

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 # 161814

NOTICE OF DECISION

PARTY

██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████, 2020, the Department of Social Services (the "Department") sent ██████████ (the "Appellant"), a Notice of Action ("NOA") closing the Supplemental Nutrition Assistance Program ("SNAP") benefits effective ██████████ 2020.

On ██████████ 2020, the Appellant requested an administrative hearing to contest the denial of the SNAP benefits.

On ██████████, 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2020.

On ██████████ 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 following individuals participated in the hearing:

██████████, the Appellant  
██████████ Appellant's Legal Guardian, mother and Authorized Representative ("AREP")  
Marybeth Mark, Department's Representative  
Carla Hardy, Hearing Officer

Due to the COVID-19 Pandemic, the hearing was held as a telephonic hearing.

### **STATEMENT OF THE ISSUE**

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

### **FINDINGS OF FACT**

1. On [REDACTED] 2020, the Appellant contacted the Department to discuss the notice that he received regarding his new employment with [REDACTED]. The Appellant reported he worked there for one day before being terminated. (Exhibit 4: Case Notes)
2. The Appellant worked on [REDACTED], 2020 at [REDACTED] which is likely the same company as [REDACTED]. (AREP's Testimony)
3. On [REDACTED] 2020, the Department reviewed the Appellant's renewal form that was received on [REDACTED] 2020. They completed the telephone interview. The Appellant reported that he is a student at [REDACTED] and that he worked for [REDACTED] for one day before being terminated. The Department requested proof of the Appellant's enrollment status and proof of his financial aid award. They also requested proof of his last day worked at [REDACTED]. The requested information was due by [REDACTED] 2020. (Exhibit 1: Proofs We Need; Exhibit 4: Case Notes)
4. The AREP lost her vision and could not work on retrieving the documents that were requested by the Department. (AREP's Testimony)
5. On [REDACTED], 2020, the Department denied the SNAP effective [REDACTED] 2020, because the Appellant did not complete the renewal process. (Exhibit 3: NOA, [REDACTED]/20)
6. 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 hearing. The Appellant requested an administrative hearing on [REDACTED] 2020. Therefore this decision is due not later than [REDACTED] 2020.

### **CONCLUSIONS OF LAW**

1. Section 17b-2 of the Connecticut General Statutes provides that the Department of Social Services is designated as the state agency for the administration of the

supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008.

2. Title 7 of the Code of Federal Regulations (“CFR”) Section 273.2(c)(5) provides that the State agency shall provide each household at the time of application for certification and recertification with a notice that informs the household of the verification requirements the household must meet as part of the application process. The notice shall also inform the household of the State agency’s responsibility to assist the household in obtaining required verification provided the household is cooperating with the State agency as specified in (d) (1) of this section. The notice shall be written in clear and simple language and shall meet the bilingual requirements designated in § 272.4 (b) of this chapter. At a minimum, the notice shall contain examples of the types of documents the household should provide and explain the period to time the documents should cover.

“The department’s uniform policy manual 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*, 214 Conn. 601, 573 A.2d 712 (1990)).

Uniform Policy Manual (“UPM”) § 1545.15(A)(1) provides in part that the Department is required to provide assistance units with timely notification of the required redetermination.

**The Department correctly notified the Appellant that his SNAP Renewal must be completed in order to receive uninterrupted benefits.**

3. Title 7 CFR § 273.2(e)(1) provides that except for households certified for longer than 12 months, and except as provided in paragraph (e)(2) of this section, households must have a face-to-face interview with an eligibility worker at initial certification and at least once every 12 months thereafter.

Title 7 CFR § 273.2(e)(2) CFR provides in part that the State agency may opt to waive the face-to-face interview in favor of a telephone interview for all households which have no earned income and all members of the household are elderly or disabled. The State agency has the option of conducting a telephone interview or a home visit that is scheduled in advance with the household if the office interview is waived.

UPM § 1505.30(A)(2)(b) provides that the office interview is conducted as a condition of eligibility in the SNAP program.

**The Department correctly conducted a telephone interview with the Appellant.**

4. Title 7 of the CFR § 273.2(h)(i)(C) provides for cases where verification is incomplete, the State agency must have provided the household with a statement of required verification and offered to assist the household in obtaining required verification and allowed the household sufficient time to provide the missing verification. Sufficient time shall be at least 10 days from the date of the State agency's initial request for the particular verification that was missing.

UPM § 1015.05(C) provides that the Department must tell the assistance unit what the unit has to do to establish eligibility when the Department does not have sufficient information to make an eligibility determination.

**The Department correctly sent the Appellant a Proofs We Need notice, advising that additional proofs were needed to establish eligibility beyond [REDACTED] 2020.**

5. Title 7 of the CFR § 273.14(a) provides that 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.

UPM § 1545.25(A) provides that assistance units are required to complete a redetermination form at each redetermination.

UPM § 1545.25(D) provides that assistance units that do not complete the redetermination form within the time limits specified in this chapter may be subject to discontinuance and an interruption in benefits.

UPM § 1545.35(A)(2) provides that the redetermination form must be filed and completed and the office interview must be completed unless exempt from the requirement and required verification of factors that are conditions of eligibility must be provided in order to receive uninterrupted (SNAP) benefits.

UPM § 1545.40(B)(2) provides that SNAP redetermination must be completed by the end of the cycle period.

- 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 (SNAP) program.

UPM § 1010.05(A)(1) provides that 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 benefits.

**There is no good cause for failing to supply the required verifications in the SNAP program.**

**The Appellant did not supply all verification prior to the end of his [REDACTED] 2020, certification period.**

**On [REDACTED] 2020, the Department correctly discontinued the Appellant's SNAP benefits effective [REDACTED] 2020.**

**DECISION**

The Appellant's appeal is **DENIED.**

  
Carla Hardy  
Hearing Officer

Pc: Cheryl Stuart, Marybeth Mark, Department of Social Services, Norwich Office

### **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, 25 Sigourney Street, Hartford, CT 06106. 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.