

STATE WAIVER REQUEST

1. **Type of request:** Initial
2. **Regulatory citation:** 7 CFR 273.18(e)
3. **State:** Oregon
4. **Region:** Western
5. **Regulatory requirements:** 7 CFR §273.18(e) – Requires states to establish and collect claims due to overpaid benefits.
6. **Description of alternative procedures:** Waiver suspends pre-established cost-effectiveness plans for collecting overpayments and classifying repayments as delinquent
7. **State specific alternative procedures, if applicable:** None
8. **Justification for request:** Oregon has seen a significant spike in unemployment claims following the statewide closure of non-essential businesses due to COVID-19. This waiver provides relief for households by temporarily suspending collection efforts.
9. **Anticipated impact on households and State agency operations:**
Oregon anticipates that implementation of this waiver will result in time savings for administrative workers and allows house holds a grace period during the COVID-19 pandemic.
10. **Caseload information, including percent, characteristics, and quality control error rate for affection portion:**

Caseload Information:

Oregon's total SNAP caseload for December of 2019 was 348,294 or 586,789 individuals.

Quality Control Information:

Oregon doesn't anticipate that this waiver request will result in an increase in Quality Control errors.

11. Anticipated implementation date and time period for which waiver is needed:

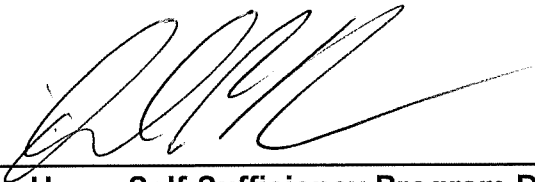
This waiver will be implemented upon approval and will be effective during the entire month, discontinuing the last day of the month the COVID-19 pandemic is declared ended.

12. Proposed quality control review procedures: There will be no special quality control procedures needed in conjunction with this waiver request. However, State Quality Control will be tracking this error element for evaluation purposes.

13. State agency submitting waiver request and State contact person:

Oregon Department of Human Services
Self-Sufficiency Programs
Supplemental Nutrition Assistance Program
Contact: Heather Miles, SSP Design Program Manager

14. Signature and title of requesting official:

A handwritten signature in black ink, appearing to read 'Dan Haun', is written over a horizontal line.

**Dan Haun, Self-Sufficiency Program Director
Oregon Department of Human Services**

15. Date of request:

April 2, 2020

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