

STATE WAIVER REQUEST

- 1. Waiver Serial Number (if applicable):**
- 2. Type of request:**
- 3. Regulatory citation(s):**
- 4. State:**
- 5. Region:**
- 6. Regulatory requirements:**
- 7. Description of alternative procedures:**
- 8. Justification for request:**
- 9. Anticipated impact on households and State agency operations:**
- 10. Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable):**
- 11. Anticipated implementation date and waiver approval period:**
- 12. Proposed quality control review procedures:**
- 13. Signature and title of requesting official:**

Title:

Email for transmission of response:

- 14. Date of request:**
- 15. State agency staff contact (name/email/telephone):**
- 16. Regional Office contact person (*to be completed by FNS Regional Office*):**

This information is being collected to assist the Food and Nutrition Service in organizing and tracking new and existing waiver requests. This is a voluntary collection and FNS uses the information to monitor program changes and expiration dates. This collection does not request any personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0083. The time required to complete this information collection is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-0083). Do not return the completed form to this address.