

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

██████████  
██████████  
Request # 144525

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████, 2019, the Department of Social Services (the "Department") sent ██████████ (the "Appellant"), a Notice of Action ("NOA) discontinuing her Supplemental Nutrition Assistance Program ("SNAP") benefits effective ██████████ 2019.

On ██████████ 2019, the Appellant requested an administrative hearing to contest the discontinuance of her 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, 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:

██████████, the Appellant  
Jerrett Wyant, Department's Representative  
Carla Hardy, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to discontinue the SNAP benefit was correct.

## **FINDINGS OF FACT**

1. On [REDACTED] 2019, the Department mailed a Renewal Notice to the Appellant informing her that she must complete the renewal form in order to continue her SNAP benefits. The renewal period was ending on [REDACTED], 2019. (Exhibit 3: Notice of Renewal of Eligibility [REDACTED] 19; Hearing Summary)
2. On [REDACTED], 2019, the Department mailed the Appellant a Warning Notice informing the Appellant that they had not received her Renewal form and that her SNAP benefits would be terminated effective [REDACTED], 2019, if the Renewal form was not received by [REDACTED], 2019. (Exhibit 4: Warning Notice, Hearing Summary)
3. On [REDACTED] 2019, the Department discontinued the SNAP benefits effective [REDACTED] 2019. (Exhibit 5: NOA [REDACTED]/19)
4. On [REDACTED] 2019, the Appellant contacted the Department regarding non-receipt of her [REDACTED] 2019 SNAP benefits. The Department informed her that she needed to complete her Renewal form and to submit the verifications. (Exhibit 8: Case Notes; Hearing Summary)
5. On [REDACTED], 2019, the Department reviewed the Appellant's Renewal that was received on [REDACTED] 2019. The Renewal Form was not signed. The Department sent the Appellant a new application to complete. (Exhibit 8; Hearing Summary)
6. The application that the Department sent on [REDACTED], 2019, did not have any correspondence with it. (Appellant's Testimony)
7. Prior to [REDACTED] 2019, the Appellant checked her My Account status which showed that the Department had received her Renewal form. (Appellant's Testimony)
8. The Appellant did not contact the Department regarding her SNAP until [REDACTED] 2019, because she expected she would not hear from the Department for a while based on past experience with the Department. (Appellant's Testimony)
9. On [REDACTED] 2019, the Appellant contacted the Department regarding non-receipt of her SNAP. The Department notated that the Appellant was not notified that her Renewal form was not signed. (Exhibit 8)

10. On [REDACTED] 2019, the Appellant requested an administrative hearing due to the discontinuance of her SNAP benefits. (Hearing Record; Hearing Summary)
11. 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 of the Connecticut General Statutes provides that the Department of Social Services is 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”) Section 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 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 to time the documents should cover.
3. “The department’s uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law.” *Bucchere v. 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)).
4. Uniform Policy Manual (“UPM”) § 1545.15 (A) (1) provides in part that the Department is required to provide assistance units with timely notification of the required redetermination.
5. The Department correctly notified the Appellant that her SNAP Renewal must be completed by [REDACTED], 2019, in order to receive uninterrupted benefits.
6. Title 7 of the Code of Federal Regulations (“CFR”) § 273.14(a) provides that no household may participate beyond the expiration of the certification period

assigned in accordance with § 273.10(f) without a determination of eligibility for a new period. The State agency must establish procedures for notifying households of expiration dates, providing application forms, scheduling interviews, and recertifying eligible households prior to the expiration of certification periods. Households must apply for recertification and comply with interview and verification requirements.

7. UPM § 1545.25 (A) provides that assistance units are required to complete a redetermination form at each redetermination.
8. UPM § 1545.25 (D) provides that assistance units that do not complete the redetermination form within the time limits specified in this chapter may be subject to discontinuance and an interruption in benefits.
9. UPM § 1545.35 (A) (1) provides that assistance units are provided benefits without interruption by the first normal issuance date following the redetermination month if they timely complete the required actions of the redetermination process.
10. UPM § 1545.40 (B) (2) provides that SNAP redetermination must be completed by the end of the cycle period.
  - a. Eligibility for the FS program is discontinued at the end of the redetermination period in all situations where the redetermination is incomplete and the assistance unit has not been recertified.
  - b. Discontinuance is automatic, regardless of the reason for the incomplete redetermination.
  - c. Good cause is not a consideration in the FS program.
11. A form must be signed to establish a filing date and to determine the State agency's deadline for acting on the form. The State agency shall not certify a household without a signed form. 7 C.F.R. § 273(c)(7)(i)
12. UPM § 1545.35 (B) (2) provides that the assistance unit is considered to have timely filed if by the filing deadline the redetermination form is:
  - a. Delivered in person or by mail to the appropriate district office, or for SSI assistance units being redetermined for food stamps, to an SSA office; and
  - b. Complete to the extent that a legible name and address appear on the form; and
  - c. Signed by the applicant or other qualified individual.
13. The Appellant did not sign the Renewal form. The Department correctly determined the application was not filed timely.
14. The Department was correct not to process the Appellant's application.

15. The Department correctly mailed the Appellant a new application to complete.

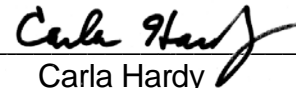
16. The Department was correct to allow the SNAP to remain discontinued.

### **DISCUSSION**

The Appellant's SNAP discontinued on [REDACTED] 2019. She testified she was unaware of why she received a new application when she had just sent her Renewal form which she verified had been received by the Department on [REDACTED] 2019. She did not contact the Department until [REDACTED] 2019, regarding the non-receipt of the [REDACTED] 2019 through [REDACTED] 2019 SNAP benefits. The Department cannot certify benefits unless they receive a timely Renewal form that is signed. The Appellant's Renewal form was not signed. The Department was correct not to recertify her benefits.

### **DECISION**

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



---

Carla Hardy  
Hearing Officer

Pc: Patricia Ostroski, Department of Social Services, New Britain Office  
Jerrett Wyant, Department of Social Services, Stamford 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, 25 Sigourney Street, Hartford, CT 06106. 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.