Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
MS Department of Human Services		*M. Earl Scales*	*601 359 4837*	
ADDRESS		CITY	STATE	ZIP
750 North State Street		*Jackson*	*MS*	*39202*
EMAIL	SUBMIT DATE	Name or number of rule(s):		
escal@ago.state.ms.us	*09-28-12*	*Title 18: Part14*		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:
MDHS will implement the Elderly Simplified Application Project (ESAP) for households containing all elderly (age 60 or older) individuals, not receipt of earned income and not participating in MSCAP effective November 1, 2012. The program is designed to promote enrollment of elderly clients in the Supplemental Nutrition Assistance Program (SNAP) and provide a simpler method of maintaining eligibility for program benefits.

Specific legal authority authorizing the promulgation of rule: 7CFR 273.2(e); 7CFR 273.2(f); 7 CFR 273.15(o); 7 CFR 275.11(g)
List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: ____ Time: _____ Place: ___

X☐ 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:

X☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
____ Original filing	**Action proposed:**	**Date Proposed Rule Filed: 08/22/12**
____ Renewal of effectiveness	____ New rule(s)	**Action taken:**
To be in effect in ____ days	____ Amendment to existing rule(s)	__X__ Adopted with no changes in text
Effective date:	____ Repeal of existing rule(s)	____ Adopted with changes
____ Immediately upon filing	____ Adoption by reference	____ Adopted by reference
____ Other (specify): ____	**Proposed final effective date:**	____ Withdrawn
	____ 30 days after filing	____ Repeal adopted as proposed
	____ Other (specify): ____	**Effective date:**
		__X__ 30 days after filing
		____ Other (specify): ____

Printed name and Title of person authorized to file rules: M. Earl Scales, Assistant Attorney General
Signature of person authorized to file rules: /s/ M. Earl Scales

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED SEP 28 2012 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by**

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