

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

██████████ 2020
Signature confirmation

Case: ██████████
Client: ██████████
Request: 154031

NOTICE OF DECISION

PARTY

██████████
██████████

PROCEDURAL BACKGROUND

The Department of Social Services (the "Department") terminated ██████████ (the "Appellant") Supplemental Nutrition Assistance Program ("SNAP") benefits effective ██████████, 2020.

On ██████████ 2020, the Appellant telephoned a request for an administrative hearing with the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH").

On ██████████ 2020, the OLCRAH issued a notice scheduling the administrative hearing for ██████████, 2020.

On ██████████ 2020, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, the OLCRAH held an administrative hearing by telephone conferencing. The following individuals participated:

██████████, Appellant
██████████, Appellant's authorized representative
Jerrett Wyant, Department's representative
Eva Tar, Hearing Officer

The administrative hearing record closed for evidence on ██████████ 2020 and for comment on ██████████, 2020.

STATEMENT OF ISSUE

The issue is whether the Department was correct to terminate the Appellant's SNAP benefits effective ██████████, 2020.

FINDINGS OF FACT

1. The Appellant is an adult with a disability. (Dept. Exhibit 1)
2. The Appellant received SNAP benefits as an individual. (Dept. Exhibit 1)
3. The Appellant and his two authorized representatives live at the same residence. (Dept. Exhibit 1)
4. On [REDACTED], 2019, the Department initiated a two-year certification period with respect to the Appellant's SNAP case. (Dept. Exhibit 3)
5. On [REDACTED], 2019, the Appellant notified the Department that he needed help filling out forms and extra time for deadlines. (Dept. Exhibit 7)
6. The Department gives an extension of between 10 and 14 days as an accommodation for additional time to return completed forms. The Department does not give several months as an accommodation for additional time to return completed forms. (Department representative testimony)
7. As of [REDACTED], 2019, the Department's records identified the Appellant as an unemployed individual receiving SSI [Supplemental Security Income] and SSDI [Social Security Disability Income]. (Dept. Exhibit 4)
8. On [REDACTED], 2019, the Department issued a five-page *Periodic Report Form* to the Appellant requiring that the form be signed, completed and returned by [REDACTED] 2020 or the Department would terminate the Appellant's SNAP benefits effective [REDACTED] 2020. The Department provided a toll-free number to call for any questions. (Dept. Exhibit 4)
9. The Appellant had questions regarding the *Periodic Report Form*. (Appellant testimony)
10. One of the Appellant's authorized representatives emailed questions regarding the *Periodic Report Form* to an individual who was not an employee of the Department. The individual declined to help the Appellant. (Appellant authorized representative testimony)
11. On [REDACTED], 2020, the Department issued a *Warning Notice* to the Appellant noting that the Appellant's SNAP benefits would terminate effective [REDACTED] 2020 if he did not return the completed *Periodic Report Form* by [REDACTED] 2020. The Department provided a toll-free number to call for any questions and to speak to a Department worker. (Dept. Exhibit 8)
12. As of [REDACTED] 2020, the Department had not received the Appellant's completed *Periodic Report Form*. (Department representative testimony)
13. The Appellant's SNAP benefits terminated effective [REDACTED], 2020. (Department representative testimony)

14. On or before [REDACTED] 2020, the Department's escalation unit received a request for accommodation of special accommodation with respect to the Appellant's SNAP case. (Dept. Exhibit 7)
15. On [REDACTED] 2020, a Department employee telephoned the Appellant and his two authorized representatives, left a message and contact information, and mailed a copy of the [REDACTED], 2019 *Periodic Report Form* to the Appellant to complete. (Dept. Exhibit 7)
16. On [REDACTED] 2020, the Department's representative spoke with one of the Appellant's authorized representatives by telephone. The Department's representative agreed to reopen the Appellant's SNAP case effective [REDACTED] 2020 if the authorized representative submitted the Appellant's completed *Periodic Report Form* to the Department by [REDACTED] 2020. (Department representative testimony)
17. As of [REDACTED] 2020, the Department had not received the Appellant's completed *Periodic Report Form*. (Department representative testimony)
18. On [REDACTED] 2020, the Appellant telephoned a request for an administrative hearing. (Hearing record)
19. As of [REDACTED] 2020, the Appellant and his authorized representatives had not submitted a completed *Periodic Report Form* to the Department. (Appellant authorized representative testimony)
20. Title 7, Section 273.15 (c)(1) of the Code of Federal Regulations ("C.F.R.") provides that "[w]ithin 60 days of receipt of a request for a fair hearing, the State agency shall assure that the hearing is conducted, a decision is reached, and the household and local agency are notified of the decision...." The OLCRAH received the Appellant's hearing request on [REDACTED], 2020, requiring the hearing to be held and a decision issued by [REDACTED], 2020. This decision is timely.

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes in part designates the Department of Social Services as the state agency for the administration of the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008.
2. "Households in which all adult members are elderly or have a disability with no earned income and are certified for periods lasting between 13 months and 24 months must file a periodic report once a year..." 7 C.F.R. § 273.12(a)(5)(iii)(B).

The Department correctly determined that the Appellant was required to file a periodic report at least once annually during his two-year certification period as a condition of participation in the SNAP.

The Department correctly issued the Appellant a *Periodic Report Form* to be completed at the midpoint of his two-year certification period.

3. Title 7, Code of Federal Regulations section 273.12 (b)(2) addresses the content of the periodic report form. This subsection in part requires that the form specify the date by which the agency must receive the form; specify the consequences of submitting a late or incomplete form; specify the verification the household must submit with the form; and inform the household where to call for help in completing the form.

The Department's [REDACTED] 2019 mailing met the criteria specified at 7 C.F.R. § 273.12 (b)(2) for a periodic report form.

4. Title 7, Code of Federal Regulations ("C.F.R.") section 273.2 (n) addresses authorized representatives. Subsection (n)(1) provides in part that the State agency "shall inform applicants and prospective applicants *that indicate that they may have difficulty completing the application process, that a nonhousehold member may be designated as the authorized representative for application processing purposes.*" "The authorized representative designated for application processing purposes may also carry out household responsibilities during the certification period, such as reporting changes in the household's income or other household circumstances in accordance with §§273.12(a) and 273.21..."

If the Appellant was unable to complete and submit his *Periodic Report Form* to the Department, either of the Appellant's two authorized representatives had the authority under federal regulations to complete and submit the Appellant's *Periodic Report Form* on his behalf.

5. Title 7, Code of Federal Regulations section 273.12 (a)(5)(iii)(E) provides:
If a household fails to file a complete report by the specified filing date, the State agency shall provide the household with a reminder notice advising the household that it has 10 days from the date the State agency mails the notice to file a complete report. If an eligible household files a complete periodic report during this 10 day period, the State agency shall provide it with an opportunity to participate no later than ten days after its normal issuance date. If the household does not respond to the reminder notice, the household's participation shall be terminated....

7 C.F.R. § 273.12 (a)(5)(iii)(E).

The Department's [REDACTED] 2020 *Warning Notice* correctly advised the Appellant that he had 10 days to file a completed *Periodic Report Form* or his SNAP benefits would be terminated.

The Department's [REDACTED] 2020 mailing met the criteria specified at 7 C.F.R. § 273.12 (a)(5)(iii)(E) for a reminder notice.

6. "If an eligible household that has been terminated for failure to file a complete report files a complete report after its extended filing date under (E), but before the end of the issuance month, the State agency may choose to reinstate the household...." 7 C.F.R. § 273.12 (a)(5)(iii)(F).

The Department correctly determined that the Appellant and his authorized representatives failed to file a completed *Periodic Report Form* between [REDACTED], 2020 and [REDACTED], 2020, the final day of the SNAP issuance month.

The Department was correct to terminate the Appellant's SNAP benefits effective [REDACTED], 2020, as he failed to complete an eligibility requirement by the federally mandated deadline.

DISCUSSION

The Appellant testified that he has difficulty completing forms as he has difficulty focusing.

The Appellant's authorized representative argued that the closure of public schools resulted in her having to care for younger children at home, rendering her unable to complete and submit the Appellant's *Periodic Report Form* timely. She stated that the Appellant's second authorized representative was unable to complete and submit the required form because that individual "was on the road a lot."

The argument of the Appellant's authorized representative is not persuasive. All three deadlines for the return of the completed five-page document to the Department [REDACTED] 2020, [REDACTED], 2020, and [REDACTED] 2020 (the final deadline offered by the Department as a reasonable accommodation)—occurred in advance of the Governor Ned Lamont's [REDACTED] 2020 closure of Connecticut public schools by Executive Order 7C.

The undersigned hearing officer was unable to locate a provision in the federal regulations governing the SNAP that would permit the waiver of the Appellant's eligibility requirement of submitting a signed and completed *Periodic Report Form* to the Department annually. The Department's termination of the Appellant's SNAP benefits effective [REDACTED] 2020 is upheld.

DECISION

The Appellant's appeal is DENIED.

Eva Tar
Hearing Officer

Cc:

[REDACTED]
Jerrett Wyant, DSS-New Britain
Patricia Ostroski, DSS-New Britain

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 Legal Counsel, Regulations, and Administrative Hearings, 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, 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 Appellant resides.