

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# ██████████

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████, 2020 the Department of Social Services (the "Department") issued a Notice of Action ("NOA") to ██████████ (the "Appellant") discontinuing her Supplemental Nutritional Assistance Program ("SNAP") benefits effective ██████████ 2020 due to the renewal process not being completed.

On ██████████, 2021, the Appellant requested an administrative hearing to appeal the Department's discontinuance of SNAP benefits for not completing the renewal process.

On ██████████, 2021, 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, 17-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held an Administrative Hearing. The hearing was held telephonically due to the COVID-19 pandemic with no objection from any party. The following individuals participated in the hearing:

██████████, Appellant
Ferris Clare, Department's representative
Joseph Alexander, Administrative Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly discontinued the Appellant's SNAP benefits effective ██████████ 2020 due to failure to complete the renewal process.

FINDINGS OF FACT

1. The Appellant's renewal for SNAP benefits was due to be completed by ██████████ ██████████, 2020. (Hearing Record, Department's Exhibit 2: Interview Notice).
2. On ██████████, 2020, the Department received a completed W-1ER Renewal of Eligibility form from the Appellant. (Hearing Record, Department's Testimony, Department's Exhibit 1: Case Notes).
3. On ██████████, 2020 the Department reviewed the W-1ER Renewal of Eligibility form and mailed an Interview Notice to the Appellant informing her that she needed to contact the Department to complete an interview by ██████████ 2020. (Hearing Record, Department's Testimony, Department's Exhibit 2: Interview Notice).
4. On ██████████, 2020 the department issued a Notice of Action to the Appellant informing her that her household's SNAP benefit was to be discontinued effective ██████████ 2020 for failing to complete the renewal process. (Hearing Record, Department's Exhibit 3: Notice of Action).
5. On ██████████, 2021, the Department received a "DSS Hearing Request Form" from the Appellant. (Appellant's Exhibit 1: DSS Hearing Request Form).
6. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within ██████████ days of the request for an Administrative Hearing. The hearing request was received on ██████████, 2021. Therefore, this decision is due no later than ██████████, 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 program in accordance with federal law.
2. “General. 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.” Title 7 of the Code of Federal Regulations (“C.F.R.”) § 273.14(a)

The Department correctly issued the Appellant a W-1ER Renewal of Eligibility form. The Appellant’s SNAP certification period correctly ended on [REDACTED], 2020.

3. “Interview. As part of the recertification process, the State agency must conduct an interview with a member of the household or its authorized representative at least once every 12 months for households certified for 12 months or less. The provisions of §273.2(e) also apply to interviews for recertification. The State agency may choose not to interview the household at interim recertifications within the 12-month period. The requirement for an interview once every 12 months may be waived in accordance with §273.2(e)(2).” C.F.R. § 273.14(b)(3).
4. “The State agency may use a telephone interview instead of the face-to-face interview required in paragraph (e)(1) of this section for all applicant households, for specified categories of households, or on a case-by-case basis because of household hardship situations as determined by the State agency. The hardship conditions must include, but are not limited to, illness, transportation difficulties, care of a household member, hardships due to residency in a rural area, prolonged severe weather, or work or training hours that prevent the household from participating in an in-office interview. If a State agency has not already provided that a telephone interview will be used for a household, and that household meets the State agency's hardship criteria and requests to not have an in-office interview, the State agency must offer to the household to conduct the interview by telephone. The State agency may provide a home-based interview only if a household meets the hardship criteria and requests one. A State agency that chooses to routinely interview households by telephone in lieu of the face-to-face interview must specify this choice in its State plan of operation and describe the types of households that will be routinely offered a telephone interview in lieu of a face-to-face interview. The State agency must grant a face-to-face interview to any household that requests one.” C.F.R. 273.2 (e)(2).

The Department correctly issued an Interview Notice to the Appellant.

The Appellant failed to complete the SNAP interview which was needed for completion of her SNAP recertification.

The Department correctly discontinued the Appellant's SNAP benefit on [REDACTED], 2020.

DECISION

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

Joseph Alexander

**Joseph Alexander
Administrative Hearing Officer**

CC: Rachel Anderson
Cheryl Stewart
Lisa Wells
Ferris Clare

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 §4-1181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, 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 06105-3725.

RIGHT TO APPEAL

The Appellant has the right to appeal this decision to Superior Court with 45 days of the mailing of this decision, or 45 days after the agency denies 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 06105-3725. 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 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

