



Food and Nutrition
Service

1320 Braddock Place
Alexandria, VA
22314

MEMORANDUM

TO: SNAP State Agencies

FROM: Jessica Shahin, Associate Administrator, Supplemental Nutrition Assistance Program (SNAP)

DATE: March 20, 2020

The attached is guidance to States in implementing Families First Coronavirus Response Act of 2020, which provides for the issuance of emergency allotments (supplements) based on a public health emergency declaration by the Secretary of Health and Human Services under section 319 of the Public Health Service Act related to an outbreak of COVID-19 when a State has also issued an emergency or disaster declaration.

Please be advised that the contents of this document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies. Any questions should be directed to Andrea Gold, Director, Retail Policy and Management Division.

Sincerely,

Jessica Shahin
Associate Administrator
Supplemental Nutrition Assistance Program (SNAP)

Attachment

Request to Provide Emergency Allotments (Supplements) to SNAP Households

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

- 1. Type of Request:** Initial
- 2. Primary Citation:** Families First Coronavirus Response Act
- 3. State [specify]:**
- 4. Proposed Alternative Procedures:**

The State proposes to provide an emergency allotment to address temporary food needs to households to bring all households up to the maximum benefit 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]: _____
- 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:

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.

5. Affected Caseload:

One month estimates for existing SNAP households under these procedures:

- Number of households receiving emergency allotments benefits: _____
- Amount of emergency allotment benefits issued for one month: \$ _____
- Number of months requested (2 month limit) _____

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

6. Anticipated Implementation Date:

7. Signature and Title of Requesting State Agency Official:

Signature

Print Name and Title

8. Date of Request:

Responder

02:05
Time to complete

Responent 1

Waiver Request Details

1. WIC State Agency *

2. FNS Regional Office *

MARO

3. Do you wish to submit a request for a Physical Presence Waiver? [42 U.S.C. 2203(a)(1)(a)] *

- Yes
- No

Physical Presence Waiver Request [42 U.S.C. 2203(a)(1)(a)]

Following receipt of a physical presence waiver, a WIC State agency may defer anthropometric and bloodwork requirements necessary to determine nutrition risk. The Competent Professional Authority (CPA) should still attempt, to the best of his/her ability, to assess nutrition risk based on participant-provided and/or referral data, as this remains a statutory requirement for the program.

FNS requests that, within 2 weeks from the date of this request, the WIC State agency provide to the Regional Office specific details on how it plans to continue operations under the physical presence waiver, including but not limited to: securing WIC participant confidentiality, following

rules regarding separation of duty and documentation/recordkeeping in the certification appointment.

4. Please summarize your request to waive physical presence requirements. *

5. Reason(s) for this Physical Presence request (please check all that apply) *

- COVID-19 (general)
- State or local travel restrictions
- State or local shelter in place (or similar orders)
-

6. What is the requested end date for this Physical Presence Waiver? *

 

7. FNS recommends that all WIC State agencies that submit a Physical Presence Waiver request also submit an Administrative Flexibilities request to waive 7 CFR 246.12(r)(4).

This waiver will allow for mailing of food instruments or remote loading of EBT benefits for all WIC participants.

Would you like to submit this waiver request now? *

- Yes
- No

U.S.C. 2204(a)(1)]

A WIC State agency may request to modify or waive any qualified administrative requirement outlined in regulations that cannot be met by a State agency due to COVID-19 or that is necessary to provide assistance.

To request flexibilities related to the remote issuance of WIC benefits (e.g., mailing of food instruments, remote loading of EBT cards) (current requirements outlined at 7 CFR 246.12(r)(4)), please complete the fields below.

8. Please summarize how benefits will be issued/provided to participants. *

9. What is the requested end date for this Remote Issuance Waiver? *

3/20/2020

10. Do you wish to submit a request for an Administrative Flexibilities Waiver related to WIC food package or medical documentation requirements? [42 U.S.C. 2204(a)(1)] *

- Yes
- No

Administrative Flexibilities Waiver Request: Food Package [42 U.S.C. 2204(a)(1)]

A WIC State agency may request to modify or waive any qualified administrative requirement outlined in regulations that cannot be met by a State agency due to COVID-19 or that is necessary to provide assistance.

To request flexibilities related to food package requirements outlined at 7 CFR 246.10(e)(1-12) and medical documentation requirements at 246.10(d), please complete the fields below. Please submit each food item request separately.

11. WIC Food Item: *

12. Flexibility/Substitution Requested: *

13. Reason(s) for this Food Package request (please check all that apply) *

Low stock

14. What is the requested end date for this Food Package Waiver? *

 

15. Do you wish to request flexibilities related to another food item?

Yes, I'd like to add another food item.

No, I'm finished with this section.

16. Do you wish to submit a request for an Administrative Flexibilities Waiver related to minimum stocking requirements (MSRs) for WIC vendors? [42 U.S.C. 2204(a)(1)] *

Yes

No

2204(a)(1)]

A WIC State agency may request to modify or waive any qualified administrative requirement outlined in regulations that cannot be met by a State agency due to COVID-19 or that is necessary to provide assistance.

A WIC State agency may update its minimum stocking requirements (MSRs) at any time, as long as the MSR meets the federal minimum requirements outlined at 7 CFR 246.12(g)(3)(i). To request to a waiver from these requirements, please complete the fields below.

17. Please summarize your request to waive federal minimum stocking requirements. *

18. Reason(s) for this Minimum Stocking Requirements request (please check all that apply) *

Low Stock

19. What is the requested end date for this Minimum Stocking Requirements Waiver? *

 

20. Do you wish to submit a request for an Administrative Flexibilities waiver for another purpose, not already specified? [42 U.S.C. 2204(a)(1)] *

Yes

No

Other Administrative Flexibilities Waiver Request [42 U.S.C. 2204(a)

(1)]

A WIC State agency may request to modify or waive any qualified administrative requirement outlined in regulations that cannot be met by a State agency due to COVID-19 or that is necessary to provide assistance.

If requesting a flexibility not previously covered in this template, please indicate the specific flexibility being requested (including the regulatory citation), the reason(s) for the request, and estimated period of flexibility in the fields below.

21. Please summarize your waiver request. *

22. Relevant Regulation(s): *

Please enter citation(s) you request to be waived, related to the above request.

23. Reason(s) for this request: *

24. What is the requested end date for this waiver? *

 

25. Do you wish to submit an additional Administrative Flexibilities Waiver request? *

- Yes, I'd like to add another.
- No, I'm finished with all requests.

Submitter Information

As a reminder, these requests may only be submitted by State agency WIC Directors.

Once submitted, you will receive email confirmation of your request.

26. Full Name: *

27. Title: *

28. Email Address: *

Please ensure that the email address entered is correct. A confirmation email outlining your submission will be sent to this address.

