

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

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

Case ID # ██████████  
Client ID # ██████████  
Request # 176413

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████, 2021, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) discontinuing her benefits under the Supplemental Nutritional Assistance Program (“SNAP”).

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

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 telephonically.

The following individuals were present at the hearing:

██████████, Appellant  
Debra James, Department’s Representative  
Swati Sehgal, Hearing Officer

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to discontinue the Appellant's SNAP benefits for failure to complete the renewal process was correct.

### **FINDINGS OF FACT**

1. The Appellant's household received SNAP benefits for herself and her three children through [REDACTED], 2021. (Exhibit 1: Notice of Action, [REDACTED] 21)
2. On [REDACTED] 2021, the Appellant submitted an online Renewal of Eligibility for redetermination of SNAP benefits. (Hearing Summary, Exhibit 4: Case Notes)
3. On [REDACTED] 2021, the Department reviewed the Appellant's renewal form and completed a phone interview. (Exhibit 4: Case Notes, Hearing Summary)
4. On [REDACTED] 2021, the Department issued a W-1348, Proof We Need Form. The Department requested that the Appellant must verify the last day of employment at [REDACTED], and her youngest child's social security number. The due date to return the requested information was [REDACTED], 2021. (Exhibit 3: W-1348, [REDACTED]/21, Exhibit 4)
5. The Appellant had difficulty getting verification of [REDACTED] and did not submit the verification to the Department. (Appellant's Testimony)
6. The Appellant did not ask the Department for assistance with getting any of the missing information. (Appellant's Testimony)
7. On [REDACTED], 2021, the Department determined that none of the requested missing information was received from the Appellant. (Exhibit 2: Document Search)
8. On [REDACTED], 2021, the Department discontinued the SNAP benefits and sent the Appellant a Notice of Action. The Notice stated that SNAP benefits closed effective [REDACTED] 2021, for the reason, "renewal process not completed". (Exhibit 1)
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 [REDACTED]

2021. Therefore, this decision is due not later than [REDACTED] 2021, and is timely.

### **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. "The Department's uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law." *Bucchere vs. 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)).
3. Title 7 of the Code of Federal Regulations ("CFR") § 273.14(a) provides that 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.
4. Uniform Policy Manual ("UPM") § 1545.15 (A) (1) provides that the Department is required to provide assistance units with timely notification of required redetermination.

**The Department correctly notified the Appellant that she must complete the redetermination process.**

5. Title 7 CFR § 273.14(b)(3) provides that as part of the recertification process, the State agency must conduct a face-to-face 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 to interview the household at interim recertification within the 12-month period. The requirement for a face-to-face interview once every 12 months may be waived in accordance with §273.2(e)(2).
6. UPM § 1505.30(A)(2)(b) provides that the office interview is conducted as a condition of eligibility in the following programs: Food Stamps.

7. Title 7 of the CFR § 273.2(e)(2) provides that 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.
8. UPM § 1505.30(G)(3) provides that for the FS program, the Department conducts a telephone interview or a home visit once every twelve months if the office interview is waived.

**The Department correctly determined that the Appellant completed the required SNAP interview.**

9. Title 7 CFR § 273.14(b)(4) provides that information provided by the household shall be verified in accordance with §273.2(f)(8)(i). The State agency shall provide the household a notice of required verifications provided in §273.2(c)(5) and notify the household of the date by which the verification requirements must be satisfied. The household must be allowed a minimum of 10 days to provide the required verification information. Any household whose eligibility is not determined by the end of its current certification period due to the time period allowed for submitting any missing verification shall receive an opportunity to participate, if eligible, within 5 working days after the household submits the missing verification and benefits cannot be prorated.
10. 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.

11. Uniform Policy Manual (“UPM”) Section 1010.05(A)(1) provides 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.”
12. UPM § 1015.05(C) 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.
13. 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 issued W1348, Proofs We Need Form requesting verification needed to determine eligibility and included the due date.**

14. Title 7 C.F.R. 273.2(f)(5)(i) provides that the household has primary responsibility for providing documentary evidence to support statements of the application and to resolve any questionable information.
15. UPM § 1545.35(A)(1) provides that assistance units are provided benefits without interruption by the first normal issuance date following the redetermination month if they timely complete the required actions for the redetermination process.
16. UPM § 1545.35(A)(2) provides that the following actions must be timely completed in order to receive uninterrupted benefits:
  - a. The redetermination form must be filed and completed; and
  - b. The office interview must be completed, unless exempt from the requirement; and
  - c. Required verification of factors that are conditions of eligibility must be provided.
17. UPM § 1545.40(B)(2)(a) provides that eligibility for the FS program is discontinued at the end of the redetermination period in all situations where the redetermination is incomplete, and the assistance unit has not been recertified.
18. UPM § 1545.40(B)(2)(b) provides that Discontinuance is automatic, regardless of the reason for the incomplete redetermination.

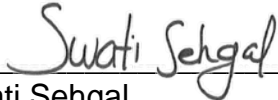
19. UPM § 1545.40(B)(2)(c) provides that good cause is not a consideration in the FS program.

**The Department correctly determined that the Appellant failed to provide all the requested verification needed to establish eligibility by the end of the assigned certification period.**

**The Department correctly discontinued the Appellant's SNAP benefits effective [REDACTED] 2021, because the Appellant failed to submit all the requested verification and complete the renewal process.**

**DECISION**

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

  
\_\_\_\_\_  
Swati Sehgal  
Hearing Officer

PC: Cheryl Stuart, Operations Manager, DSS, New Haven Regional Office  
Rachel Anderson, Operations Manager, DSS, New Haven Regional Office  
Lisa Wells, Operations Manager, DSS, New Haven Regional Office  
Debra James, Fair Hearing Liaison, DSS, New Haven Regional 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.