

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

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

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2020, the Department of Social Services (the “Department”) sent ██████████ ██████████, the Appellant, a notice of action (“NOA”) denying her application for benefits under the Supplemental Nutritional Assistance Program (“SNAP”).

On ██████████ 2020, the Appellant requested an administrative hearing to contest the Department’s decision to deny such 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 were present at the hearing:

██████████, Appellant
Jerrett Wyant, Eligibility Services Worker, Department’s Representative
Roberta Gould, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's application for SNAP benefits was correct.

FINDINGS OF FACT

1. On [REDACTED] 2020, the Appellant applied for SNAP benefits for herself and her two children. (Exhibit 3: Application form and Hearing summary)
2. On [REDACTED] 2020, the Department issued the Appellant a *W-1348 Proofs We Need* form requesting verification of her gross earnings from [REDACTED], documentation of her school attendance, proof of child support income and verification of residency. The information was due by [REDACTED], 2020. (Exhibit 4: W-1348 dated [REDACTED] and Hearing summary)
3. On [REDACTED], 2020, the Appellant phoned the Department to complete the interview for her SNAP application. She reported that she was no longer employed, that she was attending [REDACTED] as a full-time student, and that she was receiving \$400.00 per month in child support. (Exhibit 10: Case notes and Hearing summary)
4. On [REDACTED], 2020, the Department issued a new *W-1348 Proofs We Need* form requesting documentation of the Appellant's current student status at [REDACTED], child support income and residency. A *W-1446 School Attendance Verification Request* form was provided to her. The information was due by [REDACTED], 2020. (Exhibit 5: W-1348 dated [REDACTED] and Hearing summary)
5. On [REDACTED], 2020, the Department issued a new *W-1348 Request for Proofs* form again requesting verification of direct child support income and student status at [REDACTED]. (Exhibit 7: W-1348 dated [REDACTED] and Hearing summary)
6. The Appellant did not provide all of the requested documentation to the Department. (Exhibit 1: Department's document search and Hearing summary)
7. On [REDACTED] 2020, the Department sent the Appellant a Notice of Denial for SNAP benefits for failure to provide the requested information. (Exhibit 8: Notice of action dated [REDACTED] and Hearing summary)
8. On [REDACTED] 2020, the Appellant provided a letter verifying the amount of child support she receives for her two children. (Exhibit 9: Letter received on [REDACTED] and Hearing summary)
9. 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 authorizes the Commissioner of the Department of Social Services to administer the SNAP program.
2. Title 7 of the Code of Federal Regulations (“CFR”) § 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.
3. “The Department’s Uniform Policy Manual (“UPM”) is the equivalent of a state regulation and, as such, carries the force of law.” (*Bucchere v. Rowe*, 43 Connecticut Supp. 175, 178 (1994) (citing Connecticut General Statutes § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Connecticut 601, 573 A.2d 712 (1990)).
4. Uniform Policy Manual (“UPM”) § 1010.05(A)(1) provides in part 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.
5. 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.
6. UPM § 1015.10(A) provides that the Department must inform the assistance unit regarding the eligibility requirements of the programs administered by the Department, and regarding the unit’s rights and responsibilities.

On [REDACTED] 2020, [REDACTED], 2020, and [REDACTED] 2020, the Department correctly informed the Appellant of what was required to complete her application for assistance and sent her three separate *W-1348 Proofs We Need* forms requesting the information needed to determine eligibility.

7. Title 7 of the CFR 273.2(f) provides that verification is the use of documentation or a contact with a third party to confirm the accuracy of statements or information. The state agency must give households at least ten days to provide required verification.

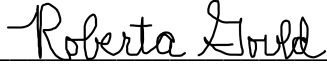
The Department correctly provided the Appellant at least ten days to provide verification and complete the SNAP application process.

8. UPM 1505.40(B)(1)(b)(2) provides that if the applicant failed to complete the application without good cause and if assistance cannot be granted: food stamp applications are denied on the thirtieth day following the date of application.

On [REDACTED] 2020, the Department correctly denied the Appellant's application for benefits under the SNAP for failure to provide the required verification.

DECISION

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



Roberta Gould
Hearing Officer

PC: Patricia Ostroski, Social Services Operations Manager, DSS New Britain
Jerrett Wyant, Eligibility Services Worker, DSS New Britain

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.