

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

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

Client ID # ██████████  
Case ID # ██████████  
Request # 143113

**NOTICE OF DECISION**

**PARTY**

██████████  
████████████████████  
████████████████████

**PROCEDURAL BACKGROUND**

On ██████████ 2019, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying her benefits under the Supplemental Nutritional Assistance Program (“SNAP”).

On ██████████ 2019, ██████████ (the “Appellant”) requested an administrative hearing to contest the Department’s decision to deny 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, the Appellant requested the administrative hearing be rescheduled.

On ██████████ 2019, OLCRAH issued a notice rescheduling the administrative hearing for ██████████, 2019.

On ██████████, 2019, the Appellant requested the administrative hearing be rescheduled.

On ██████████, 2019, OLCRAH issued a notice rescheduling the administrative hearing for ██████████, 2019.

On [REDACTED] 2019, in accordance with sections 17b-60, 17-61 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:

[REDACTED], Appellant  
[REDACTED], Appellant's son and witness  
Maria Alves-Paoletto, Department's Representative  
Scott Zuckerman, Hearing Officer

A separate hearing decision will be issued to address the Department's proposal to deny cash benefits under the Temporary Family Assistance program.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to deny the Appellant SNAP benefits was correct.

### **FINDINGS OF FACT**

1. On [REDACTED], 2019, the Appellant submitted an online application for SNAP benefits for a household of two, including herself and her granddaughter. (Hearing Summary, Exhibit 2: Application, [REDACTED]/19)
2. On [REDACTED], 2019, the Appellant completed her SNAP interview and was issued a W-1348, Proofs We Need form. The Department requested the Appellant provide a letter verifying her address, proof of custody or relationship of the grandchild, verification of SNAP closure in New York, verification of last date of employment at [REDACTED] and termination of parental rights of the father. The due date for the requested proofs was [REDACTED] 2019. (Hearing Summary, Exhibit 1: Case notes [REDACTED]/19, Exhibit 5: W-1348, [REDACTED]/19)
3. On [REDACTED] 2019, the Department sent a request to New York to verify the date SNAP was discontinued. The Department did not receive a response. (Department's testimony and Exhibit 1: Case notes [REDACTED]/19)
4. On [REDACTED] 2019, the Appellant provided verification of her address and shelter expenses. (Hearing Summary and Exhibit 8: Document Details)

5. On [REDACTED] 2019, the Appellant provided a New York Food Coupon card with the name of [REDACTED]. In addition, she provided a birth certificate for [REDACTED], with the mother as [REDACTED]. Neither the ID card nor the birth certificate had the name, [REDACTED]. (Hearing Summary, Ex. 6: [REDACTED] birth certificate and Ex. 7 [REDACTED] ID card)
6. On [REDACTED], 2019, the Department sent the Appellant a Notice of Action denying the Appellant SNAP benefits. The notice stated, "You did not return all of the required proofs by the date we asked." (Exhibit 3: Notice dated [REDACTED]/19)
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 the Department of Social Services to administer the SNAP program in accordance with federal law.
2. "The Department's uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law." *Bucchere vs. Rowe*, 43 Conn. Supp. 175,178 (1994) (citing Conn. Gen. Stat § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601,573 A.2d 712 (1990)).
3. 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 for 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 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." UPM § 1010.05(A)(1)

"The Department must tell the assistance unit what the unit has to do to establish eligibility when the Department does not have sufficient information to make an eligibility determination." UPM 1015.05 (c)

“The Department must inform the assistance unit regarding the eligibility requirements of the programs administered by the Department, and regarding the unit’s rights and responsibilities. UPM § 1015.10(A)

3. Title 7 CFR § 273.2(h)(i)(C) provides for 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.

**The Department correctly sent the Appellant the W1348 Proofs We Need form requesting proofs needed to determine eligibility.**

4. “The household has primary responsibility for providing documentary evidence to support statements of the application and to resolve any questionable information.” Title 7 CFR 273.2(f)(5)(i)

UPM § 1505.40(C)(1) provides that the applicant is considered responsible for incomplete applications if the Department has taken the following actions:

- a. Offered assistance in completing application materials or procuring difficult to obtain verification;
- b. Scheduled a second interview for applicants who failed to appear for the first scheduled interview but who contacted the Department to reschedule; or
- c. With the exception of (3) below has allowed at least 10 days from the date it notifies the applicant of a required action for the applicant to complete the action, including requests to provide verification.

UPM § 1505.40 (C) (3) provides that the Department is considered responsible for delays in processing applications if it has agreed to accept responsibility for obtaining verification on behalf of the assistance unit, and the delay is due to a delay in getting that verification, provided that the assistance unit continues to cooperate in the verification process.

**The Department correctly notified the Appellant of the required actions and allowed 10 days to complete.**

5. Title 7 CFR 273.2 (g)(3) provides for denying the application and states households that are found to be ineligible shall be sent a notice of denial as soon as possible but not later than 30 days following the date the

application was filed. If the household has failed to appear for a scheduled interview and has made no subsequent contact with the State agency to express interest in pursuing the application, the State agency shall send the household a notice of denial on the 30th day following the date of application.

“The maximum time period for processing SNAP applications is thirty calendar days for eligible SNAP applicants that do not qualify for expedited service.” UPM § 1505.35 (C) (1) (a)

**The Appellant failed to provide the Department with all of the documentation requested on [REDACTED], 2019, by the due date of [REDACTED], 2019.**

**The Department correctly denied the Appellant’s SNAP application on [REDACTED], 2019, as the Appellant was given ten days to supply the needed verifications.**

#### **DECISION**

The Appellant’s appeal is **DENIED**.

  
Scott Zuckerman  
Hearing Officer

PC: Peter Bucknall, Operations Manager, DSS, Waterbury Regional Office  
Jamel Hilliard, Operations Manager, DSS, Waterbury Regional Office  
Maria Alves-Paoletto, Fair Hearing Liaison, DSS, Waterbury Regional Office

### **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 06105-3725.

### **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.

