


ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWD) WAIVER REQUEST

1. **Type of request:** Initial
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:** KY
5. **Region:** SERO
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. Subsection (c)(4) also provides exemptions for ABAWDs, including exempting an individual with a child under 18 residing in their home.
7. **Description of alternative procedures:** KY seeks to waive applying this exemption to SNAP households. All individuals not meeting one of the other approved exemptions would be required to meet ABAWD work criteria.
8. **Justification for request:** This request is being made as a result of legislation passed by the Kentucky General Assembly.
9. **Anticipated impact on households and State agency operations: Individuals living with**
An individual subject to work requirements who did not comply, but has a child under 18 in their household will no longer be exempt from meeting those work requirements and continue to receive SNAP.
10. **Caseload information, including percent, characteristics, and quality control error rate for affection portion (if applicable):** Based on Oct. 2022 SNAP participation, 24% of active individuals would be affected. 132,391 out 548,957 SNAP individuals are currently exempt from work requirements due to having a child under 18 residing in household.
11. **Anticipated implementation date and time period for which waiver is needed:** June 2023 ongoing.
12. **Proposed quality control review procedures:** All SNAP cases will be subject to normal QC reviews.
13. **Name, title, email, and signature of requesting official:**
Name: Marta Miranda-Straub
Title: CHFS DCBS Commissioner
Email: marta.mirandastraub@ky.gov
Signature: 

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14. Date of request: Dec. 19, 2022

15. State agency staff contact:

Name: Todd Trapp

Title: DFS Director

Email: Todd.Trapp@ky.gov

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