

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

Case# ██████████
Client ID # ██████████
Request #163252

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2020, the Department of Social Services (the “Department”) issued a form W-1227 notification letter to ██████████ (the “Appellant”) denying her request for SNAP replacement benefits.

On ██████████ 2020, the Appellant requested an administrative hearing to contest the Department’s decision to deny SNAP replacement benefits.

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

On ██████████ 2020, accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing via telephone conference.

The following individuals participated at the hearing:

██████████, Appellant
Andrew Pascarelli, Department Representative
Miklos Mencseli, Hearing Officer

STATEMENT OF THE ISSUE

Whether the Department was correct when it denied the Appellant's request for replacement of SNAP benefits.

FINDINGS OF FACT

1. The Appellant resides in a SNAP household of one. (Hearing Record)
2. On [REDACTED] 2020, the Appellant received a monthly issuance of SNAP benefits in the amount of \$160.00. (Summary)
3. On [REDACTED] 2020, tropical storm Isaias hit the State of Connecticut, causing widespread and protracted power outages throughout the state. (Hearing Record)
4. Beginning on [REDACTED] 2020, the Appellant lost power for at least four hours and suffered food loss. (Exhibit 3: letter dated [REDACTED] 2020 from [REDACTED] Fire Department)
5. On [REDACTED] 2020, the Appellant's management company passed out the W-1225 form (Request for Replacement of Food Purchased with SNAP Benefits) to its residence. (Appellant's Testimony)
6. The Appellant signed and dated the W-1225 form on [REDACTED], 2020. (Exhibit 2: W-1225 form)
7. On [REDACTED], 2020, the Appellant gave the W-1225 form and letter from [REDACTED] Fire Department to her mailman for delivery. (Appellant's Testimony, Exhibit 2 & 3)
8. On [REDACTED], 2020, the Department received the Appellant's W-1225 and [REDACTED] Fire Department letter requesting \$300.00 in SNAP replacement benefits. (Summary, Exhibit 5: Department's Case Notes)
9. The Department obtained a waiver from FNS that allowed households up to 30 days to report losses of food purchased with SNAP as a result of storm Isaias. SNAP household had until [REDACTED], 2020 to report to DSS that food purchased with SNAP benefits were lost due to Tropical Storm Isaias. (Department's Testimony, Exhibit 1: Field Operations Communication dated [REDACTED] 2020)
10. On [REDACTED], 2020, the Department notified the Appellant that her request for replacement of destroyed food purchased with SNAP was denied. The reason given for the denial was that her signed W-1225 request of replacement SNAP benefits was not received by the deadline date of [REDACTED] 2020.

(Exhibit 4: W-1227 Notification Letter dated [REDACTED]-2020)

11. The Appellant's W-1225 form that she received had no deadline date to return the form to the Department. (Appellant's Testimony)
12. The Department's ImpaCT document search has the Appellant's W-1225 receive date as [REDACTED], 2020. (Exhibit 8: Department's Document Search printout)
13. 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.


CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of Social Services to administer the Food Stamp Program.
2. "Subject to the restrictions in paragraph (a)(3) of this section, State agencies shall provide replacement issuances to a household when the household reports that food purchased with Program benefits was destroyed in a household misfortune." Title 7 of the Code of Federal Regulations ("CFR") § 274.6(a)(1):
3. "Replacement issuances shall be provided only if the household timely reports a loss orally or in writing. The report will be considered timely if it is made to the State agency within 10 days of the date food purchased with Program benefits was destroyed in a household misfortune." 7 CFR § 274.6(a)(1)
4. The Department's obtained a waiver from FNS extending to 30 days the time allowed to report food loss that resulted from tropical storm Isaias.
5. 7 CFR § 274.6(a)(4) provides as follows:
 - (i) Prior to issuing a replacement, the State agency shall obtain from a member of the household a signed statement attesting to the household's loss. The required statement may be mailed to the State agency if the household member is unable to come into the office because of age, handicap or distance from the office and is unable to appoint an authorized representative.
 - (ii) If the signed statement or affidavit is not received by the State agency within 10 days of the date of report, no replacement shall be made. If the 10th day falls on a weekend or holiday, and the statement is received the day after the weekend or holiday, the State agency shall consider the statement timely received.

- (iii) The statement shall be retained in the case record. It shall attest to the destruction of food purchased with the original issuance and the reason for the replacement. It shall also state that the household is aware of the penalties for intentional misrepresentation of the facts, including but not limited to, a charge of perjury for a false claim.
- 6. The Appellant failed to timely submit to the Department a signed statement (W-1225) to meet the requirements of 7 CFR § 274.6(a)(4).
- 7. The Department correctly denied the Appellant's request for replacement SNAP benefits as the request was received after the deadline date of [REDACTED], 2020.

DECISION

The Appellant's appeal **is Denied**


Miklos Mencseli
Hearing Officer

C: Yecenia Acosta, Operations Manager, DSS R.O. #32 Stamford

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.