

United States Department of Agriculture

STATE AGENCY NOTIFICATION OF MAJOR CHANGES IN PROGRAM DESIGN

Instructions

This template is to be used by State agencies administering the Supplemental Nutrition Assistance Program (SNAP) to notify the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) of major changes in State agency operations of SNAP as required in 7 CFR 272.15.

For each of the questions in this template, please type all answers directly into the template. Please also pay close attention to the information requested in each question, to ensure that you are answering each question fully and accurately.

Notification Deadline

State agencies must notify FNS when major changes have been approved by the appropriate State authority but no less than **120 days** prior to beginning implementation of the change or entering a contract. If the State agency is unable to meet the 120 day deadline, they must notify their FNS Regional Office as soon as they are aware of the change and explain why they could not meet the deadline.

Submission Instructions

Upload completed notification templates to the SNAP Waiver Information Management System (WIMS). Additional user instructions are available online at [FNCS – SNAP Resources WIMS-Training](#). For assistance using WIMS, please contact your FNS Regional Office.

Questions

Please contact your FNS Regional Office for assistance.

This information is being collected to assist the Food and Nutrition Service meet the requirements of 7 CFR 272.15. This is a mandatory collection and FNS uses the information to monitor major change implementations. 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 0584-0579. The time required to complete this information collection is estimated to average 70 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the

OMB Number: 0584-0579
Expiration Date: XX/XX/XXXX

APPENDIX C

Food and Nutrition Service

State Agency Notification of Major Changes

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: PRA 0584-0579. Do not return the completed form to this address.

STATE AGENCY NOTIFICATION OF MAJOR CHANGES IN PROGRAM DESIGN

I. Summary of Change

Please identify the major change being made to the Supplemental Nutrition Assistance Program (SNAP) as described in CFR 272.15(a)(2).

Anticipated Implementation Date of Change: Click or tap to enter a date.

State: Click or tap here to enter text.

Region: Click or tap here to enter text.

II. Description of Major Change in SNAP and its Expected Impact

Please provide the required information below describing the change and/or its expected impact.

A. Description: Please fully describe the change being made to SNAP and what it is intended to accomplish.

Click or tap here to enter text.

B. Consultation or Public Comment about Planned Change: Describe any consultation with stakeholders, advocacy groups or public comment obtained regarding the planned change.

Click or tap here to enter text.

C. Scope of Change: Please indicate whether the change will be Statewide. If the change will not be Statewide, please identify the jurisdictions to which the change will apply.

Click or tap here to enter text.

D. Implementation Schedule: Describe the schedule for implementation, including how the change will be tested, and whether it will be piloted.

Click or tap here to enter text.

E. Effect on Applicants and/or Participants: Explain how the major change is expected to affect applicants and/or participants and how they will be informed of the change.

Click or tap here to enter text.

F. Effect on Caseworkers: Describe how the change will affect caseworkers, and how the State will train caseworkers on the major change.

Click or tap here to enter text.

G. Administrative Cost: Provide the expected administrative cost of the major change in the year it is implemented, and in subsequent years.

Click or tap here to enter text.

H. Monitoring: Explain how the impact of the major change will be monitored during implementation, and after implementation.

Click or tap here to enter text.

I. Impact(s) of the Change on State Automated SNAP System(s): Explain how the major change will affect operation of the State automated SNAP system(s).

Click or tap here to enter text.

- J. Backup Plans: Please describe any backup plans the State has if the major change creates significant problems in one or more of the program measures discussed in CFR 272.15(a)(3)(ii).**

Click or tap here to enter text.

- K. Impact(s) of the Change on Error Rates: Explain the anticipated impact(s) of the change on the State's payment error rate and on the State's negative error rate (CAPER).**

Click or tap here to enter text.

Describe the methodology used to determine the projected impact(s).

Click or tap here to enter text.

- L. Impact(s) of the Change on Program Access: Explain the anticipated impact(s) of the change on access to SNAP, including the impact on applicants filing initial applications and recertification applications.**

Click or tap here to enter text.

Describe the methodology used to determine the projected impact(s).

Click or tap here to enter text.

- M. Impact(s) of the Change on Application Processing Timeliness and on Timeliness of Recertification Actions: Explain the anticipated impact(s) of the change on application processing timeliness (including both the households entitled to 7-day expedited service and those subject to the 30-day processing standards) and on timeliness of recertification actions.**

Click or tap here to enter text.

Describe the methodology used to determine the projected impact(s).

Click or tap here to enter text.

- N. Impact(s) of the Change on Vulnerable Populations: Explain the anticipated impact(s) of the change on obtaining SNAP information, filing an initial application, providing verification, being interviewed, reporting changes, or reapplying, as it would affect any of the following vulnerable populations: elderly households, households in rural areas, households containing a disabled individual, homeless households, non-English speaking households, and/or households living on an Indian reservation.**

Click or tap here to enter text.

Describe the methodology used to determine the projected impact(s).

Click or tap here to enter text.

Describe the procedures the State will put in place to minimize the burdens on any of the above-defined vulnerable populations.

Click or tap here to enter text.

- O. Impact(s) of the Change on Customer Service: Explain the anticipated impact(s) of the change on customer service (including the time it takes for a household to contact the State, be interviewed, report changes, and any other parameter defined by the State agency).**

Click or tap here to enter text.

Describe the methodology used to determine the projected impact(s).

Click or tap here to enter text.

P. Additional Information: Provide any additional information of which the State wishes to make FNS aware.

Click or tap here to enter text.

Click or tap here to enter text, provide signature via Adobe PDF file, or print and sign below.

Signature of requesting official

Print Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap to enter a date.

State Agency Contact

Name: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.