

Create New Administrative Waiver

Step: 1 of 5

Title

Please Select the Waiver title.

Waiver Title* 

Next

Waiver Title



Please enter the title of your waiver.

Waiver Title*

Continue

Next

Add Citation



Please enter the Citation Number and Requirement.

Citation Number*

Requirement*

Continue

Citation

Add Citations

+ Add Citation

Next

Create New **Administrative Waiver**

Step: 2 of 5

Proposed Alternative Procedures

Required to ensure successful and desired outcomes of this waiver and to guard against potential negative impacts:



Proposed Alternative Procedures*

Justification for Request

Lorem ipsum dolor sit amet, consectetur adipiscing elit:



Justification for Request*

Previous

Next

Create New Administrative Waiver

Step: 3 of 5

Anticipated impact on households and State agency operations

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Anticipated impact on households and State agency operations*

Caseload Information

Provide caseload information, including percent of caseload and description of population expected to be affected by this waiver.



Percent of caseload*

Description of population expected to be affected by this waiver*

Previous

Next

Create New Administrative Waiver

Step: 4 of 5

Anticipated implementation data and time period for which waiver is needed

The State agency requests the waiver for a period of:

31 From* To* 31

If the waiver approval is needed to make system adjustments prior to the implementation date, please indicate the date the State needs the approval.

31 Requested Approval Date

Previous

Next

Create New Administrative Waiver

Step: 5 of 5

Requesting Official

Add a Requesting Official.

| | | |
|---------------------------------------|----------------------------------------------------------------------------------------------|---------------|
| Contact Name* | Title* | Phone Number* |
| Add the Requesting Officials Address. | | |
| Street Address* | Apt / Suite / Other | |
| City* | State*  | ZIP Code* |

State Agency Contact

Add a contact.

| | | |
|---------------|-------------------|----------------|
| Contact Name* | Contact Email* | Phone Number* |
| David Jebo | david.jebo@va.gov | (703) 966-6961 |

Attachments

Please upload supporting documentation.

 Add Attachment

Create New Administrative Waiver

Please review, sign and submit your waiver.

Title

[Edit](#)

Face to Face



Citation

[Edit](#)

273.2(c)(5)

Required Verification Notice

273.2(e)(3)

Missed Interview Notice

Requirements

273.2(c)(5)

Require the State agency to provide each household with a notice of required verification at the time of the application.

273.2(e)(3)

Require the State agency to notify each household that misses its interview appointment that it missed the scheduled interview and is responsible for rescheduling.

Proposed Alternative Procedures

This waiver would offer SNAP households the option of receiving system generated notices electronically, instead of paper notices via the United States Postal Service (USPS).

Households would receive notices issued by the State that are related to the household's SNAP benefits in an electronic format via a web portal. The electronic notices will be the same notice that would otherwise be sent through USPS.

Households that opt to receive electronic notices would be required to electronically sign a disclosure statement in which they agree to receive and read the electronic notices sent by the State agency. After signing the disclosure statement, the household would receive a confirmation e-mail and paper notice via USPS with instructions on how to log-in to their account to view notices. When a notice is sent electronically to a household, it would receive email notification that a notice is waiting in its online account, along with a link to the State's customer home page where the household could log-in to view the notice.

Households that opt to receive electronic notifications would be able to opt-out at any time. If the State agency finds that the e-mail account provided by a client is invalid or no longer active, the client's household would automatically be opted out of receiving electronic notices and the State agency will mail the notices to the household. The household would then be able to receive electronic notices again if it repeats the enrollment process using a valid e-mail address.

The State agency would provide hard copy notices to all clients subject to the waiver upon request. Electronic notices would be accessible in the State's eligibility system to both Federal and State Quality Control (QC) reviewers.

By submitting this waiver request the State Agency is ensuring to the Food and Nutrition Service (FNS) that the State agency has:

- The capacity to provide the evaluation data required for waivers of this type;
- Sufficient administrative and automation controls in place to correctly implement the terms for waivers of this type and;
- Considered the following best practices:
 - Provided notices through a portal or system that is independent from the rest of the State system to reduce system strain;
 - Ensuring that their system can track when e-notices are opened/viewed and sending paper notices if e-notices are not opened by clients within a reasonable amount of time;
 - Making notices available on the website/portal for at least 36 months;
 - Including information in the confirmation email explaining that the recipient is responsible for reading the e-notices and instructions for how to log-in to their account to view the e-notices; and
 - Providing a link to the secure website/portal in the email notification.

State Specific Proposed Alternative Procedures

[Edit](#)

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Additional Notices

[Edit](#)

Claims Fair Hearings

Text Messages

[Edit](#)

The State Agency will also supply clients with text messages in addition to email notifications, with the understanding that text messages sent to mobile phone numbers act as a supplement to, not a replacement for, email communication sent to households.

Justification for Request

Approval of this waiver would enable the State to continue program improvement by increasing the effectiveness and efficiency of our service to SNAP applicants and participants.

Anticipated impact on households and State agency operations

Households opting to receive electronic notices would be able to view their notices faster and the State agency would reduce administrative costs.

Caseload Information

[Edit](#)

Percent of caseload

76%

Description of population expected to be affected by this waiver

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Anticipated implementation data and time period for which waiver is needed

[Edit](#)

| | | |
|------------|------------|------------------------|
| From | To | Expected Approval Date |
| 01/01/2017 | 12/31/2018 | 11/30/2016 |

Proposed quality control review procedures

No special QC procedures are required for case subject to the provisions of this waiver. Cases should be reviewed using standard review procedures contained in the FNS Handbook 310.

Requesting Official

[Edit](#)

| | | |
|--------------|------------|-------------------|
| Contact Name | Title | Contact Email |
| David Jebo | SA Analyst | david.jebo@va.gov |

Address

1400 Independence Ave SW #5071
Washington, DC 20250

State Agency Contact

[Edit](#)

| | | |
|--------------|-------------------|----------------|
| Contact Name | Contact Email | Phone Number |
| David Jebo | david.jebo@va.gov | (703) 966-6961 |

Attachments

[Edit](#)

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Sign and Submit

Sign and Submit
✕

By penalty or perjury of law, I have the authorization to sign this document on behalf of my SNAP State agency.

Citation

[Edit](#)

| | |
|--------------------------------------------------------------------|---------------------------------------------------------------|
| <p>273.2(c)(5) <small>Required Verification Notice</small></p> | <p>273.2(e)(3) <small>Missed Interview Notice</small></p> |
|--------------------------------------------------------------------|---------------------------------------------------------------|

Requirements

- 273.2(c)(5)** Require the State agency to provide each household with a notice of required verification at the time of the application.
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[Edit](#)

- [Claims](#)
- [Fair Hearings](#)

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[Edit](#)

| | | |
|-----------------------------|----------------------|------------------------------|
| <small>Contact Name</small> | <small>Title</small> | <small>Contact Email</small> |
| David Jebo | SA Analyst | david.jebo@va.gov |

Address

1400 Independence Ave SW #5071
Washington, DC 20250

State Agency Contact

[Edit](#)

| | | |
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| <small>Contact Name</small> | <small>Contact Email</small> | <small>Phone Number</small> |
| David Jebo | david.jebo@va.gov | (703) 966-6961 |

Attachments

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[Sign and Submit](#)