

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**

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████, 2021 the Department of Social Services (the "Department") issued a Notice of Action ("NOA") to ██████████ (the "Appellant") denying his application for Supplemental Nutritional Assistance ("SNAP") benefits.

On ██████████ 2021, the Appellant requested an administrative hearing to appeal the Department's decision to deny SNAP.

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 per the Appellant's request. The following individuals participated in the hearing:

██████████, Appellant  
██████████, Appellant's Translator  
Carmen Ferrer, Department's representative  
Joseph Alexander, Administrative Hearing Officer

The hearing record was left open until [REDACTED], 2021 to allow for submission of documentation from the Appellant.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly denied the Appellant's SNAP application due to failure to meet the eligible non-citizen criteria.

### **FINDINGS OF FACT**

1. The Appellant's household consist of one person; The Appellant. (Hearing Record, Appellant's Exhibit A: Marriage Dissolution Letter)
2. The Appellant is [REDACTED] years old (D.O.B 7 [REDACTED]). (Department's Exhibit 1: ONAP dated [REDACTED])
3. The Appellant has not been determined to be disabled by either the Social Security Administration or through the Department via Colonial Cooperative Care. (Hearing Record, Appellant's Testimony)
4. On [REDACTED] 2006, the Appellant entered the United States ("U.S") under a B2 Temporary Visa which allows entry to the US for the purposes of tourism, medical treatment and pleasure. (Hearing Record)
5. On [REDACTED], 2020 the Appellant was granted Lawful Permanent Resident status. (Department's Exhibit 8: SAVE Response)
6. On [REDACTED] 2021, Department received an Online Application ("ONAP") for SNAP. The Department screened SNAP into the ImpaCT system (determines eligibility for benefit programs administered by the Department of Social Services). (Hearing Record, Department's Exhibit 1: ONAP dated [REDACTED])
7. On [REDACTED], 2021, the Department updated the Appellant's non-citizen status from U.S. National (entered into ImpaCT upon screening of application) to Lawful Permanent Resident (updated based on SAVE response). The pending SNAP application was denied due to the Appellant not meeting the eligible non-citizen criteria.
8. The issuance of this decision is timely under the Code of Federal Regulations § 273.15 which requires that a decision must be reached, and the household notified within [REDACTED] days of receipt of a requested fair hearing. The Appellant requested an administrative hearing on [REDACTED] 2021, making this decision due no later than [REDACTED] 2021. However, due to the additional days which were added, the decision would not be due until [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. Title 7 of the Code of Federal Regulations (“CFR”) Sec. 273.9(a) provides, in relevant part, as follows:
  - i. Participation in the Program shall be limited to those households whose incomes are determined to be a substantial limiting factor in permitting them to obtain a more nutritious diet. Household’s which contain an elderly or disabled member shall meet the net income eligibility standards for the Food Stamp Program. Household’s which do not contain an elderly or disabled member shall meet both the net income eligibility standards and the gross income eligibility standards for the Food Stamp Program.
3. 7 CFR § 273.4(a) specifies that, “United States citizens meet citizenship rules for SNAP.
4. 7 CFR § 273.4(a), 7 CFR § 273.4 (a)(1) and 7 CFR § 273.4 (a)(2) include the following as U.S citizens:

- Natural Born Citizens
- Non-Citizen National
- Naturalized Citizens
- Natural or Adopted Children of a Citizen

**The Department correctly determined the Appellant is not a United States Citizen.**

5. 7 CFR § 273.4(a)(3)-(7) provides for the criteria of eligible non-citizens as follows:

<b>Non-Citizen Status</b>	<b>Eligible IF:</b>
Battered Non-Citizen	Disabled, or
Conditional Entrant	Under age 18, or
Lawful Permanent Resident	Meets <u>work quarter eligibility</u> , or
Parolee	Meets <u>military requirement</u> , or
	Has been in the U.S. as a qualified non-
	Citizen for 5 years, or
	A legal resident on August 22, 1996, and
	Born before August 22, 1931.
Afghan Special Immigrant (SIV)	<b>Eligible</b>
Amerasian	<b>Note:</b> These non-citizens retain their

Asylee	Eligibility without having to meet the above
Canadian Born Native Americans	Requirements when converted to Lawful
Cuban Entrant	Permanent Resident Status
Deportation or Removal Withheld	
Haitian Entrant	
Hmong or Highland Laotian Tribal Member	
Iraqi Special Immigrant (SIV)	
Native Americans with Treaty Rights	
Refugee	
Trafficking Victim	

7. 7 CFR § 273.4 states, “An individual is an ineligible non-citizen when they don’t meet the citizen or eligible non-citizen criteria”.

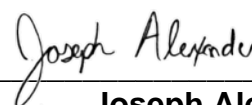
8. 7 CFR § 273.2(f)(2)(ii) & 7 CFR § 273.4(a) and (b)(2) & 7 CFR § 273.11(c)(3) states, “Ineligible non-citizens are not eligible for SNAP. They include:

Immigrants not identified as eligible non-citizens  
 Non-immigrants

**The Department correctly determined the Appellant does not meet the eligible non-citizen criteria specified in 7 CFR § 273.4(a)(3)-(7) and is therefore not eligible to receive SNAP.**

**DECISION**

The Appellant’s appeal is **DENIED**.



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**Joseph Alexander**  
**Administrative Hearing Officer**

CC: Yecenia Acosta, Operations Manager, DSS, Stamford Regional Office  
 Carmen Ferrer, Fair Hearing Liaison, DSS, Stamford 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 §4-1181a (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.