

# SNAP State COVID Adjustment Selection Template (OMB Number: 0584-0654 Expiration Date: )

The Continuing Appropriations Act, 2021 resolution (C.R.; P.L. 116-159) was signed into law on October 1, 2020. This legislation extends a number of the SNAP flexibilities approved under the Families First Coronavirus Response Act (FFCRA) and permits State SNAP agencies to adopt certain options within a finite time period without FNS approval.

State agencies may either use this template or submit a completed MS Word template to the PDD COVID inbox (SM.fn.SNAP-PDD-COVID@usda.gov). States must notify FNS no later than 5 days after implementing any of the available options. States are required to report the option they are taking, their start and end date, and the population(s) affected. If any of this information is missing from the template submission, you will be contacted by FNS staff.

The template expands to more questions based on the answers you select. For example, if you click on "Waive initial interview only" to answer #6, then additional questions will pop-up to ask about the implementation date and end date for this option. The template will take respondents through all three options as written in the CR.

States may make changes to their adjustment selection after initial submission by selecting "Update to a previous submission." You should select "No changes to this waiver (if updating a previous submission)" for initial selections with which you are satisfied and only submit details for the changing adjustment(s). The final question allows States to provide additional details for more nuanced selections. Once the template has been submitted, a copy of your responses will be e-mailed to you and your Regional Office. We recommend forwarding the automated e-mail to others in your State who would like a copy of the notification. Please contact your RO with any questions or concerns.

Please note:

- If a State implements an option available to it under the CR (e.g., waive interviews) while still under a period of approval from FNS to adjust that same thing under FFCRA (e.g., interview requirements), implementing the option under the CR will supersede the terms and condition.
- States should plan to provide evaluation data 45 days after their option ends, in accordance

with the terms and conditions of the adjustment requirements.

- States must continue to request approval through their ROs for all other COVID-19 adjustments (e.g., Telephonic Signature) and must continue to meet the criteria for these adjustments as outlined in the Criteria to Extend COVID-Related Adjustments and Waivers document (tiered adjustment process).
- Waive Face-to-Face Interview is no longer covered under the Tiered adjustment process as it is addressed under the interview option listed above.

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 20 minutes 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, Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRAO. Do not return the completed form to this address.

\* Required

### 1. Name of Respondent \*

### 2. Job Title \*

### 3. E-mail Address \*

*A copy of your responses will be emailed to you and your FNS Regional Office.*

**4. State \*****5. Form type \***

*If this is your State agency's first template submission, select "New submission." If you are making changes to a previous selection, choose "Update to a previous submission."*

- New submission
- Update to a previous submission

**6. Does your State agency select one of the Waive Initial and Recertification Interview options below? \***

*If your State agency would like to select a combination of the below options for different time periods, please select only one option now and submit a new template for the remaining selections. These options must be in accordance with the terms and conditions of FNS's March, 26, 2020, blanket approval.*

*NOTE: Additional questions will appear after indicating a response below.*

- Waive Initial and Recertification Interviews
- Waive Initial Interviews only
- Waive Recertification Interviews only
- Not interested in this option at this time
- No changes to this option (if updating a previous submission)

Submit

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