

**United States Department of Agriculture**Food and
Nutrition
Service

Type of Request: **Date of Request** [Click here to enter a date.](#)**State** **Region:** **PLEASE READ:**

If you are requesting an extension of the project using the same terms and conditions as your most recent CAP approval, the only portions of this template that you need to fill out are the signature of the requesting official, State Agency contact, and Regional Office Contact.

If you are requesting a modification of your project's existing approval, please fill out the template below, clearly describing the changes requested. If so, they can document just those changes in the request template. Be sure to have this request signed by the appropriate State agency official.

Statutory Citations

Please list which statutory requirements this project would need waived and describe why.

Regulatory Citations

Please list which regulatory requirements this project would need waived and describe why.

Justification for request

Pilot of demonstration projects are designed to test program changes that might increase the efficiency of SNAP and improve the delivery of SNAP benefits to eligible households. Please use this space to describe how implementing a CAP in your State will achieve these and any other objectives.

Description of alternative procedures

As you describe alternative procedures, please consider and address the areas, comments, and questions below regarding proposed CAP procedures.

a) Eligibility:

Describe the specific populations who will be eligible for the CAP. Address what the protocol will be for SSI households in suspended status.

b) Application form:

Describe the application process. Indicate whether or not the CAP will use an application form. If an application form will be used, describe the content of the form.

c) Rights and responsibilities:

Describe how the State will inform CAP households of program information and their rights and responsibilities.

d) Eligibility to opt out of CAP:

If applicable, describe the criteria a household must meet to opt out of the CAP.

e) Date of application:

Describe how the State will determine the household's date of application.

f) Expedited Service:

If applicable, describe how the State will provide expedited service.

g) Transitioning cases:

Describe how the State will convert CAP-eligible households participating in regular SNAP into the CAP. Describe how the State will handle CAP cases that become ineligible for the CAP but remain eligible for SNAP.

h) Interview:

Describe the State's interview process under the CAP.

i) **Verification:**

Describe how the State will verify information for CAP households. How often will this information be verified and within what timeframe will it be acted upon, if necessary? What databases will be used in data matching?

j) **Allotment determination:**

Describe the CAP's benefit structure and how the State will determine a household's benefit allotment.

k) **Certification period and recertification:**

Indicate the length of the certification period and describe the specifics of the recertification process.

l) **Reporting requirements:**

Describe the State's reporting requirements and processes for households in the CAP.

m) **Outreach:**

Describe any outreach the State will conduct regarding CAP households such as identifying community partners and providing training on CAP eligibility criteria.

n) **Training:**

Describe the training plan and strategies the State will implement. How will the State train eligibility workers on CAP certification procedures and other components of the demonstration?

Anticipated impact on households and state agency operations

Describe how implementing this project in your State will impact program enrollment, cost, SNAP households, and State agency operations.

Caseload information:

Please include the current number of CAP participants and the percentage of CAP households within the general SNAP population.

Anticipated implementation date: [Click here to enter a date.](#)

Signature of requesting official: _____

Print Name: Click here to enter text.

Title: Click here to enter text.

State Agency Contact

Name: Click here to enter name.

Email: Click here to enter email.

Telephone: Click here to enter telephone number.

Regional Office Contact

Name: Click here to enter name.

Name: Click here to enter email.

Name: Click here to enter text.

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 OMB No.0584-NEW. The time required to complete this information collection is estimated to average 1105 hours per response for new demonstration project request and 24 hours for a modification and/or extension of an existing demonstration project.