

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: 161854

**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 Supplemental Nutrition Assistance Program ("SNAP") benefits effective ██████████, 2020.

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

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  
Debra James, Department's representative  
Eva Tar, Hearing Officer

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

**STATEMENT OF ISSUE**

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

### **FINDINGS OF FACT**

1. Through [REDACTED] 2020, the Appellant received SNAP benefits. (Dept. Exhibit 4)
2. On [REDACTED] 2020, the Department issued a pre-printed, five-page *Periodic Report Form* to the Appellant requiring that the form be signed, completed and returned by [REDACTED] 2020. If the Appellant did not complete, sign and return all pages of the form, the Department would terminate the Appellant's SNAP benefits effective [REDACTED] 2020. (Dept. Exhibit 1)
3. On [REDACTED], 2020, the Department received page 1 and page 2 of the Appellant's five-page *Periodic Report Form*; the Department did not receive page 3, page 4, and page 5. (Dept. Exhibit 6)
4. On [REDACTED], 2020, the Department notified the Appellant in writing that it still required pages 3 through 5 of the *Periodic Report Form* and included another copy of the [REDACTED] 2020 form to complete. (Department Representative Testimony) (Dept. Exhibit 3) (Dept. Exhibit 2)
5. On [REDACTED], 2020, the Department issued a *Notice of Action*, terminating the Appellant's SNAP benefits effective [REDACTED] 2020, citing the Periodic Report Form process being incomplete. (Dept. Exhibit 4)
6. As of [REDACTED] 2020, the date of this hearing, the Appellant had not submitted the missing pages 3, 4, and 5 of the *Periodic Report Form* to the Department. (Department Representative Testimony) (Appellant Testimony)
7. 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 telephoned 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. Title 7, Code of Federal Regulations ("C.F.R.") § 273.12 (a)(5)(iii)(B) provides for the submission of periodic reports by non-exempt households. This subsection notes:  
Households that are certified for longer than 6 months, except those households described in §273.12(a)(5)(iii)(A), must file a periodic report between 4 months and 6 months, as required by the State agency ... In selecting a due date for the periodic report, the State agency must provide itself sufficient time to process reports so that households that have reported changes that will reduce or terminate benefits will receive adequate notice of action on the report in the first month of the new reporting period.

7 C.F.R. § 273.12 (a)(5)(iii)(B).

**The Appellant was required to file a periodic report during her certification period as a condition of participation in the SNAP.**

3. 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 the household does not respond to the reminder notice, the household's participation shall be terminated, and the State agency must send an adequate notice of termination described in paragraph (a)(5)(iii)(C) of this section.  
7 C.F.R. § 273.12 (a)(5)(iii)(E).

**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.**

**The Appellant failed to submit all pages of the five-page *Periodic Report Form* to the Department by [REDACTED] 2020.**

**The Department correctly terminated the Appellant's SNAP benefits effective [REDACTED] as she failed to complete an eligibility requirement by the federally mandated deadline.**

**DECISION**

The Appellant's appeal is DENIED.

*Eva Tar-electronic signature*  
Eva Tar  
Hearing Officer

Cc: Debra James, DSS-New Haven  
Rachel Anderson, DSS-New Haven  
Cheryl Stuart, DSS-New Haven  
Lisa Wells, DSS-New Haven

### **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.