

**Mississippi Secretary of State**

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

|                                                                     |                          |                                                               |                                    |              |
|---------------------------------------------------------------------|--------------------------|---------------------------------------------------------------|------------------------------------|--------------|
| AGENCY NAME<br>MS Department of Human Services                      |                          | CONTACT PERSON<br>Kenya Rachal                                | TELEPHONE NUMBER<br>(601) 359-4216 |              |
| ADDRESS<br>200 South Lamar Street                                   |                          | CITY<br>Jackson                                               | STATE<br>MS                        | ZIP<br>39201 |
| EMAIL<br><a href="mailto:KRACHAL@ago.ms.gov">KRACHAL@ago.ms.gov</a> | SUBMIT DATE<br>8/28/2020 | Name or number of rule(s):<br>SNAP Policy, Volume V Chapter 8 |                                    |              |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Adding the state option of using telephonic signatures by our SNAP Outreach PartnerSpecific legal authority authorizing the promulgation of rule: Food and Nutrition Act of 2008 (7 U.S.C. 2011 et seq)List all rules repealed, amended, or suspended by the proposed rule: SNAP Policy, Volume V, Chapter 8**ORAL PROCEEDING:**☐ An oral proceeding is scheduled for this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

**ECONOMIC IMPACT STATEMENT:**
☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.
**TEMPORARY RULES**

\_\_\_\_\_ Original filing  
 \_\_\_\_\_ Renewal of effectiveness  
 To be in effect in \_\_\_\_\_ days  
 Effective date:  
 \_\_\_\_\_ Immediately upon filing  
 \_\_\_\_\_ Other (specify): \_\_\_\_\_

**PROPOSED ACTION ON RULES**

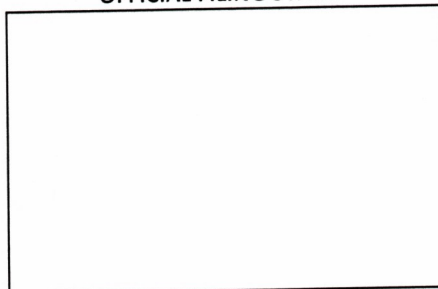
Action proposed:  
 \_\_\_\_\_ New rule(s)  
 \_\_\_\_\_ Amendment to existing rule(s)  
 \_\_\_\_\_ Repeal of existing rule(s)  
 \_\_\_\_\_ Adoption by reference  
 Proposed final effective date:  
 \_\_\_\_\_ 30 days after filing  
 \_\_\_\_\_ Other (specify): \_\_\_\_\_

**FINAL ACTION ON RULES**Date Proposed Rule Filed: 7-30-2020**Action taken:**

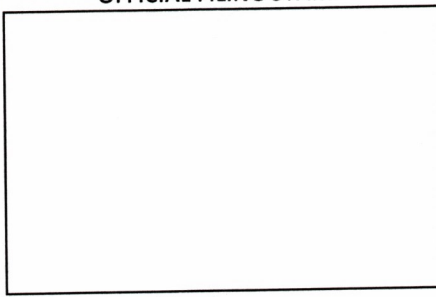
☒ Adopted with no changes in text  
 \_\_\_\_\_ Adopted with changes  
 \_\_\_\_\_ Adopted by reference  
 \_\_\_\_\_ Withdrawn  
 \_\_\_\_\_ Repeal adopted as proposed

**Effective date:**

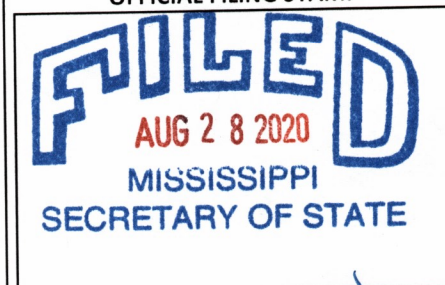
☒ 30 days after filing  
 \_\_\_\_\_ Other (specify): \_\_\_\_\_

Printed name and Title of person authorized to file rules: Kenya Rachal, Assistant Attorney GeneralSignature of person authorized to file rules: /s/ Kenya Rachal**OFFICIAL FILING STAMP**

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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.