

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

██████████, 2020  
Signature Confirmation

Client ID # ██████████  
Request #151033

NOTICE OF DECISION

PARTY

██████████

PROCEDURAL BACKGROUND

On ██████████, 2020, ██████████ (the "Appellant") requested an administrative hearing to appeal the failure of the Department of Social Services (the "Department") to act on her report of lost income in ██████████ 2019.

On ██████████ 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for ██████████, 2020.

On ██████████, 2020, the Department issued a Notice of Action ("NOA") to the Appellant implementing the reported change effective as of the ██████████ 2020 SNAP allotment.

The Appellant is appealing her SNAP eligibility for ██████████ 2020.

On ██████████, 2020, 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:

██████████, Appellant  
Michael Ober, Department's representative  
James Hinckley, Hearing Officer

## STATEMENT OF THE ISSUE

1. The issue is whether the Department correctly determined the date the Appellant's reported loss of income had to be reflected with regard to her SNAP eligibility.

## FINDINGS OF FACT

1. The Appellant is a SNAP recipient. (Hearing Record)
2. The Appellant was recently employed by [REDACTED], dba [REDACTED]. (Hearing Record)
3. On [REDACTED], 2019, the Appellant submitted an online change report to the Department to report the termination of her employment with [REDACTED]. She reported that her last day worked was [REDACTED], 2019 and that her income ended on [REDACTED] 2019. She stated, "I am not eligible for fmla so my attendance fired me." (Ex. 1: Online Change Report)
4. As of [REDACTED], 2019, *The Work Number*, an employment verification service used by the Department, still reflected that the Appellant was an active employee at [REDACTED]. (Ex. 2: Case Note)
5. On [REDACTED], 2019, the Department sent the Appellant a written request asking her to verify her loss of employment. The request specifically asked her to, "[p]lease provide letter from employer to verify last day worked, last paycheck received and reason you are no longer employed." (Ex. 3: W-3016 Request)
6. On [REDACTED], 2019, the Appellant dropped paperwork off at the [REDACTED] Regional Office of DSS which she expected would verify the termination of her employment. The documents included a letter from [REDACTED], and papers related to the Appellant's application to the Department of Labor for Unemployment Compensation Benefits. (Appellant's testimony, Hearing Record)
7. The Department of Labor paperwork indicated that the Appellant submitted a Statement of Late Filing for Unemployment Compensation benefits on [REDACTED], 2019. She attested on the Filing that her last date of employment was [REDACTED], 2019. The paperwork did not indicate whether the application was approved or denied. The application was not signed by a DOL adjudicator with a decision. The page with information regarding the Appellant's Monetary Determination of Benefits explained, in relevant part, "This form is a record of the earnings and time period used in computing your claim. IT DOES NOT ENSURE THAT BENEFITS WILL BE PAID. Entitlement to Unemployment Compensation is determined by the Department of Labor..." (emphasis in original) (Ex. 6: DOL paperwork)



8. The Department determined the Appellant's application to DOL for Unemployment Benefits was not adequate as proof of her loss of employment. The paperwork did not list the name of the company from which the loss of employment occurred. The date of the loss of employment was provided only as part of the Appellant's attestation of the truth of the matter. The paperwork provided no indication that the Agency had confirmed the last date worked. (Hearing Record)
9. The letter from [REDACTED] stated, in relevant part, "On [REDACTED] 2019 you were placed on Suspension Pending Investigation for Attendance. Your department and Employee Relations have made multiple attempts to contact you to schedule a due process meeting but have been unable to reach you. As an [REDACTED] employee, you are afforded the opportunity to explain your status of employment with your department. The purpose of this letter is to extend an offer for a due process meeting....If you fail to contact us by [REDACTED], 2019 you employment with the Company will be terminated for *Attendance*...." (Ex. 8: Letter from [REDACTED])
10. The Department determined the letter from [REDACTED] was not adequate as proof of the Appellant's loss of employment. The letter indicated the Appellant was under suspension, not terminated yet, and that she had due process rights. (Ex. 9: Case Notes, Ex. 8)
11. On [REDACTED] 2020, the Appellant called the Department's Benefit Center to inquire about the status of her SNAP. She reported she was unable to provide any additional information from her former employer, [REDACTED]. (Ex. 9)
12. As of [REDACTED] 2020, *The Work Number* reflected that the Appellant's last date paid by [REDACTED] was [REDACTED], 2019. The information was inconsistent with known pays the Appellant received after that date. Because of the inconsistencies, the *Work Number* information was judged not reliable to be used to verify the Appellant's termination of employment. (Ex. 7: Case Note)
13. On [REDACTED] 2020, the Department sent a wage verification request on behalf of the Appellant directly to [REDACTED]. (Ex. 7)
14. On [REDACTED] 2020, the Appellant requested a fair hearing because the Department had not yet reflected her loss of employment, or issued her SNAP based on the change in her income status. (Hearing Record)
15. On [REDACTED], 2020, a Department Hearing Liaison called [REDACTED] and spoke to a person who verified that the Appellant's last day of work was [REDACTED] 2019. (Hearing Record)
16. The Department determined on [REDACTED], 2020, that the Appellant's loss of income should be reflected in her [REDACTED] 2020 SNAP benefit, because the

change was verified on [REDACTED], 2020, and [REDACTED] 2020 was the month following the month the change was verified. (Hearing Record)

17. On [REDACTED], 2020, the Department was unable to process the Appellant's case because of an IT problem. Processing was delayed until the IT problem could be resolved. (Hearing Record)

18. On [REDACTED], 2020, the Department issued a NOA to the Appellant that, based on her updated circumstances, her household was eligible for a SNAP benefit of \$575.00 for [REDACTED] 2020. (Ex. 12: NOA)

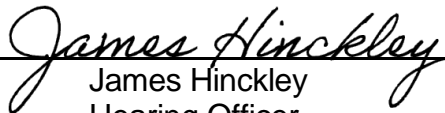
### CONCLUSIONS OF LAW

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. "The State agency shall take prompt action on all changes to determine if the change affects the household's eligibility or allotment...." Title 7 of the Code of Federal Regulations ("CFR") Section 273.12(c)
3. "As a condition of eligibility for SNAP benefits, each household member...must comply with the following SNAP work requirements...(vii) Do not voluntarily and without good cause quit a job of 30 or more hours a week or reduce work effort to less than 30 hours a week..." 7 CFR § 273.7(a)(1)
4. "For changes which result in an increase in a household's benefits...due to a decrease of \$50 or more in the household's gross monthly income, the State agency shall make the change effective not later than the first allotment issued 10 days after the date the change was reported....For example, a household reporting a \$100 increase in income at any time during May would have its June allotment increased...." 7 CFR § 273.12(c)(1)(i)
5. "The State agency may elect to verify changes which result in an increase in a household's benefits in accordance with the verification requirements of § 273.2(f)(8)(ii), prior to taking action on these changes. If the State agency elects this option, it must allow the household 10 days from the date the change is reported to provide verification required by § 273.2(f)(8)(ii). If the household provides verification within this period, the State shall take action on the changes within the timeframes specified in paragraphs (c)(1) (i) and (ii) of this section. The timeframes shall run from the date the change was reported..." 7 CFR § 273.12(c)(iii)
6. **The Appellant reported her loss of income to the Department on [REDACTED], 2019. If the Appellant had provided the Department with verification of her changed circumstances within 10 days of [REDACTED], 2019, she would have qualified for an increase in her SNAP allotment beginning [REDACTED] 2020.**

7. The Department needed to verify not only the date the Appellant's income ended, but also the circumstances of her termination. The Appellant was specifically asked to verify information that included the "reason you are no longer employed." The Department needed to verify that the Appellant did not voluntarily quit her job, which would have affected her eligibility for SNAP.
8. The documents the Appellant provided in [REDACTED] 2019 did not verify what needed to be verified. The DOL paperwork did not confirm her work termination because it did not provide the name of the employer, and because the "last date worked" information was reported by the Appellant, not by the Labor Agency. Her Calculation of Monetary Benefits was not a decision by the Agency but a determination of the amount she would receive *if she qualified for benefits*. The letter from the employer did not confirm the circumstances of the Appellant's termination, or verify her termination at all. It showed that the Appellant was "suspended", not "terminated" at the time.
9. "If, however, the household fails to provide the required verification within 10 days after the change is reported but does provide the verification at a later date, then the timeframes specified in paragraphs (c)(1) (i) and (ii) of this section for taking action on changes *shall run from the date verification is provided rather than from the date the change is reported....*" (emphasis added) 7 CFR § 273.12(c)(iii)
10. The Department verified all the necessary information on [REDACTED] 2020 when one of its representatives called the Appellant's employer. Because the verification was provided more than 10 days after the change was reported, the timeframe for acting on the change changed from when the change was *reported to when verification was provided*. Instead of qualifying for a SNAP increase for [REDACTED] 2020, the month after the change was *reported*, the Appellant qualified for the increase effective [REDACTED] 2020, the month after the change was *verified*.
11. The Department correctly determined that the Appellant's loss of income had to be reflected beginning with her [REDACTED] 2020 SNAP allotment.

### DECISION

The Appellant's appeal is DENIED.

  
James Hinckley  
Hearing Officer

cc: E. Tyler Nardine  
Cheryl Stuart  
Michael Ober

### **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.