

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 # ██████████  
Case ID # ██████████  
Request #177802

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████ 2021, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") discontinuing his Supplemental Nutrition Assistance Program ("SNAP") benefits, effective ██████████ 2021.

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, 17b-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:

██████████, Appellant  
Rose Montinat, Department's Representative  
Scott Zuckerman, 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 a redetermination is correct.

### **FINDINGS OF FACT**

1. On [REDACTED], 2021, the Department sent the Appellant a Notice of Renewal of Eligibility for his SNAP benefits with a due date of [REDACTED] 2021. The notice stated, "You must submit the renewal by [REDACTED] [REDACTED] 2021 to receive uninterrupted benefits. You must complete your form and submit all required proofs by [REDACTED], 2021 or your benefits may stop." (Hearing Summary and Exhibit 1: Notice of Renewal of Eligibility dated [REDACTED] 2021)
2. On [REDACTED], 2021, the Department sent the Appellant a Warning Notice. The notice stated, "As of the date of this notice, we have not yet received your renewal form. To keep getting your benefits without interruption, you must return the form to us by [REDACTED] 2021." The notice further stated, "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 your renewal on time". (Exhibit 2: Warning notice dated [REDACTED], 2021)
3. On [REDACTED], 2021, the Department sent the Appellant a Notice of Action. The notice stated SNAP benefits closed effective [REDACTED] 2021 for the reason, "renewal form was not submitted, and renewal process not completed." (Exhibit 3: Notice of Action, [REDACTED] 2021)
4. On [REDACTED] 2021, the Department conducted a document search. The Department had no record of receiving the Appellant's renewal form. (Department's testimony, Exhibit 5: Case Note, [REDACTED] 2021, and Exhibit 7: Document search results)
5. 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. (Hearing Record)

### **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 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 v. 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. "The Department is required to provide assistance units with timely notification of the required redetermination." Uniform Policy Manual ("UPM") § 1545.15 (A) (1)

**The Department correctly notified the Appellant that he must complete the redetermination process by [REDACTED], 2021.**

5. 7 C.F.R. § 273.2(e) (2) provides the State agency may use a telephone 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.

"An assistance unit has timely completed the interview requirement if it appears for any interview by the later of the following dates: 1. the date scheduled by

the Department; or 2. the deadline for filing the redetermination form.” UPM § 1545.35 (C)

**The Department could not complete the SNAP interview because it did not receive the renewal form.**

6. Title 7 CFR § 273.14(b)(2) provides that 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 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).

“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”

UPM § 1545.35(A)(2)

“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.” UPM § 1545.40(B)(2)(a)

“Discontinuance is automatic, regardless of the reason for the incomplete redetermination.” UPM § 1545.40(B)(2)(b)

“Good cause is not a consideration in the FS program.” UPM § 1545.40(B)(2)(c)

“Unless otherwise stated, assistance is discontinued on the last day of the redetermination month if eligibility is not reestablished through the redetermination process.” UPM § 1545.40 (A)(2)

**The Department correctly discontinued the Appellant’s SNAP benefits, effective [REDACTED] 2021, because the Appellant did not submit the required renewal form.**

**DECISION**

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

  
Scott Zuckerman  
Hearing Officer

Pc: Musa Mohamud, Operations Manager, DSS, Hartford Regional Office  
Judy Williams, Operations Manager, DSS, Hartford Regional Office  
Jessica Carroll, Operations Manager, DSS, Hartford Regional Office  
Jay Bartolomei, Fair Hearing Liaison Supervisor, DSS, Hartford Office  
Rose Montinat, Fair Hearing Liaison, DSS, Hartford 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.