

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

[REDACTED] 2021  
**SIGNATURE CONFIRMATION**

**Client ID # [REDACTED]  
Case ID # [REDACTED]  
Request # 169568**

**ADMINISTRATIVE DISQUALIFICATION HEARING**

**NOTICE OF DECISION**

**PARTY**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**PROCEDURAL BACKGROUND**

The Department of Social Services (the "Department") requested an Administrative Disqualification Hearing ("ADH") to seek the disqualification of [REDACTED] (the "Defendant") from participating in the Supplemental Nutritional Assistance Program ("SNAP") for a period of ten (10) years. The Department alleged that the Defendant committed an Intentional Program Violation ("IPV") as a result of the Defendant receiving SNAP in the states of New Hampshire ("NH") and Connecticut ("CT") concurrently for the period of [REDACTED], 2020 through [REDACTED], 2020. The Department seeks to recover the overpaid SNAP benefits of \$1859.82 for the period of [REDACTED] 2020 through [REDACTED], 2020, by billing the Defendant as prescribed by policy. This would be the Defendant's first IPV offense in the SNAP program.

On [REDACTED] 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") notified the Defendant of the initiation of the ADH process via certified mail. The certified mail was received by the Defendant on [REDACTED], 2020. The notification outlined a Defendant's rights in these proceedings. The ADH was scheduled for [REDACTED], 2021.

On [REDACTED], 2021, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189, inclusive, of the CT General Statutes, OLCRAH held an Administrative Disqualification Hearing. The Defendant was not present at the hearing. The Defendant did not show good cause for failing to appear.

The following individuals were present at the hearing:

Richard Yuskas, Representative for the Department  
Scott Zuckerman, Hearing Officer

### **STATEMENT OF THE ISSUE**

The first issue to be decided is whether the Defendant committed an IPV of the SNAP program.

The second issue to be decided is whether the Department's proposal to disqualify the Defendant from participating in the SNAP program for a period of ten years is correct.

The third issue to be decided is whether the Department's proposal to recoup a SNAP overpayment of \$1859.82 is correct.

### **FINDINGS OF FACT**

1. On [REDACTED], 2019, the Defendant began receiving SNAP benefits in the State of NH. (Hearing Summary and Exhibit 1: Paris Interstate CFI Disposition form)
2. On [REDACTED] 2020, the State of NH, issued \$194.00 in SNAP benefits to the Defendant. (Exhibit 6: Transaction History [REDACTED]/2020 – [REDACTED]/2020, State of NH)
3. On [REDACTED] 2020, the Defendant submitted an online application for SNAP benefits to the Department for a household of one. In the section of previous addresses, the Defendant answered "No" to the question, "Have you lived anywhere in the past 60 months?" (Exhibit 2: Online Application, [REDACTED]/2020)
4. On [REDACTED], 2020, the Defendant completed the SNAP telephone interview with the Department. The Defendant stated he moved to CT from Mississippi on [REDACTED] 2020. The Defendant stated he lived in Mississippi for one month and prior to that lived in Boston, MA, where he received SNAP. He stated his MA SNAP was closed. (Exhibit 3: Case Note, [REDACTED]/2020)
5. On [REDACTED] 2020, the Defendant was granted expedited SNAP benefits. The Department issued \$239.01 in SNAP benefits to the Defendant for [REDACTED] and [REDACTED] 2020. (Exhibit 4: Benefit Issuance screen from CT)
6. On [REDACTED] 2020, the State of NH issued \$194.00 in SNAP benefits to the Defendant. (Exhibit 6: State of NH Transaction History)
7. On [REDACTED] 2020, the Department issued the Defendant \$187.00 in SNAP benefits. (Exhibit 4: Benefit issuance)

8. On [REDACTED] 2020, the State of NH issued the Defendant \$194.00 in SNAP benefits (Exhibit 6)
9. On [REDACTED] 2020, the Department issued the Defendant \$194.00 in SNAP benefits. (Exhibit 4)
10. On [REDACTED] 2020, the State of NH issued the Defendant \$194.00 in SNAP benefits. (Exhibit 6)
11. On [REDACTED] 2020, the Department issued the Defendant \$7.00 in SNAP benefits. (Exhibit 4)
12. On [REDACTED] 2020, the Department issued the Defendant \$194.00 in SNAP benefits. (Exhibit 4)
13. On [REDACTED] 2020, the State of NH issued the Defendant \$194.00 in SNAP benefits. (Exhibit 6)
14. On [REDACTED] 2020, the Department issued the Defendant \$194.00 in SNAP benefits. (Exhibit 4)
15. On [REDACTED] 2020, the State of NH issued the Defendant \$194.00 in SNAP benefits. (Exhibit 6)
16. On [REDACTED] 2020, the Defendant used his CT Electronic Benefit Transfer (“EBT”) card to purchase food in [REDACTED] CT. (Exhibit 5: Transaction Detailed Report, State of CT)
17. On [REDACTED] 2020, the Defendant used his NH EBT card to purchase food in [REDACTED], NH. (Exhibit 6)
18. On [REDACTED] 2020, the Department issued the Defendant \$194.00 in SNAP benefits. (Exhibit 4)
19. On [REDACTED] 2020, the State of NH issued the Defendant \$194.00 in SNAP benefits. (Exhibit 6)
20. On [REDACTED] 2020, the Department issued the Defendant \$194.00 in SNAP benefits. (Exhibit 4)
21. On [REDACTED] 2020, the State of NH issued the Defendant \$194.00 in SNAP benefits. (Exhibit 6)
22. On [REDACTED] 2020, the Department issued the Defendant \$194.00 in SNAP benefits. (Exhibit 4)
23. On [REDACTED] 2020, the Department received a PARIS Interstate Match referral. The matched showed the Defendant active on SNAP in the State of NH beginning [REDACTED] 2019 and active in CT beginning [REDACTED] 2020. The referral listed the Defendant's

address as [REDACTED] [REDACTED]. The form listed his date of birth as [REDACTED] and social security number ending in [REDACTED] (Hearing Summary and Exhibit 1: CT Department of Social Services, Paris Interstate CFI Disposition form)

24. On [REDACTED] 2020, the State of NH issued the Defendant \$194.00 in SNAP benefits. (Exhibit 6)
25. On [REDACTED] 2020, the Defendant used his NH EBT card to purchase food in [REDACTED], NH. (Exhibit 6)
26. On [REDACTED] 2020, the Defendant used his CT EBT card to purchase food in [REDACTED], CT. (Exhibit 5)
27. On [REDACTED], 2020, the Defendant used his NH EBT card to purchase food in [REDACTED], NH. (Exhibit 6)
28. On [REDACTED] 2020, the Defendant used his CT EBT card to purchase food in [REDACTED] CT. (Exhibit 5)
29. On [REDACTED] 2020, the Department issued the Defendant \$194.00 in SNAP benefits. (Exhibit 4)
30. On [REDACTED] 2020, the State of NH issued the Defendant \$204.00 in SNAP benefits. (Exhibit 6)
31. On [REDACTED], 2020, the Department issued the Defendant \$10.00 in SNAP benefits. (Exhibit 4)
32. From [REDACTED] 2020 through [REDACTED] 2020, the Defendant used his CT EBT card to purchase food in the State of CT. (Exhibit 5)
33. From [REDACTED] 2020 through [REDACTED] 2020, the Defendant used his NH EBT to purchase food in the State of NH. (Exhibit 6)
34. From [REDACTED] 2020 through [REDACTED] 2020 the Defendant received the following SNAP benefits from CT while receiving SNAP from NH concurrently:

Month Issued	SNAP Received
[REDACTED] 2020	\$239.01 (For [REDACTED] and [REDACTED])
[REDACTED]y 2020	
[REDACTED] 2020	\$187.00
[REDACTED] 2020	\$201.00
[REDACTED] 2020	\$194.00
[REDACTED] 2020	\$194.00
[REDACTED] 2020	\$194.00
[REDACTED] 2020	\$194.00
[REDACTED] 2020	\$232.80

██████████ 2020	\$224.01
<b>Total</b>	<b>\$1859.82</b>

(Exhibit 5 and Exhibit 6)

35. On ██████████ 2020, the Department mailed the Defendant a W-1449, Waiver of Disqualification Hearing SNAP Program and overpayment letter. The notice informed the Defendant that he violated the SNAP program rules on purpose. The notice stated that people who lie about who they are, or where they live so they can get more than one SNAP award are disqualified for ten years. The notice informed the Defendant that the IPV caused a SNAP overpayment of \$1859.82 for the period of ██████████ 2020 through ██████████ 2020. The Department proposes to impose a SNAP penalty and disqualify the Defendant SNAP for 10 years. The due date to return the form was ██████████ 2020. (Hearing Summary and Exhibit 7: W-1449 and overpayment letter, ██████████/2020)
36. On ██████████ 2020, the Department received the letters mailed to the Defendant, return to sender. The Department attempted to contact the Defendant by phone and was told by a friend that he lived at ██████████ (Hearing Summary)
37. On ██████████, 2020, the Department resent the W-1449 and overpayment letter. The due date for the waiver was ██████████ 2020. (Hearing Summary, Exhibit 8: W-1449, ██████████/2020)
38. On ██████████ 2020, the Defendant contacted the Department and denied the allegation of receiving benefits in two states concurrently and stated he will attend the administrative hearing regarding the matter. (Hearing Summary and Department's testimony)
39. The Defendant has no prior SNAP IPV's (Department's testimony)
40. The Defendant did not sign the waiver form. (Exhibit 8: W-1449, Waiver of Disqualification Hearing SNAP Program, Department's testimony)

### **CONCLUSIONS OF LAW**

1. Section 17b-2 of the CT General Statutes authorizes the Commissioner of the Department of Social Services to administer the SNAP program.
2. Section 17b-88 of the CT General Statutes authorizes the Commissioner of the Department of Social Services to recover any public assistance overpayment and take such other action as conforms to federal regulations, including, but not limited to, conducting administrative disqualification hearings.
3. The Department's uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law." *Bucchere v. Rowe*, 43 Conn. Supp. 175, 178(1994)

(citing Conn. Gen. Stat. § 17b-10; Richard v. Commissioner of Income Maintenance, 214 Conn. 601, 573 A.2d 712 (1990)).

4. Uniform Policy Manual (“UPM”) § 7050 outlines the Administrative Disqualification Hearing process.
5. “If the assistance unit member or his or her representative cannot be located or fails to appear at a hearing without good cause, the hearing is conducted without the assistance unit member being represented.” UPM Section 7050.25 (D)(3)

**The Department mailed the Defendant proper notice of the hearing. The Defendant discussed the issue with the Department when contacted by phone. The Defendant was not present at the hearing. The Defendant did not show good cause for failing to appear.**

6. UPM § 7050.30 sets forth disqualification penalties and procedures as a result of an Intentional Program Violation.
7. Title 7 of the Code of Federal Regulations (CFR) § 273.16(e) provides that the State agency shall conduct administrative disqualification hearings for individuals accused of Intentional Program Violation.
8. 7 CFR 273.16 (b)(1) provides for disqualification penalties and states that individuals found to have committed an intentional program violation either through an administrative disqualification hearing or by a Federal, State or local court, or who have signed either a waiver of right to an administrative hearing or a disqualification consent agreement in cases referred for prosecution, shall be ineligible to participate in the Program:
  - (i) For a period of twelve months for the first intentional Program violation, except as provided under paragraphs (b)(2), (b)(3), (b)(4), and (b)(5) of this section;
  - (ii) For a period of twenty-four months upon the second occasion of any intentional Program violation, except as provided in paragraphs (b)(2), (b)(3), (b)(4), and (b)(5) of this section; and
  - (iii) Permanently for the third occasion of any intentional Program violation
9. 7 CFR 273.16(b)(5) identifies the disqualification penalties as follows: Except as provided under paragraph (b)(1)(iii) of this section, an individual found to have made a fraudulent statement or representation with respect to the identity or place of residence of the individual in order to receive multiple SNAP benefits simultaneously shall be ineligible to participate in the Program for a period of 10 years.
10. “If the individual is found to have made a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits simultaneously, the disqualification is for a period of ten years. UPM § 7050.30(B)(2)(f)

11.7 CFR 273.16(c) defines intentional Program violation as follows:

For purposes of determining through administrative disqualification hearings whether or not a person has committed an intentional Program violation, intentional Program violations shall consist of having intentionally: (1) made a false or misleading statement, or misrepresented, concealed or withheld facts, or (2) committed any act that constitutes a violation of the Food Stamp Act, the Food Stamp Program Regulations, or any State statute relating to the use, presentation, transfer, acquisition, receipt, or possession of Food Stamp coupons or ATP's.

12.7 CFR 273.16(e)(6) defines the criteria for determining intentional program violation as follows:

The hearing authority shall base the determination of Intentional Program Violation on clear and convincing evidence which demonstrates that the household member(s) committed, and intended to commit, an Intentional Program Violation.

13.7 CFR 273.18 (b)(1) defines types of claims against households and states in part that an Intentional Program violation (IPV) claim is any claim for an overpayment or trafficking resulting from an individual committing an IPV. An IPV is defined in §273.16.

14.7 CFR 273.18(c)(1)(i) discusses calculating the claim amount for claims not related to trafficking and states in part that the state agency must calculate a claim back to at least twelve months prior to when you became aware of the overpayment and for an IPV claim, the claim must be calculated back to the month the act of IPV first occurred.

**In ██████████ 2020, the Department became aware of the Defendant's IPV having been active on SNAP in NH since ██████████ 2019 and receiving SNAP in CT concurrently effective ██████████ 2020.**

**The Defendant intentionally misrepresented his residence when he claimed on his application that he resided in ██████████ CT and had no previous addresses in the past 60 months. The Defendant intentionally continued to receive benefits concurrently with his NH SNAP benefits.**

**The Department is correct to seek the disqualification of the Defendant from participating in the SNAP program for a period of 10 years.**

**The Department correctly determined the Defendant was overpaid SNAP benefits of \$1,859.82 due to an IPV and is correct to seek recoupment of those benefits from the Defendant.**

**DECISION**

The Defendant is **Guilty** of committing a first offense intentional program violation of the SNAP program from [REDACTED], 2020 through [REDACTED], 2020.

With regard to the Department's request to disqualify the Defendant from SNAP and impose a first offense SNAP penalty for ten years, the Department's request is **Granted**.

With regard to the Department's request to recover the overpayment of \$1,859.82, the Department's request is **Granted**.

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Scott Zuckerman  
Hearing Officer

Pc: OLCRAH.QA.DSS@ct.gov



**RIGHT TO APPEAL**

The defendant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision. The right to appeal is based on §4-183 of the CT 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 06105-3725. 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 her designee in accordance with §17b-61 of the CT 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 defendant resides.