

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

██████████  
Request #161778

NOTICE OF DECISION  
PARTY

██████████

PROCEDURAL BACKGROUND

██████████, 2020, 2020, the Department of Social Services (the “Department”) issued a Notice of Action (“NOA”) to ██████████ (the “Appellant”) discontinuing her Supplemental Nutrition Assistance Program (“SNAP”) benefits effective ██████████ 2020, because the renewal process was not completed.

██████████, 2020, the Appellant requested an administrative hearing to contest the discontinuance of her SNAP benefits.

██████████, 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████, 2020. The hearing was scheduled to be held telephonically due to the COVID-19 pandemic.

██████████, 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 hearing was held telephonically with no objection from any of the parties. The following individuals were present at the hearing:

██████████, Appellant  
Taneisha Hayes, Department’s representative  
Veronica King, Hearing Officer

The hearing record was held open until ██████████ 2020 for the Appellant to provide additional information. ██████████, 2020, the hearing record closed.

## STATEMENT OF THE ISSUE

The issue is whether the Department was correct when it discontinued the Appellant's SNAP benefits effective [REDACTED], 2020.

## FINDINGS OF FACT

1. The Appellant's household was certified to receive SNAP till [REDACTED], 2020. (Hearing Record)
2. [REDACTED], 2020, the Department sent a W1ER *Notice of Renewal of Eligibility* ("W1ER") to the Appellant. (Exhibit 1: W1ER, [REDACTED]/20)
3. [REDACTED], 2020, the Department sent *Warning Notice* to the Appellant informing that they have not yet received her Renewal of Eligibility form and that she must return the form, complete an interview and send all required proofs, to continue receive SNAP benefits after [REDACTED]/20. (Exhibit 2: *Warning Notice*, [REDACTED]/20)
4. Department procedure is that documents mailed to the Department are scanned through the scanning center and uploaded to the Impact system. (Department's Representative's Testimony)
5. The Department was unable to locate the Appellant's *Renewal of Eligibility* form. (Department's Representative's Testimony)
6. [REDACTED], 2020, the Department issued an NOA to the Appellant discontinuing her SNAP beginning [REDACTED] 2020, because the renewal process was not completed. (Exhibit 3: NOA, [REDACTED]/20)
7. [REDACTED], 2020, the Appellant requested a hearing to contest the Department decision. (Exhibit 4: Hearing Request)
8. [REDACTED], 2020, the Department's representative searched the Department's systems and did not locate the SNAP *Renewal of Eligibility* form. The Department's representative attempted to contact the Appellant via telephone call, but the Appellant did not answer. (Exhibit 5: Search results and Exhibit 6: Case Notes)
9. On the date of the hearing, the Department checked its computer system for the Appellant's renewal form. The Department did not locate the Appellant's documents. The last document received was the Appellant's Medical renewal received on [REDACTED] 2020, and the hearing request received on [REDACTED] 2020. (Exhibit 5: Document Search Inquiry; Department's Testimony)

10. The Appellant's testified that she mailed the SNAP redetermination form on [REDACTED], 2020. She provided a picture of a General Cover Sheet, showing a date of [REDACTED], 2020. The document does not show the SNAP *Renewal of Eligibility* form and does not verified that the document was received by the Department before that SNAP certification period ended. (Appellant's Exhibit A: Picture of General Cover Sheet)
11. The issuance of this decision is timely under the Code of Federal Regulations § 273.15 which states that a decision must be reached and the household notified within 60 days of receipt of a request for a fair hearing. The Appellant requested an administrative hearing on [REDACTED] 2020. Therefore, this decision is due not later than [REDACTED] 2020. However, due to the public health emergency, the governor's executive order 7M, dated [REDACTED], 2020, extends the time frame a decision must be reached from 60 days of a request for a fair hearing to 120 days. Therefore, this decision is due not later than [REDACTED] 2021; and is timely

### **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. Title 7 of the Code of Federal Regulations ("CFR") § 273.14(a) provides as follows:

General. 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.
3. "Assistance units are required to complete a redetermination form at each redetermination". Uniform Policy Manual ("UPM") § 1545.25(A)
4. "Assistance units that do not complete the redetermination form within the time limits specified in this chapter may be subject to discontinuance or an interruption in benefits." UPM § 1545.25(D)
5. "The following actions must be timely completed in order to receive uninterrupted benefits: a. The redetermination form must be filed and completed; and b. The office interview must be completed, unless exempt from the requirement; and c.

Required verification of factors that are conditions of eligibility must be provided.”  
UPM § 1545.35(A)(2)

6. “Unless otherwise stated, assistance is discontinued on the last day of the redetermination month if eligibility is not reestablished through the redetermination process.” UPM § 1545.40(A)(2)
7. In the FS program: “a. Eligibility for the FS program is discontinued at the end of the redetermination period in all situations where the redetermination is incomplete and the assistance unit has not been recertified. b. Discontinuance is automatic, regardless of the reason for the incomplete redetermination. c. Good cause is not a consideration in the FS program.” UPM § 1545.40(B)(2) (“FS” refers to “Food Stamps”, the former name for SNAP)
8. **The Department correctly sent a required SNAP redetermination form.**
9. **The Appellant did not complete the required needed interview to reestablished SNAP eligibility.**
10. **The Appellant would only have been eligible for SNAP past [REDACTED] 2020, the end of her certification period, if her benefits were recertified for a new period of eligibility.**
11. **The Department correctly discontinued the Appellant’s SNAP benefits effective [REDACTED] 2020, because her benefits were not certified for a new period of eligibility.**

### DECISION

The Appellant’s appeal is **DENIED.**

*Veronica King*

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Veronica King  
Hearing Officer

cc: Musa Mohamud, Judy Williams, Jessica Carrol, DSS Operational Manager, DO#10  
Hartford  
Taneisha Hayes, DSS Fair Hearing Liaison, DO#10 Hartford

### **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.