

STATE WAIVER REQUEST

1. **Type of request:** Initial
2. **Regulatory citation:** Families First Coronavirus Response Act
3. **State:** Oklahoma
4. **Region:** Southwest
5. **Description of alternative procedures:** : The State of Oklahoma proposes to provide an emergency allotment to address temporary food needs to households to bring all households up to the maximum benefit allotment due to pandemic related economic conditions for up to 2 months. Contingent upon the availability of funding and ongoing need, USDA may approve additional months of emergency issuance with an extension request from the State.

These households are eligible for temporary emergency allotments because:

- There is a public health emergency declared by the Secretary of Health and Human Services and there is a State-wide emergency or disaster declaration (copy attached); and
- Due to COVID-19 [check all that apply]:
 - √ Residents of the State are confirmed to have contracted COVID-19
 - √ Some or all areas of the State are containment or quarantine zones
 - √ Businesses have closed or significantly reduced their hours
 - √ The State's residents have experienced economic impacts due to job suspensions or losses
 - √ The State's residents have been directed to practice social distancing

Issuing Emergency Allotments to Current SNAP Households:

Supplemental emergency allotments would be issued in the following manner:

In March 2020:

- √ On a single date [specify]: Upon approval March 30 _____
- Over a series of days as follows: _____
- Staggered as follows: _____
- Other [please explain]: _____

In subsequent months, emergency allotments should be provided in accordance with the State's regular issuance schedule. If a State wants to use a different schedule, explain: April supplements will be issued on April 15th and April 30th. Our staggering process uses the last digit of the case number. It is random and equally divided.

The State may provide the emergency allotment(s) without contacting the household. While individual notification is not required, States should notify clients consistent with SNAP requirements for mass changes, including notice that emergency allotments will be issued for up to 2 months. Should this schedule change and additional months are approved during the public health emergency, the State will provide a subsequent mass change notice at that time.

Other Requirements: [If applicable, STATE SHOULD ADDRESS ANY OTHER STATE-SPECIFIC NEEDS THEY MAY HAVE.]

All emergency allotments will be delivered on the household's EBT card. The State's SNAP agency also agrees to complete the FNS-292 on a timely basis in accordance with requirements as well as all other normally recurring SNAP reporting included the FNS 46 and 388 reports, on a timely basis in accordance with requirements. In addition, The State agency will submit weekly reports to FNS with the following information for the entire State:

- The value of EA issued.
- The average issuance amount per household.
- The number of households issued EA

Justification for Request: Coronavirus COVID-19, as provided by the Families First Coronavirus Response Act

6. Affected Caseload:

One month estimates for existing SNAP households under these procedures:

- Number of households receiving emergency allotments benefits: 164,095
- Amount of emergency allotment benefits issued for one month: \$30,208,584
- Number of months requested (2 month limit): 2 months

USDA reserves the right to withdraw or otherwise modify this approval subject to availability of funding

- 7. Anticipated implementation date and time period for which waiver is needed:** OKDHS will implement supplemental benefits immediately upon approval of this waiver.

OKDHS will utilize media press releases along with social media and our Agency website to provide awareness to recipients and venders of SNAP of the approved waiver.

- 8. State agency submitting waiver request and State contact person:**

The State agency submitting this waiver request is the Oklahoma Department of Human Services. The state agency contact person is Susan Baker, Program Field Representative, SNAP-LIHEAP Section, Adult and Family Services.

- 9. Signature and title of requesting official:**



Patrick Klein
Adult and Family Services Director
Patrick.Klein@okdhs.org

- 10. Date of request:** March 23, 2020

- 11. State agency staff contact (name/email/telephone):**

Susan Baker
Susan.Baker@okdhs.org
(405)521-3184 office
(405)650-9211 cell

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