

This information is being collected to assist the Food and Nutrition Service in managing information collection due to COVID-19. This is a voluntary collection and FNS uses the information to approve waivers and collect data on their use. 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 0584-0654. The time required to complete this information collection is estimated to average 0.25 hours 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: PRAO. Do not return the completed form to this address.

Responder

◀

Respondent 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? *

 

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

Other

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.

