

STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):**
2. **Type of request:** Initial
3. **Regulatory citation:** 273.10(f)(3)
4. **State:** Illinois
5. **Region:** MWRO
6. **Regulatory requirements:** The State agency must certify each eligible household for a definite period of time. State agencies must assign the longest certification period possible based on the predictability of the household's circumstances. The first month of the certification period will be the first month for which the household is eligible to participate. The certification period cannot exceed 12 months except to accommodate a household's transitional benefit period.
7. **Description of alternative procedures:** Illinois proposes to extend one-time only active SNAP certification periods with expiration dates of 4/2020 through 6/2020 by six (6) months.
8. **Justification for request:** Extending active SNAP certification periods by six (6) months will be beneficial to administrative staff as well as customers.

Approval of this waiver will assist to reduce the spread of the Coronavirus disease (COVID-19) and avoid putting customer's health at risk by eliminating customers from completing SNAP redetermination applications, office visits, and scheduling interviews. Containing and reducing the transmission of COVID-19 is a priority of the United States and Illinois.

In addition, administrative staff will be able to concentrate on initial SNAP applications and customers will be spared application completion and scheduled interviews. SNAP households in simplified reporting will continue to adhere to reporting requirements and change reporting households will continue to be required to report changes within ten (10) calendar days.

9. **Anticipated impact on households and State agency operations:** Customers will continue receiving SNAP benefits without interruptions. Administratively, the certification extension will assist in timely application processing of initial applications.

10. **Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable):** Would need to get data on cases with redeterminations due 4/2020 through 6/2020.
11. **Anticipated implementation date and time period for which waiver is needed:** Immediately upon approval.
12. **Proposed quality control review procedures:** No special Quality Control (QC) procedures are required for cases subject to the provisions of this waiver. Cases should be reviewed using standard review procedures contained in the Food and Nutrition Service (FNS) Handbook 310.
13. **State agency submitting waiver request and State contact person:**
Terri Vaniter terri.vaniter@illinois.gov
14. **Signature and title of requesting official:**



Name: Grace Hou

Title: Secretary, Illinois Department of Human Services

Email for transmission of response: Grace.Hou@illinois.gov

15. **Date of request:** 03/¹⁶xx/2020

16. **State agency staff contact (name/email/telephone):** Terri Vaniter
terri.vaniter@illinois.gov 217/782-1239

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