

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

Case ID # ██████████  
Client ID # ██████████  
Request # 153876

**ADMINISTRATIVE DISQUALIFICATION HEARING**  
**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

The Department of Social Services (the “Department”) requested an Administrative Disqualification Hearing (“ADH”) to seek the disqualification of ██████████ (the “Defendant”) from participating in the Supplemental Nutritional Assistance Program for a period of 10 years. The Department alleged that the Defendant committed an Intentional program Violation (“IPV”) as a result of her misrepresentation that she resided in the state of Connecticut while actively receiving SNAP assistance in ██████████ where she actually resides. The Department proposes to recoup \$1546.00 in the alleged SNAP benefits.

On ██████████ 2020, the Department requested an ADH be scheduled, alleging the Defendant committed an IPV.

On ██████████ 2020, the Office of Legal Counsel, Regulations and Administrative Hearings (“OLCRAH”) notified the defendant on the initiation of the ADH process via certified mail to her ██████████ address ██████████ ██████████, ██████████. The notification outlined a Defendant’s rights in these proceedings.

On ██████████ 2020, the certified mail was delivered and left with an individual.

On ██████████, 2020, the certified was returned to the USPS as attempted not known and subsequently returned to sender as “not deliverable as addressed”.

On [REDACTED] 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 Disqualification Hearing.

The following individuals were present at the hearing:

Alexander DaSilva, Department representative  
Almelinda McLeod, Hearing Officer

The Defendant was not present at the hearing. The Defendant did not show good cause for failing to appear.

The hearing record was re-opened for further clarification from the Department which was received and on [REDACTED] 2020, the hearing was closed.

### **STATEMENT OF THE ISSUE**

The first issue to be decided is whether the Defendant committed an IPV in the SNAP program.

The second issue to be decided is whether the Department's proposal to recoup a SNAP overpayment is correct.

### **FINDINGS OF FACT**

1. The Defendant was a recipient of SNAP benefits in the state of Connecticut ("CT") for herself and two children at [REDACTED] [REDACTED]. (Hearing Summary; Exhibit B-[REDACTED]-Out of State Inquiry)
2. The Defendant participated in the SNAP program from the period of [REDACTED] 2017 through [REDACTED] 2019. (Hearing record)
3. On [REDACTED], 2019, the Department issued a Periodic Report Form ("PRF") to the Appellant at [REDACTED]. (Exhibit D- PRF)
4. On [REDACTED] 2019, the Department received returned mail (the PRF form) with a forwarding address of [REDACTED] [REDACTED]. (Exhibit D)
5. On [REDACTED] 2019, the Department received an online application from the Defendant for herself and her two children. (Exhibit E, Redetermination Eligibility Document [REDACTED]-08)

6. The online application form reported her address as [REDACTED]. She reported she previously resided at [REDACTED] from [REDACTED] 2018 to [REDACTED] 2019. (Hearing Summary; Exhibit E)
7. The Defendant did not report that on this application that she moved out of the state of CT. (Hearing record)
8. On [REDACTED] 2019, the Defendant was granted \$384.00 in SNAP assistance effective [REDACTED] 2019. ( Exhibit F, NOA)

9. The Defendant received the following SNAP benefits in the state of Connecticut.

Issuance Date	SNAP benefit paid
[REDACTED]/19	\$384.00
[REDACTED]/19	\$384.00
[REDACTED]/19	\$384.00
[REDACTED]/19	\$394.00
<b>Total:</b>	<b>\$1546.00</b>

(Exhibit K, Statement of Financial Assistance-("SOFA"))

10. On [REDACTED] 2019, through a PARIS interstate match, the Department discovered that the Defendant was receiving benefits in [REDACTED]. (Hearing summary and Exhibit A)
11. On [REDACTED], 2019, the Department issued an out of state inquiry to the state of [REDACTED]. (Exhibit B)
12. On [REDACTED] 2019, the Department conducted a home visit to [REDACTED] and spoke with the Defendant's grandmother who reported that the Defendant's whereabouts were unknown to her and that the Defendant never resided with her at this address. (Exhibit J- Investigator's Interview Worksheet)
13. On [REDACTED] 2019, [REDACTED] Department of Health and Human Services, Division of Social Services responded to the out of state inquiry reporting that the Defendant was active in SNAP for herself and her two children in the state of [REDACTED] effective [REDACTED], 2019 and was still active. (Exhibit B)
14. The state of [REDACTED] is pursuing overpayments for benefits obtained in [REDACTED], while she was actively receiving benefits from CT. (Department's testimony)
15. The Department discovered the Defendant had been using her EBT card to obtain SNAP benefits exclusively in the state of [REDACTED] from [REDACTED], 2019 to [REDACTED] 2019. (Exhibit C- EBT usage history report)

16. Effective [REDACTED] 2019, the Defendant's SNAP benefit was terminated as a result of this investigation. (Hearing summary)
17. On [REDACTED] 2019, the Department found through Equifax, The Work Number, that the Defendant's address was [REDACTED] [REDACTED] and that she was employed with [REDACTED] as of [REDACTED] 2019 and was still currently employed with consistent earnings from [REDACTED] 2019 through to [REDACTED] 2019. (Exhibit I)
18. On [REDACTED], 2020, the Department submitted a W-262 CF Report of Suspected Intentional Violation Overpayment stating that the Defendant was overpaid in CT SNAP benefits by \$1546.00 from [REDACTED] 2019 through to [REDACTED] 2019. (Exhibit S)
19. On [REDACTED] 2020, the Department issued a W-1448 Notice of prehearing Interview for the food stamp program and scheduled an appointment for the Defendant to discuss the charges for [REDACTED], 2020 at 10:00 am. This form provided 1-860-424-5684 telephone number should the Defendant need to contact the Department prior to the appointment date. (Exhibit M)
20. On [REDACTED] 2020 the Department also issued a W-1449 Waiver of Disqualification hearing notice with information of the Administrative Disqualification hearing process and rights information sheet. The W-1449 notifies the Defendant that due to the IPV:
  - There is a SNAP overpayment of \$1546.00 for the period of [REDACTED] 2019 to [REDACTED].
  - The Defendant must pay back the \$1546.00 SNAP overpayment.
  - The Defendant is disqualified from the SNAP program for period of 10 years.
  - This form provided the investigator's telephone number 1-860-424-5684 should the Defendant require more information regarding the IPV. (Hearing summary, Exhibit N)
21. Both the W-1448 and W-1449 were mailed to the [REDACTED] [REDACTED] address. Neither one of these mailings were returned to the Department. (Department testimony)
22. The Defendant did not show for her pre-hearing interview scheduled for [REDACTED] 2020 at 10:00 am. The Department did not receive any communication from the Defendant in regards to the IPV, nor did the Defendant sign and return the waiver form. (Hearing Summary; Exhibit M and N)
23. On [REDACTED] 2020, the Department determined through the Electronic Disqualification Recipient System ("E-DRS") that the Defendant had no prior IPV's or disqualification in the SNAP program. (Hearing summary, Exhibit L)

24. There are no mitigating circumstances to substantiate that the Defendants program violation was unintentional. (Hearing record)

### **CONCLUSIONS OF LAW**

1. Section 17b-2 (7) of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the SNAP program.
2. Title 7 of the Code of Federal Regulations ("CFR") 273.16 (e) provides that the State agency shall conduct administrative disqualifications hearings for individuals accused of Intentional Program Violations, ("IPV").
3. 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, 175 (1994) (citing Conn. Gen. Stat. § 17b-10; Richard v. Commissioner of Income Maintenance, 214 Conn. 601,573 A. 2<sup>nd</sup> 712 (1990)).
4. UPM 7050.25 (D) (3) provides that if the assistance unit member or his or her representative cannot be located or fails to appear at a hearing without good cause, the hearing is conducted without the assistance unit being represented.

**The Defendant was not present at the administrative disqualification hearing.**

**The Defendant did not have good cause for failing to appear.**

5. UPM § 1010 provides for responsibilities of applicants and recipients and states that the assistance unit, by the act of applying for or receiving benefits, assumes certain responsibilities in its relationship with the Department.
6. UPM §1010.05 provides for supplying information and reporting changes and states in part that (A) 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 the benefits. (B) The assistance unit must report to the Department, any changes which may affect the unit's eligibility or amount of benefits.

**The Department correctly determined that the Defendant did not report that she moved out of the state of CT in [REDACTED] 2019 and was a resident in [REDACTED] in her [REDACTED], 2019 SNAP application.**

7. Title 7 CFR 273.16 (c) (1) (2) provides the definition of IPV as making a false statement or misleading statement , or misrepresented, concealed or withheld facts or committed any act that constitutes a violation of SNAP, SNAP regulations or any State statute for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of SNAP benefits or EBT cards.
8. Regulations of Connecticut State Agencies 17b-198-17(a) (1) provides the definition of overpayment meaning the amount of benefits issued to an assistant unit by the department in excess of the amount of benefits to which such assistant unit was properly entitled.
9. Regulations of Connecticut State Agencies 17b-198-17 (e) (3) (A) (ii) provides that the department shall classify an overpayment of benefits as the result of intentional recipient error when the assistant unit knowingly misinformed the department regarding information that would otherwise adversely affect such member's continued eligibility for assistance or the appropriate level of assistance.

**The Department correctly determined the Defendant committed an IPV when she provided a CT address [REDACTED], [REDACTED], when she applied for SNAP benefits while actively receiving SNAP benefits in the State of [REDACTED].**

**The Department correctly determined that the Defendant committed an IPV on her SNAP application when she reported to have resided in her previous address of [REDACTED] until [REDACTED] 2019.**

**The Department correctly determined the Defendant was overpaid in SNAP benefits from [REDACTED] 2019 to [REDACTED], 2019.**

10. Title 7 CFR § 273.16 (b) (1) provides in part, that individuals found to have committed an IPV either through an administrative disqualification hearing or by a Federal, State or local court ...shall be ineligible to participate in the program.
11. Title 7 CFR § 273.16 (b) (5) provides that except as provided under paragraph (b) (1) (iii) of this section, an individual found to have made a fraudulent statement or representation with respect to the identity or place of residence of the individual in order to receive multiple SNAP benefits

simultaneously shall be ineligible to participate in the program for a period of 10 years.

12. UPM § 7050.30 (A) (b) provides that an individual is disqualified from participating in the AFDC or Food Stamp program if a determination of an intentional recipient error is made by an Administrative Disqualification Hearing official.

**The Department correctly determined that the Defendant is subject to a SNAP disqualification penalty.**

**The Defendant intentionally made a fraudulent statement with respect to her place of residency when she submitted the [REDACTED], 2019 SNAP application while actively receiving SNAP benefits in the state of [REDACTED].**

**The Department correctly determined that because of the Defendant's fraudulent statement, the Defendant simultaneously received SNAP benefits in the states of CT and [REDACTED].**

**The Department correctly determined the Defendant is ineligible to participate in the SNAP program for a period of 10 years or 120 months according to regulations.**

13. Section 17b-88 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to recover any public assistance overpayment and take such other action as conforms to federal regulations, including, but not limited to conducting administrative disqualification hearings for cases involving alleged fraud in the Supplemental Nutrition Assistance Program, SNAP.
14. Title 7 CFR 273.18 (a) (1) pertains to claims against the household and provides that a recipient claim is an amount owed because of benefits that were overpaid.
15. Title 7 CFR 273.18 (b) (1) pertains to the type of claim and provides that an intentional Program Violation ("IPV") is any claim for an overpayment or trafficking resulting from an individual committing an IPV.
16. Regulations of Connecticut State Agencies 17b-198-17 (c) provides that the Department shall investigate and take action in accordance with this subdivision with respect to any past overpayment when such overpayment is discovered, regardless of when the overpayment occurred or whether the overpaid assistance unit's case has been closed.

17. UPM 7045.05 (A) (3) provides that if the overpayment was caused by intentional recipient error, the Department may recoup from the assistance unit containing the person who committed the intentional error.

**The Department correctly determined that the Defendant is subject to make restitution of the \$1546.00 of SNAP benefits issued to the Defendant.**

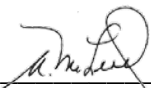
**DECISION**

The Department's appeal is GRANTED.

The Defendant is guilty of committing a first IPV in the SNAP program.

The Defendant is disqualified for a period of 10 years.

The Department is authorized to recover \$1546.00 in SNAP benefits that were issued to the Defendant.

  
\_\_\_\_\_  
Almelinda McLeod  
Hearing Officer

CC: [OLCRAH.QA.DSS@ct.gov](mailto:OLCRAH.QA.DSS@ct.gov)  
Alexander DaSilva, Field Investigator



### **RIGHT TO APPEAL**

The defendant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision. 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 his 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 defendant resides.

