

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 Mail

Client ID # ██████████  
Request # 163409

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████ 2020, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) advising her that her Supplemental Nutrition Assistance Program (SNAP) benefits would end on ██████████ 2020, because the Periodic Report Form process was not complete.

On ██████████ 2020, the Appellant requested an administrative hearing to appeal the Department’s discontinuance of her SNAP benefits.

On ██████████ 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a Notice scheduling the administrative hearing for ██████████ 2020. The Appellant did not appear at the hearing scheduled for ██████████ 2020.

On ██████████ 2020, at the Appellant’s request, OLCRAH issued a notice rescheduling the hearing for ██████████ 2020. The hearing was scheduled to be held telephonically due to the COVID-19 pandemic.

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 Appellant did not object to a telephonic hearing. The following individuals were present at the hearing:

██████████ the Appellant

Taneisha Hayes, Department's representative  
James Hinckley, Hearing Officer

### **STATEMENT OF THE ISSUE**

Whether the Department was correct when it discontinued the Appellant's SNAP benefits beginning [REDACTED] 2020, based on not completing the Periodic Report Form ("PRF") process.

### **FINDINGS OF FACT**

1. On [REDACTED] 2020, the Department sent the Appellant a PRF. The PRF was pre-printed with information that the Appellant provided about her household circumstances when her SNAP benefits were certified. (Ex. 1: PRF)
2. The PRF instructions included the following: "If you still want SNAP, you must complete, sign and return this form to us by [REDACTED]/2020, even if there are no changes. If you do not complete, sign and return this form, we will stop your SNAP benefits on [REDACTED]/2020". (Ex. 1)
3. The PRF included two possible responses, one of which needed to be selected on the form by marking "the correct bubble below", either "I read this form and I made no changes" or "I read this form and I have made changes." (Ex. 1)
4. On [REDACTED] 2020, a worker from the Department contacted the Appellant by telephone. The worker called to confirm that the Appellant received the PRF, and to ask whether she needed any assistance in completing it. The Appellant confirmed on the call that she received the form and did not require assistance. (Ex. 6: Case Notes, Appellant's testimony)
5. On [REDACTED] 2020, the Department sent the Appellant a Warning Notice. The Warning Notice provided the information, "To keep getting your benefits without interruption, you must return the form to us by [REDACTED]/2020. If you do not return the form and send in all proofs, we will discontinue your benefits effective [REDACTED]/2020 because you did not complete the PRF on time". (Ex. 2: W-0006N *Warning Notice*)
6. The Appellant never completed and returned the PRF to the Department. (Appellant's testimony)
7. The Appellant was experiencing personal and family health problems at the time. (Appellant's testimony)
8. On [REDACTED], the Department sent the Appellant an NOA discontinuing her SNAP benefits effective [REDACTED] 2020, because the Periodic Report Form (PRF) process was not complete. (Ex. 3: NOA)

## 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. "The State agency may establish a simplified reporting system in lieu of the change reporting requirements specified under paragraph (a)(1) of this section...." Section 273.12(a)(5) of Title 7 of the Code of Federal Regulations ("C.F.R.")
3. **The Department has elected to establish a simplified reporting system pursuant to 7 C.F.R. § 273.12(a)(5).**
4. 7 C.F.R. § 273.12(a)(5)(iii)(B) provides, in pertinent part, "Submission of periodic reports by non-exempt households. 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. Households in which all adult members are elderly or have a disability with no earned income and are certified for periods lasting between 13 months and 24 months must file a periodic report once a year...."
5. "The periodic report form must request from the household information on any changes in circumstances in accordance with paragraphs (a)(1)(i) through (a)(1)(vii) of this section and conform to the requirements of paragraph (b)(2) of this section." 7 C.F.R. § 273.12(a)(5)(iii)(C)
6. "If the 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 an eligible household files a complete periodic report during this 10 day period, the State agency shall provide it with an opportunity to participate no later than ten days after its normal issuance date. 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)
7. **After the Appellant failed to file her completed PRF by the specified due date of [REDACTED] 2020, the Department properly sent her a reminder notice, its *Warning Notice*, which provided her with 10 additional days to file a complete report.**
8. **After the Appellant failed to respond to the Department's reminder notice, the Department was required to terminate the Appellant's participation in SNAP.**
9. **The Department was correct when it discontinued the Appellant's SNAP benefits effective [REDACTED] 2020, for not completing the PRF process.**

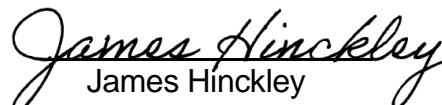
## **DISCUSSION**

The Appellant claimed in her testimony that she requires an accommodation under the ADA to assist her with completing forms. This decision does not address that claim, except for its finding that on [REDACTED] 2020, the Appellant was offered assistance in completing the PRF and denied that she needed help at that time.

The Department is aware of the Appellant's claimed need for an accommodation and will consider any request made. Her case has been referred to the ADA coordinator. However, the Appellant, to date, has not stated what type of help she requires. She was directly asked the question at several points during the hearing but declined to answer. The Department offers different types of help depending on the circumstances of the particular individual; a hearing impaired individual will require a different type of accommodation than a visually impaired, or physically disabled or non-literate individual, for example. The Appellant must state what type of accommodation she is requesting before the Department can decide on her request.

## **DECISION**

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

  
James Hinckley  
Hearing Officer

cc: Musa Mohamud  
Judy Williams  
Jessica Carrol  
Jay Bartolomei  
Taneisha Hayes

### **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, 165 Capitol Avenue, 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.