

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105

██████████ 2021
Signature confirmation

Case: ██████████
Client: ██████████
Request: 168663

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 household's Supplemental Nutrition Assistance Program ("SNAP") benefits effective ██████████, 2020.

On ██████████ 2020, the Appellant telephoned a request for an administrative hearing with the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH").

On ██████████ 2020, the OLCRAH scheduled the administrative hearing for ██████████ 2021.

On ██████████ 2021, 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. The following individuals participated in the proceeding:

██████████, Appellant
Andrew Pascarelli, Department Representative
Eva Tar, Hearing Officer

The administrative hearing record closed ██████████ 2021.

STATEMENT OF ISSUE

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

FINDINGS OF FACT

1. The Appellant's most recent SNAP certification period ran from [REDACTED] 2018 through [REDACTED] 2020. (Department Exhibits 6 and 7)
2. The Appellant's last day of employment at [REDACTED] was [REDACTED] 2020. (Appellant Exhibit A)
3. On [REDACTED], 2020, the Department mailed the Appellant a renewal form to complete and return by [REDACTED] 2020 to have her SNAP benefits continue uninterrupted; the correspondence further noted that the Appellant's benefits would end if the renewal form was not completed and returned with required proofs and an interview completed by [REDACTED] 2020. (Department Exhibit 7)
4. On [REDACTED] 2020, the Department issued a *Notice of Action* stating that the Appellant's SNAP benefits would end effective [REDACTED] 2020 for failing to meet the program requirements. (Department Exhibit 1)
5. At either 6:00 p.m. or 7:00 p.m. on [REDACTED] 2020, the Appellant completed an online form on the Department's website. (Appellant Testimony)
6. As of [REDACTED] 2020, the Appellant had not completed an interview with the Department. (Department Exhibit 2)
7. The Department closes at 5:00 p.m.; online submissions are date-stamped the next business day if they are submitted after business hours. (Department Representative Testimony)
8. The online form the Appellant had completed on [REDACTED] 2020, and which the Department received on [REDACTED] 2020, was not a renewal form, it was a "change report" form for reporting changes of address or income. (Department Representative Testimony)
9. In [REDACTED] 2020, the Department of Labor listed two employers for the Appellant in the most recent quarter: [REDACTED] and [REDACTED]. (Department Exhibit 2)
10. On [REDACTED] 2020, the Department received a renewal form from the Appellant. (Department Exhibit 2)
11. On [REDACTED] 2020, the Appellant completed a renewal interview with a Department employee. (Department Exhibit 2)
12. On [REDACTED] 2020, the Department issued a *Proofs We Need* request to the Appellant, in part requesting two bi-weekly or four weekly current consecutive paystubs from [REDACTED] and [REDACTED] or verification of her last day of work from those employers. (Department Exhibit 3)

13. On [REDACTED] 2020, the Appellant provided the Department with a single paystub dated [REDACTED] 2020 from [REDACTED] and an [REDACTED] 2020 Work Status Report stating that she could not return to work for six weeks. (Department Exhibits 4 and 5)
14. The Appellant's documents submitted to the Department on [REDACTED] 2020 do not fulfill the Department's [REDACTED] 2020 *Proofs We Need* request. (Department Representative Testimony)
15. On [REDACTED] 2020, the Appellant faxed the Department a [REDACTED] 2020 letter from [REDACTED] that confirmed that her last day of employment was [REDACTED] 2020. (Appellant Exhibit A)
16. Title 7, Code of Federal Regulations ("C.F.R.") Section 273.15 (c)(1) provides in part 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...." On [REDACTED] 2020, the OLCRAH received the Appellant's telephoned hearing request. The issuance would have been due by [REDACTED] 2021. This decision is timely.

CONCLUSIONS OF LAW

1. The Department of Social Services is the designated state agency for the administration of the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008. Conn. Gen. Stat. § 17b-2.
2. Title 7, Code of Federal Regulations ("C.F.R.") § 273.14 (a) provides:
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.
7 C.F.R. § 273.14 (a).

"The recertification process can only be used for those households which apply for recertification prior to the end of their current certification period, except for delayed applications as specified in paragraph (e)(3) of this section. The process, at a minimum, must elicit from the household sufficient information that, when added to information already contained in the casefile, will ensure an accurate determination of eligibility and benefits...."

7 C.F.R. § 273.14 (b)(2).

The Appellant failed to complete the SNAP renewal process by the final day of her SNAP certification period, i.e., [REDACTED], 2020, as the Appellant did not submit a completed renewal form with all required proofs and complete the required interview with the Department by [REDACTED] 2020.

The Department correctly terminated the Appellant's SNAP benefits effective [REDACTED] 2020, the final day of her certification period.

3. Title 7, Code of Federal Regulations ("C.F.R.") § 273.14 (e) addresses delayed processing. Subsection (2) of this section provides:

Notwithstanding the State's right to issue a denial prior to the end of the certification period, the household has 30 days after the end of the certification period to complete the process and have its application be treated as an application for recertification. ... If the household takes the required action after the end of the certification period but within 30 days after the end of the certification period, the State agency shall reopen the case and provide benefits retroactive to the date the household takes the required action....

7 C.F.R. § 273.14 (e)(2).

As the Appellant did not submit the requested proofs, to the Department by [REDACTED], 2020, she did not meet the criteria set in 7 C.F.R. § 273.14 (e)(2) to permit the Department to reopen the Appellant's SNAP case effective the date the Department received her completed renewal form.

DECISION

The Appellant's appeal is DENIED.

Eva Tar-electronic signature
Eva Tar
Hearing Officer

Cc: Andrew Pascarelli, DSS-Stamford
Yecenia Acosta, DSS-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, 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.