19) pandemic, Governor JB Pritzker through Executive Order (2020-10) issued a Stay At Home Order. Individuals will continue to need public assistance through this crisis and some individuals without Internet access will rely on community partners and advocates to assist them with the application process. Advocacy centers who have access to the Internet could submit applications for cash and SNAP benefits via ABE.illinois.gov on behalf of individuals once the individual has given the advocate approval to act as Authorized Representative through the application process.
9. **Anticipated impact on households and State agency operations:** Will allow individuals who do not have internet access and who require assistance in applying for benefits the help they desperately need and deserve.
10. **Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable):** Individuals receiving SNAP 1,748,374 (as of 2/2020) and households receiving SNAP 887,753 (as of 2/2020).

11. **Anticipated implementation date and time period for which waiver is needed:**
Immediately until COVID-19 health crisis has passed.
12. **Proposed quality control review procedures:**
13. Illinois requests hold-harmless provisions for all waivers approved by USDA.
14. **State agency submitting waiver request and State contact person:**
Illinois Department of Human Services, Leslie.K.Cully
15. **Signature and title of requesting official:**



Grace B. Hou, Secretary 
Illinois Department of Human Services

16. **Date of request:** 03/30/2020
17. **State agency staff contact (name/email/telephone):**
Leslie K. Cully leslie.k.cully@illinois.gov 217/785-3294
18. **Regional office contact person (to be completed by FNS regional office):**