

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

Client ID # ██████████
Request # 149011

NOTICE OF DECISION

PARTY

██████████
██████████ ██████████ ██████████
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PROCEDURAL BACKGROUND

On ██████████, 2019, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) advising that her Supplemental Nutrition Assistance Program (“SNAP”) benefits were closed effective ██████████ 2019.

On ██████████, 2019, the Appellant requested an administrative hearing because she disagrees with the Department’s decision.

On ██████████ ██████████ 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling an administrative hearing on 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 regarding the issue of the discontinuance of the SNAP benefits. The following individuals were present at the hearing:

██████████, the Appellant
██████████, the Appellant’s son
Tamara Davis, Hearing Liaison, DSS, New Haven
Maureen Foley-Roy, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to discontinue the Appellant's SNAP benefits effective [REDACTED] 2019 was correct.

FINDINGS OF FACT

1. On [REDACTED], 2019, the Department sent the Appellant a notice of renewal. The notice stated that if the signed form was not received by the Department by [REDACTED] 2019, the renewal process may be delayed. The notice went on to state that the signed form must be returned with all required proofs by [REDACTED]/2019 or benefits may stop. (Exhibit 1: Renewal form sent [REDACTED], 2019)
2. On [REDACTED] 2019, the Department sent the Appellant a Warning Notice stating that it had not yet received her completed renewal form. The notice also stated that if she did not return the form with all proofs and complete an interview if required, her benefits would be discontinued effective [REDACTED] 2019. (Exhibit 2: Warning Notice)
3. On [REDACTED] 2019, the Department processed the renewal form that the Appellant had signed on [REDACTED], 2019. On the form, the Appellant reported that she had wages from [REDACTED] of \$150 per week and that her son had weekly wages of \$325 from [REDACTED] but a last day of work was indicated as [REDACTED], 2019. The Appellant did not submit any type of proof with her renewal form.(Exhibit 7: Renewal document signed [REDACTED] 2019)
4. On [REDACTED] 2019, the Department sent the Appellant a notice stated that had she must be interviewed before [REDACTED] 2019 and that her benefit closure date was [REDACTED], 2019. (Exhibit 3: Interview Notice)
5. On [REDACTED] 2019, the Department sent the Appellant a Proofs We Need form stating that she must send proof of her gross income and income regarding her son's education expenses to the Department by [REDACTED] 2019. (Exhibit 4: Proofs We Need form)
6. On [REDACTED], 2019, the Department advised the Appellant that her SNAP benefits were closed effective [REDACTED] 2019 because she had not completed the renewal process. (Exhibit 5: Notice of Action dated [REDACTED], 2019)
7. On [REDACTED], 2019, the Appellant came to the Department's regional office and completed the interview. The Appellant did not bring verification of her earnings. The Department provided the Appellant with a W35 form-Certificate for Disclosure of Gross Wages in an effort to assist the

- Appellant obtain her wages. (Exhibit 6: Case notes and Exhibit 9: Form W35)
8. On [REDACTED] 2019, the Department spoke with the Appellant's son and advised him that the Appellant needed to provide proof of her earnings to the Department. (Exhibit 6)
 9. On [REDACTED] 2019, the Appellant provided the Department with 16 weekly earnings statements from [REDACTED].com. The Department did not accept the statement because they did not contain the Appellant's name or any other identifying information. (Exhibit 8: Weekly wage printouts and Department representative's testimony)
 10. On [REDACTED], 2019, the Appellant's son advised the Department that neither he nor the Appellant were employed by [REDACTED] or [REDACTED] and that they were having difficulty obtaining verification from the employers due to the nature of the employment. The Appellant advised that she was only going to work for [REDACTED] because she would receive a paystub and tax information. (Exhibit 6 and Appellant's testimony)
 11. As of the date of the hearing, the Appellant was still unable to obtain the information from her former employers. (Appellant's son's testimony)
 12. 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 fair hearing. The Appellant requested an administrative hearing on [REDACTED] [REDACTED] 2019. This decision is due not later than [REDACTED], 2020 and therefore is timely.

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 in accordance with federal law.
2. Title 7 CFR § 273.2 (b) (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. Title 7 Section 273.14(a)CFR 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.
4. Title 7 § 273.2 (f) (1) (i) CFR provides for mandatory verifications and states in part that gross, non-exempt income shall be verified for all households prior to certification.
5. “The Department’s Uniform Policy Manual (“UPM”) is the equivalent of a state regulation and, as such, carries the force of law.” *Bucchere v Rowe*, 43 Conn Supp. 175 178 (194) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A.2d712(1990)).
6. UPM § 1545.25 (A) provides that assistance units are required to complete a redetermination form at each redetermination.
7. UPM § 1540.05 C1 b provides that the Department requires verification of information when the Department considers it necessary to corroborate an assistance unit's statements pertaining to an essential factor of eligibility.
8. 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. A factor on which unit eligibility depends directly includes, but is not limited to, is amount of income.
9. UPM § 1545.35 A 2 c provides that required verification of factors that are conditions of eligibility must be provided in order to receive uninterrupted benefits.
10. Title 7 CFR § 273.2 (f) (5)(i) provides in part that the household has primary responsibility for providing documentary evidence to support statements on the application and to resolve any questionable information.

11. UPM § 1015.05 (C) provides that 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.

The Department was correct when it sent the Appellant an Interview Notice and a W1348 Verification We Need form requesting wage and employment information upon receiving her completed redetermination form on [REDACTED], 2019.

12. UPM § 1545.40 B 2 provides that 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. Discontinuance is automatic, regardless of the reason for the incomplete redetermination. Good cause is not a consideration in the FS program.

The Department was correct when it discontinued the Appellant's SNAP benefits on [REDACTED] [REDACTED] 2019 because she failed to complete the redetermination process. She did not return the form by the requested due date, had not completed the interview and did not provide required verification by the end of the redetermination period.

DISCUSSION

In September, the Department sent the Appellant a renewal form which clearly indicated that she must complete the form and return it to the Department with all required proofs in order to continue to receive benefits. The form stated that if the form was not returned by [REDACTED] 2019, the renewal process could be delayed. The Appellant returned the form well after the requested due date without any verification. The Department issued a request for the verification but it was not provided prior to the due date and the benefits were correctly terminated. Federal regulations are clear that if all of the information is not received and the redetermination is not complete by the end of the certification period benefits must be terminated. It is noted that after the benefits were terminated, the Department interviewed the Appellant and attempted to assist her in obtaining the information needed to determine eligibility.

DECISION

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

Maureen Foley-Roy

Maureen Foley-Roy,
Hearing Officer

Pc: Rachel Anderson, Cheryl Stuart, Lisa Wells, Operations Managers, DSS #20,
New Haven
Tamara Davis, Hearing Liaison, DSS, New Haven

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, 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.