

STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):** New
2. **Type of request:** Initial
3. **Regulatory citation:** 7 CFR 273.S(a)
4. **State:** Montana
5. **Region:** Mountain Plains
6. **Regulatory requirements:** The Supplemental Nutrition Assistance Program (SNAP) regulations at 7 CFR 273.S(a) state that an individual who is enrolled at least half-time in an institution of higher education shall be ineligible to participate in SNAP unless the individual qualifies for one of the exemptions contained in paragraph (b) of this section.
7. **Description of alternative procedures:** Montana is requesting a waiver of regulations at 7 CFR 273.S(a) to allow students who are enrolled at least half-time in an institution of higher education to be eligible to participate in SNAP without being required to meet one of the exemptions in 7 CFR 273.S(b).
8. **Justification for request:** As a result of the COVID-19 pandemic, many businesses, employers, and school offices are closed. This makes it virtually impossible to verify if the student is enrolled in an institution of higher education, if the student is approved to participate in a work study program, or if the student is assigned to or placed in an institution of higher education through or in compliance with one of the programs identified in paragraphs (b)(11)(i) through (b)(11)(iv) of 273.5. In addition, with many businesses closed, it is nearly impossible for a student to be employed a minimum of 20 hours per week.
9. **Caseload information, including percent of caseload and description of population expected to be affected by this waiver:** There are approximately 49,997 SNAP households. HCSD cannot quantify the percentage of recipients that this waiver might impact.
10. **Anticipated impact on households and State agency operations:** This waiver will allow students to be eligible for SNAP without the requirement to meet an exemption in 7 CFR 273.5(b) or for the agency to verify if the student meets one of these exemptions.
11. **Anticipated implementation date and time period for which waiver is needed (please indicate if the waiver approval is needed to make system**

adjustments): Upon approval and through applications and recertifications processed through June 30, 2020.

12. Proposed quality control review procedures: N/A

13. Name, title, and email of requesting official:

Name: Justine Welker

Title: Interim SNAP/QA Program Manager

Email: jwelker@mt.gov

14. State agency staff contact:

Name: Justine Welker

Title: Interim SNAP/QA Program Manager

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15. Regional Office contact person (to be completed by FNS regional office):
State agency submitting waiver request and State contact person: