

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

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

██████████
██████████
Request # 158223

NOTICE OF DECISION
PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

██████████, 2020, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) discontinuing her benefits under the Supplemental Nutrition Assistance Program (“SNAP”) effective ██████████ 2020.

██████████, 2020, the Appellant requested an administrative hearing to contest the Department’s decision to discontinue such benefits.

██████████, 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice to the Appellant’s scheduling the administrative hearing for ██████████ 2020.

██████████, 2020, the Appellant requested a reschedule.

██████████, 2020, OLCRAH issued a notice to the Appellant rescheduling the administrative hearing for ██████████, 2020.

██████████, 2020, the Appellant requested a reschedule.

██████████, 2020, OLCRAH issued a notice to the Appellant rescheduling the administrative hearing for ██████████, 2020.

██████████, 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. Due to COVID-19 concerns, the hearing was held telephonically. No party objected to the hearing being held in that manner. The following individuals were present at the hearing:

██████████, Appellant
 ██████████, Appellant's Spouse
 Marybeth Mark, Department Representative
 Veronica King, Hearing Officer

The hearing record remained open for the submission of additional documents. ██████████, 2020, the hearing record closed.

STATEMENT OF THE ISSUE

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

FINDINGS OF FACT

1. The Appellant is a recipient of the SNAP. (Hearing Record)
2. ██████████, 2020, the Appellant submitted a Period Report Form ("PRF") to the Department. (Exhibit 1: PRF)
3. ██████████, 2020, the Department reviewed the Appellant's PRF. The Department verified through interface Unemployment Compensation Benefits ("UCB") that on ██████████, 2020, the Appellant started receiving UCB benefits. (Exhibit 2: UCB details, Exhibit 6: Case Notes details and Hearing Record)
4. ██████████ 2020, the Appellant was receiving \$108.00 per week in UCB benefits and \$600.00 per week in Federal UCB benefits. (Exhibit 2 and Appellant's Spouse's Testimony)
5. The Appellant's spouse receives \$1,120.00 per month in Social Security benefits. (Appellant's Spouse's Testimony and Hearing Record)
6. ██████████, 2020, the Department issued an NOA to the Appellant discontinuing her benefits under the SNAP program effective ██████████ 2020. The notice stated the Appellant is not eligible for benefits under the SNAP program because the net income of her household was more than the limit for the program. (Exhibit 4: NOA, ██████████/20)
7. ██████████, 2020, the Appellant requested a hearing to contest the Department's action. (Hearing Record)

8. ██████████, 2020, the Appellant called the Department and informed that she ██████████ the \$600 per week in Federal UCB for ██████████ 2020. She also returned to work part time. (Exhibit 6)
9. ██████████, 2020, the Department sent the Appellant a W1348 Proofs We Need form ("W1348") requesting verification to establish SNAP eligibility. (Exhibit 5: W1348, ██████████/20)
10. ██████████, 2020, the Department received all needed verifications and reinstated the Appellant's SNAP benefits effective ██████████ 1, 2020. (Exhibit 7: NOA, ██████████/20)
11. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within 60 days of the request for an administrative hearing. The Appellant requested an administrative hearing on ██████████ 2020. However, the hearing held on ██████████ ██████████ 2020, was initially scheduled for ██████████ ██████████, 2020, and rescheduled, at the request of the Appellant. The record was closed on ██████████ 2020, with agreement of both parties. Because this ██████████-day delay resulted from the Appellant's request, this decision is not due until ██████████ ██████████, 2020, and therefore timely. (Hearing Record)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes ("Conn. Gen. Stats."), authorizes the Commissioner of the Department of Social Services to administer the SNAP in accordance with federal law.
2. "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 (1994) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of Income Maintenance*, 2017 Conn. 601, 573 A.2d 712 (1990)).
3. Title 7 of CFR § 273.9 (b)(2)(ii) provides that unearned income shall include, but not be limited to: Annuities, pensions, retirement, veteran's, or disability benefits, worker's or unemployment.

UPM § 5005(A)(1) provides in relevant part the Department counts the assistance units available income, and that income is considered available if it is received directly by the assistance unit.

The Department correctly determined that the Appellant's unemployment compensation unearned income must be included when calculating the SNAP benefits for the assistance unit.

The Department correctly determined that the Appellant's spouse's Social Security unearned income must be included when calculating the SNAP benefits for the assistance unit.

██████████, 2020, the Department correctly counted the household's unearned income.

4. UPM § 1570.25 (C) provides in part that the administrative duties of Fair Hearing Official is to determine the issue of the hearing, consider all relevant issues, and render a Fair Hearing decision in the name of the Department, in accordance with the criteria in this chapter, to resolve the dispute.

The Department reinstated the Appellant's benefits under the SNAP effective ██████████ 2020.

The Department voided the action that led to the Appellant's request for an administrative hearing.

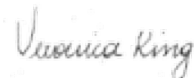
There is no action to be adjudicated.

DISCUSSION

The Department has voided the action that led to the Appellant's request for this administrative hearing hereby resolving the issues to be adjudicated. The Appellant's SNAP benefits were reinstated effective ██████████ ██████████ 2020. Consequently, the Appellant's appeal is hereby dismissed as the issue that led to the Appellant's request for this administrative hearing has been resolved.

DECISION

The Appellant's Appeal is DISMISSED AS MOOT.



Veronica King
Fair Hearing Officer

CC: Cheryl Stuart, Lisa Wells, DSS Operations Manager, RO#40 Norwich.
Marybeth Mark, Fair Hearing Liaison RO#40 Norwich.

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 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.