

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# ██████████
REQUEST# ██████████

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2021, the Department of Social Services (the “Department”) sent ██████████ ██████████ (the “Appellant”), a Notice of Action (“NOA”) discontinuing her Supplemental Nutrition Assistance Program (“SNAP”) benefits due to failure to complete a redetermination.

On ██████████ 2021, the Appellant requested an administrative hearing to contest the discontinuance of her SNAP benefits, effective ██████████ 2021, due to failure to complete a redetermination.

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, 17b-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held a telephonic administrative hearing. The following individuals participated in the hearing:

Appellant, ██████████
Department’s Representative, Debra James
Hearing Officer, Joshua Couillard

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly discontinued the Appellant's SNAP benefits, effective [REDACTED] 2021, due to failure to complete a redetermination.

FINDINGS OF FACT

1. The Appellant's SNAP benefits were due for renewal by [REDACTED], 2021. (Exhibit 1: Notice of Renewal of Eligibility, Department's Testimony)
2. On [REDACTED] 2021, the Department issued the Appellant a Notice of Renewal of Eligibility. The notice listed that, "You must complete your form and submit all required proofs by [REDACTED] 2021 or your benefits may stop." (Exhibit 1)
3. On [REDACTED] 2021, the Department issued the Appellant a Warning Notice. The notice listed that, "If you do not return the form, complete an interview if required and send in all proofs, we will discontinue your benefits effective [REDACTED], 2021 because you did not complete the renewal on time." (Exhibit 2: Warning Notice)
4. The Appellant did not submit the renewal form. (Appellant's Testimony, Exhibit 5: Impact Document Search Results Printout, Department's Testimony)
5. On [REDACTED] 2021, the Department issued a Notice of Action to the Appellant which discontinued the SNAP benefits, effective [REDACTED] 2021, due to failure complete a redetermination.
6. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within 60 days of the request for an administrative hearing. The hearing request was received on [REDACTED] 2021; therefore, this decision is due no 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 in accordance with federal law.
2. "*Application.* The State agency must develop an application to be used by households when applying for recertification. It may be the same as the initial application, a simplified version, a monthly reporting form, or other method such as annotating changes on the initial application form. A new household signature and date is required at the time of application for recertification. The provisions of §273.2(c)(7) regarding acceptable signatures on applications also apply to applications used at recertification. The recertification process can only be used

for those households which apply for recertification prior to the end of their current certification period, except for delayed applications as specified in paragraph (e)(3) of this section. The process, at a minimum, must elicit from the household sufficient information that, when added to information already contained in the casefile, will ensure an accurate determination of eligibility and benefits. The State agency must notify the applicant of information which is specified in §273.2(b)(2), and provide the household with a notice of required verification as specified in §273.2(c)(5).” Title 7 of the Code of Federal Regulations (“C.F.R”) § 273.14 (b)(2)

3. “*Recertification Process.* Each State agency shall develop a notice of expiration (NOE). The NOE must contain the following: (A) The date the certification period expires; (B) The date by which a household must submit an application for recertification in order to receive uninterrupted benefits; (C) The consequences of failure to apply for recertification in a timely manner; (D) Notice of the right to receive an application form upon request and to have it accepted as long as it contains a signature and a legible name and address; (E) Information on alternative submission methods available to households which cannot come into the certification office or do not have an authorized representative and how to exercise these options; (F) The address of the office where the application must be filed; (G) The household's right to request a fair hearing if the recertification is denied or if the household objects to the benefit issuance; (H) Notice that any household consisting only of Supplemental Security Income (SSI) applicants or recipients is entitled to apply for SNAP recertification at an office of the Social Security Administration; (I) Notice that failure to attend an interview may result in delay or denial of benefits; and (J) Notice that the household is responsible for rescheduling a missed interview and for providing required verification information.” 7 C.F.R. § 273.14 (b)(1)(ii)

The Department correctly issued the Appellant a Notice of Renewal of Eligibility on [REDACTED] 2021.

The Department correctly issued the Appellant a Warning Notice on [REDACTED] 2021. Both notices correctly listed that the renewal form and all required proofs were due back to the Department by [REDACTED] 2021.

4. “*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.” 7 C.F.R. § 273.14(a)

The Department correctly discontinued the Appellant’s SNAP benefits, effective [REDACTED] 2021, because the Appellant failed to submit a completed renewal form.

DECISION

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



Joshua Couillard
Fair Hearing Officer

**CC: New Haven Regional Office Manager, Rachel Anderson
New Haven Regional Office Manager, Mathew Kalarickal
New Haven Regional Office Manager, Lisa Wells
New Haven Regional Office Fair Hearing Liaison, Debra James**

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.