

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3725

██████████ 2019
Signature Confirmation

Client ID # ██████████
Request #142573

NOTICE OF DECISION

PARTY

██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2019, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") discontinuing his Supplemental Nutrition Assistance Program ("SNAP") benefits because he failed to provide information to the Department.

On ██████████, 2019, the Appellant requested an administrative hearing to contest the Department's decision to discontinue such benefits.

On ██████████, 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for ██████████, 2019.

On ██████████, 2019, accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing.

The following individuals were present at the hearing:

██████████, Appellant
Rutha Jenkins, Department Representative
Ashley Tomlin-Surrey, Department Representative
Miklos Mencseli, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether the Appellant failed to provide the information requested by the Department in order to determine eligibility.

FINDINGS OF FACT

1. On [REDACTED] 2019, the Appellant submitted an online SNAP renewal. (Summary, Exhibit 2: SNAP renewal form dated [REDACTED]-19)
2. On [REDACTED], 2019, the Department reviewed the Appellant's renewal form. (Exhibit 2, Exhibit 6: Department's Case Notes)
3. On [REDACTED] 2019, the Department sent the Appellant a W-1348 Proofs We Need form. The Department requested the Appellant provide the following verifications:
 - Proof of utility expense(s)
 - Proof of shelter expense(s)
 - Proof of Educational Aid
 - Proof of school attendance
 - Proof of self-employment
 - Proof of money received from others

The Department included verification forms with the request to aid the Appellant. The requested verification was due by [REDACTED] 2019. (Summary, Exhibit 3: W-1348 dated [REDACTED]-19)

4. On [REDACTED] 2019, the Department has not received the requested verification sent the Appellant an NOA discontinuing his SNAP benefits effective for [REDACTED] 2019, for failure to provide verifications needed to determine eligibility. (Summary, Exhibit 4: NOA)
5. The Department conducted a Document search in the ImpaCT system for the period of [REDACTED], 2019, through [REDACTED], 2019, under the Appellant's name and Client ID number. The Department did not locate the requested verifications. (Summary, Exhibit 5: ImpaCT screen printouts)
6. The Department could not determine the Appellant's eligibility for SNAP benefits as it did not receive verifications it needed to determine eligibility. (Department's Testimony)
7. The issuance of this decision is timely under Connecticut General Statutes 17b- 61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED], 2019. Therefore, this decision is due not later than [REDACTED], 2019.

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of Social Services to administer the Food Stamp Program.
2. Title 7 of the Code of Federal Regulations (CFR) § 273.2 (c) (5) provides that the State agency shall provide each household at the time of application certification and recertification with a notice that informs the household of the verification requirements the household must meet as part of the application process. The notice shall also inform the household of the State agency's responsibility to assist the household in obtaining required verification provided the household is cooperating with the State agency as specified in (d)(1) of this section. The notice shall be written in clear and simple language and shall meet the bilingual requirements designated in §272.4(b) of this chapter. At a minimum, the notice shall contain examples of the types of documents the household should provide and explain the period of time the documents should cover.
3. Title 7 CFR § 273.2(f)(2)(i) provides that the State agency shall verify, prior to certification of the household, all other factors of eligibility which the State agency determines are questionable and affect the household's eligibility and benefit level. The State agency shall establish guidelines to be followed in determining what shall be considered questionable information. These guidelines shall not prescribe verification based on race, religion, ethnic background, or national origin.
4. Title 7 CFR § 273.2(f)(5)(i) provides that the household has primary responsibility for providing documentary evidence to support statements on the application and to resolve any questionable information. The State agency must assist the household in obtaining this verification provided the household is cooperating with the State agency as specified under paragraph (d)(1) of this section. Households may supply documentary evidence in person, through the mail, by facsimile or other electronic device, or through an authorized representative. The State agency must not require the household to present verification in person at the food stamp office. The State agency must accept any reasonable documentary evidence provided by the household and must be primarily concerned with how adequately the verification proves the statements on the application.
5. The Department correctly determined that the Appellant needed to provide verifications.
6. Title 7 CFR § 273.2 (i)(C) In cases where verification is incomplete, the State agency must have provided the household with a statement of required verification and offered to assist the household in obtaining required verification and allowed the household sufficient time to provide

the missing verification. Sufficient time shall be at least 10 days from the date of the State agency's initial request for the particular verification that was missing.

7. The Department provided the Appellant with a verification requirement list.
8. Uniform Policy Manual (UPM) § 1010.05(A)(1) provides that the assistance unit must supply the Department in an accurate and timely manner as defined by the Department, all pertinent information and verification which the Department requires to determine eligibility and calculate the amount of benefits.
9. UPM §1540.10 A provides that the verification of information pertinent to an eligibility determination or a calculation of benefits is provided by the assistance unit or obtained through the direct efforts of the Department. The assistance unit bears the primary responsibility for providing evidence to corroborate its declarations.
10. UPM §1540.05 (C) provides in part that the Department requires verification of information: when specifically required by federal law or State regulations; and when the Department considers it necessary to corroborate an assistance units statements pertaining to an essential factor of eligibility.
11. UPM § 1540.05 (D)(1) provides that the penalty for failure to provide required verification depends upon the nature of the factor or circumstance for which verification is required: If the eligibility of the assistance unit depends directly upon a factor or circumstance for which verification is required, failure to provide verification results in ineligibility for the assistance unit. Factors on which unit eligibility depends directly include, but are not limited to:
 - a. income amounts;
 - b. asset amounts.
12. The Department correctly determined that the Appellant needed to provide verifications.
13. The Department correctly discontinued the Appellant's SNAP benefits.

DISCUSSION

The Department correctly discontinued the Appellant's SNAP benefits. The Department correctly provided the Appellant a W-1348 to provide requested verifications. The Appellant stated he was unable to upload verifications. In addition, because the notice dated [REDACTED] 19 states benefits would close on [REDACTED]-19 he believed he could not submit verifications once he received the notice.

DECISION

The Appellant's appeal is **Denied**

A handwritten signature in black ink, appearing to read "Miklos Mencseli". The signature is written in a cursive style with a horizontal line underneath the name.

Miklos Mencseli
Hearing Officer

C: Brian Sexton, Operations Manager, DSS R.O. #50 Middletown

RIGHT TO REQUEST RECONSIDERATION

The appellant has the right to file a written reconsideration request within **15** days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within 25 days of the request date. No response within 25 days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Administrative Hearings and Appeals, 55 Farmington Avenue Hartford, CT 06105.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue Hartford, CT 06105. A copy of the petition must also be served on all parties to the hearing.

The 45 day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than 90 days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or the Commissioner's designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.