

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: 159430

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████, 2020, the Department of Social Services (the "Department") issued a *Notice of Action* to ██████████ (the "Appellant") terminating her household's Supplemental Nutrition Assistance Program ("SNAP") benefits effective ██████████ 2020.

On ██████████ 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") received the Appellant's hearing request.

On ██████████, 2020, the OLCRAH scheduled 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. The following individuals participated in the proceeding:

██████████, Appellant  
██████████, Appellant Witness (roommate)  
Joe Alexander, Department Representative  
Eva Tar, Hearing Officer

The administrative hearing record closed ██████████ 2020.

**STATEMENT OF ISSUE**

The issue is whether the Department terminated the Appellant's SNAP benefits effective ██████████, 2020 in error.

### **FINDINGS OF FACT**

1. The Appellant lives at [REDACTED] (the "current address"). (Appellant Testimony)
2. The Appellant's SNAP certification period ran from [REDACTED] 2018 through [REDACTED] 2020. (Exhibit 3)
3. On [REDACTED] 2020, the Department mailed a redetermination form to the Appellant at her current address to complete and return by [REDACTED] 2020; the correspondence accompanying the form warned that if the completed form was not returned to the Department with the required proofs by [REDACTED] 2020, the Appellant's SNAP benefits may terminate. (Exhibit 1)
4. The Appellant did not receive the Department's [REDACTED] 2020 mailing. (Appellant Testimony)
5. On [REDACTED] 2020, the Department issued a *Warning Notice* to the Appellant at her current address, requesting that she submit the completed redetermination form, complete an interview if required, and submit all proofs by [REDACTED] 2020 or her SNAP benefits would terminate. (Exhibit 2)
6. On [REDACTED] 2020, the Department issued a *Notice of Action* to the Appellant at her current address stating that the Appellant's SNAP benefits would end effective [REDACTED] 2020 for failing to submit a renewal form. (Exhibit 5)
7. As of [REDACTED] 2020, the date of this hearing, the Appellant had not completed the redetermination form and returned it to the Department. (Appellant Testimony) (Appellant Witness Testimony)
8. Title 7, Code of Federal Regulations ("C.F.R.") 273.15 (c)(1) provides in part 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...." On [REDACTED] 2020, the OLCRAH received the Appellant's hearing request. The issuance would have been due by [REDACTED] 2020. This decision is timely.

### **CONCLUSIONS OF LAW**

1. The Department of Social Services is the designated state agency for the administration of the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008. Conn. Gen. Stat. § 17b-2.
2. Title 7, Code of Federal Regulations ("C.F.R.") section 273.14 addresses SNAP recertification. Subsection (a) of this section notes,  
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.

7 C.F.R. § 273.14 (a).

**Title 7, Code of Federal Regulations, Section 273.14 (a) provides no exception that would permit the Appellant to continue to receive SNAP benefits beyond the final day of her certification period, in the absence of her submitting a completed renewal form to the Department by that date.**

**The Department correctly terminated the Appellant's SNAP benefits effective [REDACTED] 2020, the final day of her two-year certification period.**

**DECISION**

The Appellant's appeal is DENIED.

*Eva Tar-electronic signature*  
Eva Tar  
Hearing Officer

Cc: Joe Alexander, DSS-Bridgeport  
Fred Presnick, DSS-Bridgeport  
Yecenia Acosta, DSS-Bridgeport  
Tim Latifi, DSS-Bridgeport

### **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.