

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

Client ID # ██████████  
Request # ██████████

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████ 2021, the Department of Social Services (the "Department") sent ██████████ ██████████ ("the Appellant") a notice of action ("NOA") denying her re-application for benefits under the Supplemental Nutritional Assistance Program ("SNAP").

On ██████████, 2021, the Appellant requested an administrative hearing to contest the Department's decision to deny such benefits.

On ██████████, 2021, 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 following individuals were present at the hearing:

████████████████████, the Appellant  
David Dumaine, Eligibility Services Specialist, Department's Representative  
Roberta Gould, Hearing Officer

At the Department's request the hearing record was held open for the submission of additional evidence. On ██████████, 2021, the hearing record closed.

## STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to deny the Appellant's re-application for SNAP benefits was correct.

## FINDINGS OF FACT

1. On [REDACTED], 2021, the Department mailed the Appellant a *Notice of Renewal of Eligibility* form to review her household's eligibility for SNAP benefits. (Exhibit 5: notice of renewal form dated [REDACTED])
2. On [REDACTED], 2021, the Department discontinued the Appellant's SNAP benefits effective [REDACTED], 2021, because she did not complete the renewal form. (Exhibit 11: Case notes and Hearing summary)
3. On [REDACTED] 2021, the Appellant submitted an online renewal form to the Department. (Exhibit 11 and Hearing summary)
4. On [REDACTED] 2021, the Department rescreened the Appellant's SNAP benefits effective [REDACTED] 2021. (Exhibit 11 and Hearing summary)
5. On [REDACTED] 2021, the Department issued the Appellant a *W-1348 Proofs We Need* form requesting documentation of her daughter, [REDACTED], school attendance and financial aid. This information was due by [REDACTED] 2021. (Exhibit 2: W-1348 dated [REDACTED])
6. On [REDACTED] [REDACTED], 2021, the Appellant called the Department regarding her MyAccount password reset. (Exhibit 11)
7. On [REDACTED], 2021, the Appellant called the Department regarding pending documentation for her daughter, [REDACTED]. The Appellant reported that [REDACTED] had transferred from [REDACTED] College to [REDACTED] [REDACTED]”) and that she receives financial aid. The Department issued a new *W-1348 Proofs We Need* form requesting documentation of [REDACTED] financial aid, cost of tuition for [REDACTED] and work study verification. This information was due by [REDACTED] 2021. (Exhibit 3: W-1348 dated [REDACTED] and Exhibit 11)
8. On [REDACTED], 2021, the Appellant submitted a *Change Report* form that consisted of her name only with no additional documentation. (Exhibit 10: Change report dated [REDACTED] and Exhibit 11)
9. On [REDACTED], 2021, the Appellant called the Department regarding her pending SNAP application. She reported that she had uploaded documents to the Department's system and that her daughter, [REDACTED], had gone back to

work. Documentation of [REDACTED]'s student status, financial aid and current income remained outstanding. (Exhibit 11)

10. On [REDACTED], 2021, the Appellant contacted the Department regarding the status of her SNAP re-application. The Department informed her that they had not received any documentation for [REDACTED]'s student status and financial aid. (Exhibit 11)
11. On [REDACTED], 2021, the Appellant contacted the Department to report that she and [REDACTED] were no longer receiving Unemployment Compensation Benefits ("UCB") and that [REDACTED] was working 20 hours per week. The Department provided a temporary password to the Appellant for her MyAccount. (Exhibit 11)
12. On [REDACTED], 2021, the Appellant provided documentation of termination of her UCB, a letter from [REDACTED] verifying that [REDACTED] is employed there, working 20 hours per week, and verification that [REDACTED] is a full-time college student. The Department did not receive verification of [REDACTED]'s earnings or her financial aid award and cost of tuition. (Exhibit 7: Document search, Exhibit 8: Letter from [REDACTED] dated [REDACTED] and Exhibit 11)
13. On [REDACTED] 2021, the Department issued the Appellant a *W-1348 Proofs We Need* form requesting documentation of [REDACTED]'s gross earnings as well as documentation of her financial aid award. This information was due by [REDACTED] 2021. (Exhibit 4: W-1348 dated [REDACTED] and Exhibit 11)
14. On [REDACTED], 2021, the Appellant contacted the Department regarding the status of her SNAP benefits. The Department explained that documentation was still outstanding for [REDACTED]. (Exhibit 11)
15. Each *W-1348 Proofs We Need* form sent to the Appellant explained that she could upload her proof electronically at [www.connect.ct.gov](http://www.connect.ct.gov), she could mail the proof using the enclosed envelope and cover sheet, or she could bring the proof to a DSS office. (Exhibits 2, 3 and 4)
16. On [REDACTED] 2021, the Department issued the Appellant a notice of denial for SNAP benefits because the requested documentation had not been received. (Exhibit 1: Notice of action dated [REDACTED] and Hearing summary)
17. 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 hearing. The Appellant requested an administrative hearing on [REDACTED], 2021. The hearing record remained open for the submission of additional evidence until [REDACTED], 2021. Therefore, this decision is due not 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 program.
2. Title 7 of the Code of Federal Regulations (“CFR”) § 273.2(c)(5) provides that the State Agency shall provide each household at the time of application for certification and recertification with a notice that informs the household of the verification requirements the household must meet as part of the application process.
3. “The Department’s uniform policy manual is the equivalent of a state regulation and, as such, carries the force of the law.” (Bucchere v Rowe, 43 Conn. Supp. 175, 178 (1994) (citing Conn. Gen. Statute § 17b-10; Richard v. Commissioner of Income Maintenance, 214 Conn. 601, 573 A.2d 712 (1990))
4. Uniform Policy Manual (“UPM”) § 1010.05(A)(1) provides, in part, that “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.”

UPM § 1015.05(C) provides that “the Department must tell the assistance unit what the unit has to do to establish eligibility when the Department does not have sufficient information to make an eligibility determination.”

5. UPM § 1015.10(A) provides that “the Department must inform the assistance unit regarding the eligibility requirements of the programs administered by the Department, and regarding the unit’s rights and responsibilities.”

**The Department correctly informed the Appellant that documentation of her daughter’s financial aid assistance as well as her current earnings were required to complete her re-application for SNAP assistance and sent the Appellant three *W-1348 Proofs We Need* forms requesting this information.**

6. Title 7 of the CFR 273.2(f) provides that verification is the use of documentation or a contact with a third party to confirm the accuracy of statements or information. The state agency must give households at least ten days to provide required verification.


**The Department correctly provided the Appellant at least ten days to provide verification and complete the SNAP application process.**

7. UPM 1505.40(B)(1)(b)(2) provides that if the applicant failed to complete the application without good cause and if assistance cannot be granted: food stamp applications are denied on the thirtieth day following the date of application.

On ■■■ ■ 2021, the Department correctly denied the Appellant's application for SNAP benefits because she failed to provide the required documentations.

**DECISION**

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

  
\_\_\_\_\_  
Roberta Gould  
Hearing Officer

PC: Tricia Morelli, Social Services Operations Manager, DSS Manchester  
David Dumaine, Eligibility Services Specialist, DSS Manchester

### **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.