

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT 06105-3730

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

Client ID # ██████████  
Case ID # ██████████  
Request # 169805

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2020, the Department of Social Services sent ██████████ (the "Appellant") a notice denying the replacement of electronic benefits from the Supplemental Nutrition Assistance Program ("SNAP").

On ██████████, 2020, the Appellant requested an administrative hearing to request the replacement of stolen benefits from her Electronic Benefit Transfer ("EBT") account in ██████████ of 2020.

On ██████████, 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings, ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████, 2021.

On ██████████ 2021, the Appellant requested a reschedule.

On ██████████ 2021, OLCRAH issued a Notice rescheduling the administrative hearing for ██████████, 2021.

On ██████████, 2021, the Appellant requested a reschedule.

On ██████████ 2021, OLCRAH issued a Notice rescheduling the administrative hearing for ██████████ 2021.

On [REDACTED], 2021, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-184 of the Connecticut General Statutes, inclusive, the Department held an administrative hearing by telephone.

The following individuals participated in the hearing:

[REDACTED], Appellant

[REDACTED], Appellant's witness, Patient Care Coordinator, [REDACTED]  
Kristen Krawetzky, Department's Associate Fiscal Administrative Officer  
Marci Ostroski, Hearing Officer

The Hearing Record remained open for the Appellant to provide additional documentation. Exhibits were received and the Record closed on [REDACTED], 2021.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Appellant is entitled to a replacement of SNAP benefits that were deposited to her EBT account and which the Appellant alleges were subsequently stolen.

### **FINDINGS OF FACT**

1. On [REDACTED] 2020, the Appellant reported her wallet stolen to the [REDACTED] Police Department. She reported that her wallet contained her CT ID card, Medical card, Social Security card, and other personal information. (Ex. A: Police Report; Appellant's testimony)
2. After reporting her wallet stolen, the Appellant received a new EBT card. (Appellant's testimony)
3. On [REDACTED], 2020, the Department deposited the Appellant's \$204.00 SNAP benefit for [REDACTED] 2020, into her EBT account to be available for use on [REDACTED] 2020. (Ex. 1: Recipient Transaction History, Hearing Summary)
4. On [REDACTED] 2020, at 11:35 am, a SNAP purchase of \$64.85 was completed at [REDACTED] by the Appellant and debited from the Appellant's EBT account. (Ex. 1: Recipient Transaction History, Hearing Summary, Appellant's testimony)
5. On [REDACTED] 2020, at 3:58 pm, a call was made to the EBT customer service line to change the Appellant's personal identification number ("PIN"). The card number, the Appellant's date of birth, and the last four digits of her social security number are needed to change a PIN. (Hearing Summary)
6. On [REDACTED] 2020, at 11.05 pm, a SNAP purchase of \$131.94, was completed at [REDACTED] CT, and debited from the Appellant's EBT

account. The Appellant did not conduct this transaction. (Ex. 1: Recipient Transaction History, Hearing Summary, Ex. 3: Notice of the Client Initiated EBT SNAP Account Adjustment Request, █████/20)

7. On █████ 2020, the Appellant reported to the Department that her EBT card was lost. (Ex. 1: Recipient Transaction History; Hearing Summary, Appellant's testimony)
8. On █████ 2020, the Department issued a notice to the Appellant advising her that it would not be replacing benefits that she alleges were stolen from her account on █████ 2020. (Ex. 3: Notice of the Client Initiated EBT SNAP Account Adjustment Request, █████/20)
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 fair hearing. The Appellant requested an administrative hearing on █████ 2020. This decision was due not later than █████ 2021. The hearing, however, which was originally scheduled for █████ 2021, was rescheduled for █████, 2021, at the request of the Appellant, which caused a 34-day delay. The hearing, which was rescheduled to █████, 2021, was rescheduled to █████, 2021, at the request of the Appellant which caused an additional 19-day delay. Because this 53-day delay resulted from the Appellant's request, this decision is not due until █████ 2021. However, the hearing record, which had been anticipated to close on █████ 2021, did not close for the admission of evidence until █████, 2021, at the Appellant's request. Because this four-day delay in the close of the hearing record arose from the Appellant's request, this final decision was not due until █████ 2021, and is therefore timely. (Hearing Record)

### **CONCLUSIONS OF LAW**

1. Section 17b-2(7) of the Connecticut General Statutes provides that the Department of Social Services be designated as the state agency for the administration of the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008.
2. Title 7 of the Code of Federal Regulations ("CFR") § 273.17(a)(1) provides the State agency shall restore to households benefits which were lost whenever the loss was caused by an error by the State agency or by an administrative disqualification for intentional Program violation which was subsequently reversed as specified in paragraph (e) of this section, or if there is a statement elsewhere in the regulations specifically stating that the household is entitled to restoration of lost benefits. (Emphasis added)
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 Conn Supp. 175 178 (194) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A.2d712(1990)).

4. UPM § 6515 provides for benefit issuance. Cash and food stamp benefits deposited in an EBT account in a financial institution must be accessed through the use of Department issued debit cards.
5. UPM § 6530.05(A)(2) provides that the Department authorizes the replacement of EBT issued benefits that are considered lost or stolen.
6. UPM § 6530.20(A)(3) provides that EBT issued cash and food stamp benefits are treated as stolen benefits if the cash and food stamp benefits are taken by someone other than the client or the client's authorized representative between the time the Department's designee receives notice from a household regarding the need for card replacement and the time that the Department's designee deactivates the client's stolen or lost debit card.
7. UPM § 6530.20(B)(3) provides that the Department will not replace any recipient cash or food stamp benefits that have been correctly deposited into an EBT account in a financial institution. Such benefits are considered to have been properly received and are not subject to replacement except as provided in section A above or sections 6530.15, 6530.35 or 6530.40.
8. UPM § 6530.50(C)(2) provides the conditions for the replacement of stolen foodstamps benefits and states that EBT issued Food Stamp benefits are treated as stolen benefits if the benefits are taken by someone other than the client or the client's authorized representative between the time the Department's designee receives notice from a household regarding the need for card replacement and the time that the Department's designee deactivates the client's stolen or lost debit card.
9. The Appellant reported the EBT card lost on [REDACTED] 2020, after the SNAP benefits in question were used for SNAP purchase on [REDACTED] 2020.
10. The Appellant is not entitled to a replacement of her SNAP benefits used on [REDACTED] 2020, because the EBT card was not reported lost until after the SNAP benefits were used.

#### **DECISION**

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

\_\_\_\_\_  
*Marci Ostroski*  
Marci Ostroski  
Hearing Officer

CC: Kristen Krawetzky, DSS, Central Office

### **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.