

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**  
Division of Welfare and Supportive Services  
*Helping people. It's who we are and what we do.*



Steve H. Fisher  
Administrator

March 17, 2020

Charles Tobin, Regional Program Director  
Supplemental Nutrition Assistance Program  
Western Regional Office  
90 Seventh Street, Suite 10-100  
San Francisco, CA 94103

Dear Director Tobin:

In response to the COVID-19 Pandemic, the state of Nevada Division of Welfare and Supportive Services is requesting a waiver to the regulations at 7 CFR 273.12(a)(5)(iii)(B), that requires a periodic report to be filed by the end of month 3 for households that are subject to a 12-month certification period and by the end of month 12 for a 24-month certification period. The Division is committed to ensuring the health and safety of its residents and are confident that this waiver will assist us in doing so. Thank you for your consideration of this waiver request.

If you require additional information, please contact Sheri Gallucci, Program Specialist, at (775) 684-0608 or e-mail [sgallucci@dwss.nv.gov](mailto:sgallucci@dwss.nv.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Steve H. Fisher".

Steve H. Fisher  
Administrator

Attachments:

CC: Shahdy Monemzadeh, Policy & Integrity Team Lead, FNS,  
Jacqueline Bourne, Senior Program Specialist, FNS  
Robert Thompson, Deputy Administrator, Program/Field Operations,  
Donna Stanley, Social Services Manager V, Field Operations.  
Lisa Swearingen, Chief, Eligibility & Payments  
Maria Wortman-Meshberger, Chief, Employment and Support Services  
Joe Garcia, Chief, Program Operations, Support & Training  
Sheri Gallucci, SNAP Specialist

## STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):**
2. **Type of request: Initial**
3. **Regulatory citation:** 7 CFR 273-10(f), 7 CFR273.10(f)(5), 7 CFR 273.12(a)(5)(iii)(B).
4. **State:** Nevada
5. **Region:** Western
6. **Regulatory requirements:** 7 CFR 273.10(f) states households must be certified for a definite period of time, not to exceed 12-months unless the household is elderly or disabled, in which certification periods cannot exceed 24-months.7 CFR 273.12(a)(5)(iii)(B) states that a periodic report form must be filed by the end of the month 3 for households that are subject to a 12-month certification period and by the end of month 12 for a 24-month certification period.
7. **Description of alternative procedures:** This waiver will allow the Nevada Division of Welfare and Supportive Services to implement 12-month certifications for Simplified Reporters and 24-month certification periods for household in which all members are elderly or disabled, without requiring a periodic report. Currently, the Nevada Division of Welfare and Supportive Services offers 6-month certifications for Simplified reporters and 12-month certifications for households in which all members are elderly or disabled.

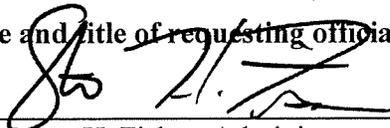
Nevada will maintain mandatory reporting requirements that take place in between certification periods. However, households will not be required to file a periodic report during the waiver period.

8. **Justification for request:** This request follows the regulations in 7 CFR 272.3(c)(1)(ii), which permits FNS to authorize waivers that result in a more effective and efficient administration of the SNAP program. The approval of this waiver will assist the Nevada Division of Welfare and Supportive Services in ensuring that SNAP households will continue to receive their SNAP benefits in a timely manner, and it will allow the Division of Welfare and Supportive Services more time to focus on the impending influx of initial applications during this unique and unprecedented time with the onset of COVID-19. Nevada wants to ensure that there are as few barriers to food access as possible. This waiver will also allow the Nevada Division of Welfare and Supportive Services to better prepare for administrative burdens where the division itself may lose a portion of the workforce due to childcare needs, staff illnesses, and state government requirements regarding social distancing.

9. **Anticipated impact on households and State agency operations:** The Nevada Division of Welfare and Supportive Services is confident this waiver will improve the public health response to the spread of COVID-19, as it will reduce the number of SNAP applicants and Division staff becoming potentially exposed to the virus.
10. **Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable):** This waiver would be applicable to Nevada's entire SNAP caseload.
11. **Anticipated implementation date and time period for which waiver is needed:** March 16, 2020, through the end of the COVID-19 health crisis, or March 16, 2021, whichever occurs first.
12. **Proposed quality control review procedures:** The Nevada Division of Welfare and Supportive Services is requesting that Quality Control be held harmless for the waiver of the periodic report. Additionally, we are requesting that the state be held harmless for any untimely processing of changes reported due to the increase of the SNAP caseload and limited workforce.
13. **State agency submitting waiver request and State contact person:** State of Nevada, Department of Health and Human Services, Division of Welfare and Supportive Services.

Contact Person: Steve H. Fisher, Administrator  
Division of Welfare and Supportive Services  
1470 College Parkway  
Carson City, Nevada 89706  
shfisher@dwss.nv.gov

14. **Signature and title of requesting official:**



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Title: Steve H. Fisher, Administrator  
Email for transmission of response: shfisher@dwss.nv.gov

15. **Date of request:** March 16, 2020.

16. **State agency staff contact (name/email/telephone):**  
Sheri Gallucci, Social Services Program Specialist III  
Division of Welfare and Supportive Services  
1470 College Parkway  
Carson City, Nevada 89706  
sgallucci@dwss.nv.gov

17. **Regional office contact person (to be completed by FNS regional office):**