

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT 06105-3730

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

██████████  
Request # 143433

**NOTICE OF DECISION**  
**PARTY**

██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████, 2019, the Department of Social Services (the "Department") issued ██████████ (the "Appellant"), a notice denying his request for the replacement of his Supplemental Nutrition Assistance Benefits ("SNAP") benefits dispensed by Electronic Benefit Transfer ("EBT").

On ██████████ 2019, the Appellant requested an administrative hearing to contest the Department's decision to deny the replacement of his SNAP benefits.

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

On ██████████ 2019, in 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  
Princess O'Reggio, Department Observer  
Xiomara Natal, Department Observer  
Kristin Krawetzky, Department's Representative  
Carla Hardy, Hearing Officer

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly denied the Appellant's request for the replacement of stolen SNAP EBT benefits.

### **FINDINGS OF FACT**

1. The Appellant is a recipient of SNAP benefits. (Appellant's Testimony; Hearing Record)
2. On [REDACTED] 2019, the Appellant's EBT card was used at 11:46 am to make a \$20.00 purchase at [REDACTED] located at [REDACTED] CT. (Exhibit 1: EBT Transaction History; Hearing Summary)
3. On [REDACTED] 2019, phone calls were placed to the EBT customer service line for balance inquiries at 11:14 am and 12:35 pm. (Exhibit 1; Hearing Summary)
4. On [REDACTED] 2019, the Appellant's EBT card was used at 6:03 pm to make an \$88.03 purchase at [REDACTED] located at [REDACTED] CT. (Exhibit 1; Hearing Summary)
5. On [REDACTED] 2019, a phone call was placed to the EBT customer service line for a balance inquiry at 2:12 pm. (Exhibit 1; Hearing Summary)
6. On [REDACTED] 2019, the Appellant's EBT card was used at 12:21 pm to make a \$122.55 purchase at [REDACTED] located at [REDACTED] in [REDACTED] CT. (Exhibit 1: Hearing Summary)
7. On [REDACTED] 2019, a phone call was placed to the EBT customer service line to change the Personal Identification Number ("PIN") and for a balance inquiry at 12:59 pm. (Exhibit 1; Hearing Summary)
8. On [REDACTED] 2019, a phone call was placed to the EBT customer service line for a balance inquiry at 12:01 pm. (Exhibit 1; Hearing Summary)
9. On [REDACTED] 2019, a phone call was placed to the EBT customer service line for a balance inquiry at 12:18 pm. (Exhibit 1; Hearing Summary)
10. On [REDACTED], 2019, a phone call was placed to the EBT customer service line to change the PIN at 12:20 pm. (Exhibit 1)
11. On [REDACTED] 2019, the Appellant's EBT card was used at 12:29 pm to make a \$213.51 purchase at [REDACTED] located at [REDACTED] CT. (Exhibit 1; Hearing Summary)
12. On [REDACTED] 2019, the Appellant's EBT card was used at 3:36 pm to make a \$189.00 purchase at [REDACTED] located at [REDACTED] in [REDACTED] CT. (Exhibit 1; Hearing Summary)
13. On [REDACTED] 2019, the Appellant was admitted to [REDACTED]. He was transferred to [REDACTED] until he was discharged on [REDACTED] 2019. (Appellant's Testimony)

14. On [REDACTED] 2019, a phone call was placed to the EBT customer service line for a balance inquiry at 11:40 am. (Exhibit 1; Hearing Summary)
15. On [REDACTED] 2019, the Appellant's EBT card was used at 10:37 pm to make a \$19.96 and a \$1.79 purchase at [REDACTED] located at [REDACTED] in [REDACTED] CT. (Exhibit 1; Hearing Summary)
16. On [REDACTED] 2019, the Appellant's EBT card had a \$2.32 balance. (Appellant's Testimony)
17. On [REDACTED], 2019, the Appellant reported his EBT card was stolen. (Exhibit 1; Appellant's Testimony; Hearing Summary)
18. On [REDACTED] 2019, the Department deactivated the Appellant's EBT card. (Department's Testimony)
19. Replacement EBT cards are issued on the next business day after the card has been reported stolen. (Department's Testimony)
20. On [REDACTED] 2019, the Appellant filed a police report with the [REDACTED] Police Department. The claim is that two caretakers came to his home and one of them stole his EBT card, operator's license, and social security card. (Appellant's Exhibit A: Police Report)
21. The Appellant is acquainted with the two people that came to his home. They are neither his caretakers nor friends of his. (Appellant's Testimony)
22. Benefits cannot be accessed without the EBT card and PIN. (Department's Testimony)
23. The Department can add an additional step of security to prevent others who may know the Appellant's personal information from changing the PIN. (Department's Testimony)
24. The issuance of this decision is timely under the Code of Federal Regulations § 273.15 which states that a decision must be reached and the household notified within 60 days of receipt of a request for a 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(7) of the Connecticut General Statutes provides that the Department of Social Services be designated as the state agency for the administration of the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008.
2. Title 7 of the Code of Federal Regulations ("CFR") § 273.17(a)(1) provides the State agency shall restore to households benefits which were lost whenever the loss was caused by an error by the State agency or by an administrative disqualification for intentional Program violation which was subsequently reversed as specified in paragraph (e) of this section, or if there is a statement elsewhere in the regulations

specifically stating that the household is entitled to restoration of lost benefits. Furthermore, unless there is a statement elsewhere in the regulations that a household is entitled to lost benefits for a longer period, benefits shall be restored for not more than twelve months prior to whichever of the following occurred first (i) The date the State agency receives a request for restoration from a household; or (ii) The date the State agency is notified or otherwise discovers that a loss to a household has occurred.

Uniform Policy Manual ("UPM") § 6530.05 (A) provides for benefit replacement. Subject to the limitations of this chapter, the Department authorizes the replacement of: 1. original or replacement benefit checks that have been issued to or on behalf of eligible assistance units, and which have been subsequently lost, stolen, destroyed, or mutilated; or 2. EBT issued benefits that are considered stolen or lost (Cross Reference: 6530.15 and 6530.20); or 3. direct deposit benefits that have not been accepted into a client's electronic fund transfer account.

UPM § 6530.05 (B)(1) provides that all benefits issued by the Department are subject to replacement under the appropriate conditions, including: (d) food stamp and cash benefits issued under the electronic benefits transfer (EBT) system.

UPM § 6530.05 (C)(1) provided that unless otherwise stated, the amount of replacement benefits authorized is equal to the amount of the original benefit.

UPM § 6530.05 (D)(3) provides that cash and food stamp benefits are considered to have been received as long as they were deposited into the payee's EBT account.

UPM § 6530.20 (A)(3) provides that EBT issued cash and food stamp benefits are treated as stolen benefits if the cash and food stamp benefits are taken by someone other than the client or the client's authorized representative between the time the Department's designee receives notice from a household regarding the need for card replacement and the time the Department's designee deactivates the client's stolen or lost debit card.

UPM § 6530.20 (B) (3) provides the Department will not replace any recipient cash or food stamp benefits that have been correctly deposited into an EBT account in a financial institution. Such benefits are considered to have been properly received and are not subject to replacement except as provided in section A above or sections 6530.15, 6530.35, or 6530.40.

3. The Department correctly determined the Appellant's SNAP benefits were correctly deposited into his EBT account.
4. The Department correctly determined the Appellant's EBT issued SNAP benefits could not be treated as stolen because the Appellant's benefits were used prior to reporting the need for a replacement and deactivation of the EBT card.
5. The Department correctly determined that the Appellant is not entitled to the replacement of his SNAP benefits.

DECISION

The Appellant's appeal is **DENIED.**

  
\_\_\_\_\_  
Carla Hardy  
Hearing Officer

Pc: Kristin Krawetzky, Department of Social Services, Central Office, Hartford

### **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, law, and 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, if 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 06105-3725. 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.