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## **ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWD) WAIVER REQUEST**

- 1. Type of request:**
- 2. Statutory citation:** Section 6(o) of the Food and Nutrition Act of 2008, as amended
- 3. Regulatory citation:** 7 CFR 273.24
- 4. State:**
- 5. Region:**
- 6. Regulatory requirements:** Section 6(o) of the Food and Nutrition Act of 2008, as amended, provides that no able-bodied adult without dependents (ABAWD) shall be eligible to participate in the Supplemental Nutrition Assistance Program (SNAP) as a member of any household if the individual received program benefits for more than 3 months during any 3-year period in which the individual was subject to but did not comply with the ABAWD work requirement. Section 6(o) also provides that, upon the request of the State agency, the Secretary may waive the applicability of the 3-month ABAWD time limit for any group of individuals in the State if the Secretary makes a determination that the area in which the individuals reside has an unemployment rate of over 10 percent or does not have a sufficient number of jobs to provide employment for the individuals.
- 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 time period for which waiver is needed:**
- 12. Proposed quality control review procedures:**
- 13. Name, title, email, and signature of requesting official:**
  - Name:**
  - Title:**
  - Email:**

**Signature:**

**14. Date of request:**

**15. State agency staff contact:**

**Name:**

**Title:**

**Email:**

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