



RULE-MAKING ORDER

CR-103P (May 2009)
(Implements RCW 34.05.360)

Agency: Department of Social and Health Services, Economic Services Administration

Permanent Rule Only

Effective date of rule:

Permanent Rules

- 31 days after filing.
- Other (specify) _____ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

- Yes
 - No
- If Yes, explain:

Purpose:

The department is amending WAC 388-444-0035 "Who is exempt from the ABAWD time limits and minimum work requirements?" to strike provisions pertaining to Food Assistance Program for Legal Immigrants (FAP) that are inconsistent with state law for the Supplemental Nutrition Assistance Program (SNAP).

Citation of existing rules affected by this order:

Repealed: None
 Amended: WAC 388-444-0035
 Suspended: None

Statutory authority for adoption: RCW 74.04.050, RCW 74.04.055, RCW 74.04.057, RCW 74.04.510, RCW 74.08.090, RCW 74.08A.120, 7 CFR 273.7

Other authority:

The United States Department of Agriculture, Food and Nutrition Service (FNS) enforces the provisions of the federal Supplemental Nutrition Assistance Program (SNAP) as enacted in the 2008 Food and Nutrition Act as amended and codified in the Code of Federal Regulations. DSHS incorporates regulations from the federal agencies, exercises state options, and implements approved waivers and demonstration projects by adoption administrative rules for food assistance administered as the Washington Basic Food Program and the Food Assistance Program for Legal Immigrants (FAP).

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 16-18-060 on September 1, 2016 (date).

Describe any changes other than editing from proposed to adopted version:

None.

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name: _____ phone () _____
 Address: _____ fax () _____
 e-mail _____

Date adopted:

October 19, 2016

NAME (TYPE OR PRINT)

Katherine Vasquez

SIGNATURE

TITLE

DSHS Rules Coordinator

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: October 19, 2016

TIME: 2:58 PM

WSR 16-22-002

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	_____	Amended	<u>1</u>	Repealed	_____

The number of sections adopted at the request of a nongovernmental entity:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted in the agency's own initiative:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted using:

Negotiated rule making:	New	_____	Amended	_____	Repealed	_____
Pilot rule making:	New	_____	Amended	_____	Repealed	_____
Other alternative rule making:	New	_____	Amended	<u>1</u>	Repealed	_____

WAC 388-444-0035 Who is exempt from ((the)) ABAWD time limits and minimum work requirements? Some ~~((persons receiving))~~ people who receive basic food are exempt from ~~((ABAWD))~~ able-bodied adult without dependents (ABAWD) time limits and minimum work requirements. You are exempt from ~~((the))~~ ABAWD time limits and work requirements ~~((and time limits))~~ under WAC 388-444-0030 if you ~~((are))~~ meet any one or more of the following:

(1) You are under age eighteen or are age fifty ~~((years of age))~~ or older;

(2) ~~((Receiving))~~ You receive temporary or permanent disability benefits issued by a governmental or private source;

(3) You are obviously mentally or physically unfit for employment as determined by the department~~((-))~~; however, if the unfitness is not obvious, you must provide a statement that you are physically or mentally unfit for employment from a physician, physician's assistant, nurse, nurse practitioner, designated representative of the physician's office, ~~((a))~~ licensed or certified psychologist, ~~((a))~~ social worker, or any other medical personnel ~~((we determine is))~~ the department determines appropriate~~((, that you are physically or mentally unfit for employment.))~~;

(4) You are an adult in a basic food assistance unit that has a family member who is under the age of eighteen;

(5) You are pregnant;

(6) ~~((Living))~~ You live in an area approved as exempt by U.S. Department of Agriculture (USDA);

(7) You are complying with the work requirements of an employment and training program under temporary assistance for needy families (TANF);

(8) You are applying for or ~~((receiving))~~ currently receive unemployment compensation;

(9) You are a student enrolled at least half time as defined by the institution in:

(a) Any accredited school;

(b) Training program; or

(c) Institution of higher education~~((- A student enrolled in higher education must))~~ and you meet the requirements ~~((under))~~ of WAC 388-482-0005 ~~((in order to be eligible for Basic Food.))~~ regarding basic food eligibility;

(10) You are participating in a chemical dependency treatment and rehabilitation program;

(11) You are employed a minimum of thirty hours per week or ~~((receiving))~~ receive weekly earnings ~~((which))~~ that equal the federal minimum hourly rate multiplied by thirty hours;

(12) You are eligible for one of the ~~[(--)]~~ approved exemption slots under the ~~((USDA))~~ U.S. Department of Agriculture (USDA) fifteen percent exemption rule; or

(13) ~~((A recipient of the state funded food assistance program (FAP) under WAC 388-400-0050; or~~

~~(14))~~ You are otherwise exempt from work requirements under WAC 388-444-0010.