

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3725

██████████ 2021
Signature Confirmation

Case# ██████████
Client ID ██████████
Request #169205

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2020, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) discontinuing her Supplemental Nutrition Assistance Program (“SNAP”) benefits, effective ██████████, 2020.

On ██████████, 2020, the Appellant requested an administrative hearing to contest the Department’s decision to discontinue such benefits.

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

The following individuals participated at the hearing:

██████████, Appellant
Nicole Caldwell, Department Representative
Miklos Mencseli, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's action to discontinue the Appellant's SNAP benefits because she failed to timely submit a completed Periodic Report Form ("PRF") was correct.

FINDINGS OF FACT

1. The Appellant was a recipient of SNAP benefits. (Summary, Appellant's Testimony)
2. On [REDACTED], 2020, the Department sent to the Appellant a PRF form. (Summary, Exhibit 2: PRF form)
3. On [REDACTED], 2020, the Department sent the Appellant a warning notice stating it had not received the PRF form and benefits would be discontinued effective [REDACTED] 2020 if not received. (Exhibit 3: Warning Notice dated [REDACTED]-2020)
4. The Department did not receive the PRF form from the Appellant. (Summary, Department's Testimony)
5. The Department conducted a search of the ImpaCT system for receipt of the Appellant's PRF form. (Exhibit 7: Department's Document Search)
6. The Department did not locate the PRF form in the ImpaCT system. (Department's Testimony)
7. On [REDACTED] 2020, the Department sent the Appellant a Notice of Action (NOA) discontinuing her SNAP benefits for Failure to Return her PRF form. (Summary, Exhibit 4: NOA dated [REDACTED]-2020)
8. The Department discontinued the Appellant's SNAP benefits effective [REDACTED], 2020, because she did not complete and return her PRF. (Summary, Exhibit 5: SNAP – Notice Reasons)
9. On [REDACTED], 2020, the Appellant contacted the Department regarding the SNAP discontinuance. The Department confirmed the Appellant's address and mailed her a PRF form. (Exhibit 6: Department's Case Notes)
10. The Appellant states that she did not mail in the PRF as she had no changes to report. Misunderstood the requirement of the form. (Appellant's Testimony)
11. The Appellant has not submitted a PRF form to the Department. (Appellant's Testimony)

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 no later than [REDACTED] 2021.

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. Uniform Policy Manual (“UPM”) § 1545.15 (A) (1) provides in part that the Department is required to provide assistance units with timely notification of the required redetermination.
3. UPM § 1010.05 (C)(6)(a) provides the assistance unit must satisfy certain procedural requirements as described in Section 3500, including cooperating with the Department as necessary. Cooperation includes taking steps as required by the Department to complete the eligibility determination, periodic redetermination of eligibility, interim changes in eligibility or benefit level and Quality Control reviews.
4. Title 7 of the Code of Federal Regulations (“CFR”) § 273.12(a)(5)(iii)(A) provides that the State agency may require a household to submit a periodic report on its circumstances from once every 4 months up to once every 6 months.
5. Title 7 of the Code of Federal Regulations Section 273.12(b)(1) provides that the State agency shall provide the household with a form for reporting the changes required in paragraph (a)(1) of this section to be reported within 10 days and shall pay the postage for return of the form. The change report form shall, at a minimum, include the following: (i) A space for the household to report whether the change shall continue beyond the report month; (ii) The civil and criminal penalties for violations of the Act in understandable terms and in prominent and boldface lettering; (iii) A reminder to the household of its right to claim actual utility costs if its costs exceed the standard; (iv) The number of the food stamp office and a toll-free number or a number where collect calls will be accepted for households outside the local calling area; and (v) A statement describing the changes in household circumstances contained in Sec. 273.12(a)(1) that must be reported and a statement which clearly informs the household that it is required to report these changes. (2) The quarterly report form, including the form for the quarterly reporting of the child support obligation, must be written in clear, simple language, and must meet the bilingual requirements described in Sec. 272.4(b) of this chapter. In addition, the form must specify the date by which the agency must receive the form and the consequences of submitting a late or incomplete form. The form (or an attachment) must specify the verification the household

must submit with the form, inform the household where to call for help in completing the form, and include a statement to be signed by a member of the household indicating his or her understanding that the information provided may result in reduction or termination of benefits. The form should also include a brief description of the Food Stamp Program fraud penalties.


6. The Department correctly notified the Appellant on [REDACTED], 2020 that a completion of a Periodic Report Form (PRF) was required for her continued SNAP benefits.
7. UPM § 1010.05 (A)(1) provides 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 (cross reference: 1555).
8. The Appellant failed to submit the PRF in a timely manner.
9. The Department correctly discontinued the Appellant's SNAP benefits effective [REDACTED], 2020.

DISCUSSION

Because the Department did not receive the Appellant's completed PRF, it was unable to continue the Appellant's benefits. Unless a household establishes on-going eligibility by timely submitting a completed PRF and accompanying verifications, benefits are terminated.

DECISION

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


Miklos Mencseli
Hearing Officer

C: Yecenia Acosta, Operations Manager, DSS R.O. #30 Bridgeport
Tim Latifi, Operations Manager, DSS R.O. #30 Bridgeport

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.