

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

██████████  
Signature Confirmation

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

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

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

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

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

On ██████████, 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 via video connection to the New Haven regional office.

The following individuals were present at the hearing:

██████████, Appellant’s Authorized Representative  
Debra James, Department’s Representative  
Sara Hart, Hearing Officer

The Appellant was not present at the administrative hearing.

The hearing record remained open for the Department's submission of additional information. The Department submitted the additional information and the record closed on [REDACTED]

### **STATEMENT OF THE ISSUE**

The issue is whether the Department's decision to deny the Appellant's SNAP application was correct.

### **FINDINGS OF FACT**

1. On [REDACTED], the Appellant applied for SNAP benefits for a household of one. (*Exhibit 1: W1-E Application, Department's Testimony*)
2. The Appellant appointed [REDACTED] [REDACTED] as his Authorized Representative ("AREP"). (*Exhibit 1*)
3. The Appellant resides at [REDACTED]. His mailing address is [REDACTED]. (*Exhibit 1, AREP's Testimony, Exhibit 4: Letter from Housing Authority of New Haven*)
4. The Appellant's AREP resides at [REDACTED] (*Exhibit 1, AREP's Testimony*)
5. The Appellant is [REDACTED] years old [REDACTED]. He receives Supplemental Security Income ("SSI") of \$579.50 per month and Social Security Disability ("SSD") of \$231.00 per month. (*Exhibit 1, Exhibit 3: NOA [REDACTED]*)
6. On [REDACTED], the Department reviewed the application and completed an interview with the Appellant's AREP. The Department sent the Appellant a Proofs We Need form ("W1348") requesting proof of residency. The notice provided examples of acceptable documentation and gave a due date of [REDACTED]. (*Exhibit 6: Case Notes, Exhibit 2: Proofs We Need letter [REDACTED]*)
7. The Department was unable to verify the Appellant's residency via interface reviews. (*Exhibit 6*)
8. The AREP encountered difficulty obtaining the requested verification timely due to the COVID 19 pandemic. (*AREP's Testimony*)
9. The AREP contacted the Department's Benefit Center via telephone prior to [REDACTED], [REDACTED] and advised that she had requested the necessary verification from the [REDACTED] [REDACTED] Housing Authority and was experiencing a delay. (*AREP's testimony*)

10. On [REDACTED], the Department sent the Appellant a Notice of Action denying the Appellant's application for SNAP benefits because he failed to return all the required proofs by the due date. (*Exhibit 3*)
11. On [REDACTED], the AREP submitted a copy of the Appellant's lease. (*Exhibit 5: Hearing Request Form, Exhibit 6*)
12. The issuance of this decision is timely under the Title 7 of Code of Federal Regulations ("C.F.R.") § 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]; therefore, this decision is due no later than [REDACTED].

### **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. 7 C.F.R. § 273.2(j)(2)(i) provides for categorical eligibility and states the following households are categorically eligible for SNAP benefits unless the entire household is institutionalized as defined in §273.1(e) or disqualified for any reason from receiving SNAP benefits.

(A) Any household (except those listed in paragraph (j)(2)(vii) of this section) in which all members receive or are authorized to receive cash through a PA program funded in full or in part with Federal money under Title IV-A or with State money counted for maintenance of effort (MOE) purposes under Title IV-A;

(B) Any household (except those listed in paragraph (j)(2)(vii) of this section) in which all members receive or are authorized to receive non-cash or in-kind benefits or services from a program that is more than 50 percent funded with State money counted for MOE purposes under Title IV-A or Federal money under Title IV-A and that is designed to forward purposes one and two of the TANF block grant, as set forth in Section 401 of P.L. 104-193.

(C) Any household (except those listed in paragraph (j)(2)(vii) of this section) in which all members receive or are authorized to receive non-cash or in-kind benefits or services from a program that is more than 50 percent funded with State money counted for MOE purposes under Title IV-A or Federal money under Title IV-A and that is designed to further purposes three and four of the TANF block grant, as set forth in Section 401 of P.L. 104-193, and requires participants to have a gross monthly income at or below 200 percent of the Federal poverty level.

(D) Any household in which all members receive or are authorized to receive SSI benefits, except that residents of public institutions who apply jointly for SSI and SNAP benefits prior to their release from the institution in accordance with §273.11(i), are not categorically eligible upon a finding by SSA of potential SSI eligibility prior to such release. The State agency must consider the individuals categorically eligible at such time as SSA makes a final SSI eligibility and the institution has released the individual.

(E) Any household in which all members receive or are authorized to receive PA and/or SSI benefits in accordance with paragraphs (j)(2)(i)(A) through (j)(2)(i)(D) of this section.

**The Appellant is a recipient of SSI; therefore, he is categorically eligible for SNAP benefits.**

3. 7 C.F.R. § 273.2(j)(2)(v) provides for waived verifications for categorically eligible households and states: The eligibility factors which are deemed for SNAP eligibility without the verification required in paragraph (f) of this section because of PA/SSI status are the resource, gross and net income limits; social security number information, sponsored alien information, and residency. However, the State agency must collect and verify factors relating to benefit determination that are not collected and verified by the other program if these factors are required to be verified under paragraph (f) of this section. If any of the following factors are questionable, the State agency must verify, in accordance with paragraph (f) of this section, that the household which is considered categorically eligible:

7 C.F.R. § 237.2(j)(4)(iii) provides for deemed eligibility factors and states when determining eligibility for a categorically eligible household, all SNAP requirements apply except the following:

(A) *Resources*. None of the provisions of §273.8 apply to categorically eligible households except the second sentence of §273.8(a) pertaining to categorical eligibility and §273.8(i) concerning transfer of resources. The provision in §273.10(b) regarding resources available the time of the interview does not apply to categorically eligible households.

(B) *Gross and net income limits*. None of the provisions in §273.9(a) relating to income eligibility standards apply to categorically eligible households, except the fourth sentence pertaining to categorical eligibility. The provisions in §§273.10(a)(1)(i) and 273.10(c) relating to the income eligibility determination also do not apply to categorically eligible households.

(C) *Zero benefit households*. All eligible households of one or two persons must be provided the minimum benefit, as required by §273.10(e)(2)(ii)(C).

(D) *Residency*.

Because the Appellant is categorically eligible for benefits due to the receipt of SSI benefits, the Department incorrectly determined the Appellant must verify residency.

The Department incorrectly denied the Appellant's SNAP application on [REDACTED] because it incorrectly determined that the Appellant must verify his residency.

### DISCUSSION


The Department's decision to deny the Appellant's SNAP application is not upheld. The Department testified that residency verification was requested because the Appellant's address was questionable due to the separate mailing address noted on the W1E. The Appellant appointed an AREP, whose address was the same as the Appellant's stated mailing address. The Appellant further requested a reasonable accommodation on the W1E, stating that he had difficulties with vision and reading. The Appellant's household is categorically eligible for SNAP; therefore it is exempt from residency verification requirements.

### DECISION

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

### ORDER

1. The Department shall reopen the Appellant's SNAP application effective [REDACTED], [REDACTED] and grant benefits provided all other eligibility requirements have been established.
2. Compliance with this order is due no later than [REDACTED].

  
\_\_\_\_\_  
Sara Hart  
Hearing Officer

CC: Debra James, Department Representative New Haven Regional Office  
Rachel Anderson, Operations Manager New Haven Regional Office  
Matthew Kalarickal, Operations Manager New Haven Regional Office  
Lisa Wells, Operations Manager 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.