

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 her 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 ██████████  
██████████.

The Department failed to appear for the ██████████ administrative hearing. On  
██████████, the OLCRAH issued a notice rescheduling the administrative hearing  
for ██████████.

On ██████████, the Appellant requested to reschedule her ██████████  
administrative hearing.

On [REDACTED], OLCRAH issued a notice rescheduling the administrative hearing for [REDACTED]

On [REDACTED], in accordance with sections 17b-60, 17-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held a telephonic administrative hearing.

The following individuals were present at the hearing:

[REDACTED], Appellant  
[REDACTED], Appellant's mother and Authorized Representative  
Lindsay Brathwaite, Department's Representative  
Sara Hart, Hearing Officer

### **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 submitted an online application for SNAP benefits for a household of one. (*Exhibit 1: Online Application*)
2. [REDACTED] is the Appellant's mother and Authorized Representative ("AREP"). (*Appellant's Testimony*)
3. The Appellant reported a home address of [REDACTED] and a mailing address of [REDACTED] on the application. (*Exhibit 1*)
4. The Appellant is [REDACTED] years old (DOB [REDACTED]). She has no dependents and is not disabled. (*Appellant's Testimony*)
5. The Appellant is a full-time higher education student attending the [REDACTED] [REDACTED] (*Exhibit 1, Appellant's Testimony*)
6. On [REDACTED], the Department reviewed the application and issued the Appellant a Proofs We Need form ("W1348") requesting the following information: proof of school attendance and proof of residency. The notice provided examples of acceptable documentation and gave a due date of [REDACTED]. (*Exhibit 3: Proofs We Need letter [REDACTED]*)

7. On [REDACTED], the Department received the following documents from the Appellant: Driver's License, student financial aid and tuition documents, motor vehicle tax bill, and lease. (*Exhibit 4: Verifications, Exhibit 11: Document Search Results*)
8. The Appellant's lease for [REDACTED] was dated [REDACTED] with a lease term of [REDACTED] through [REDACTED]. (*Exhibit 4*)
9. On [REDACTED], the Department completed a SNAP interview with the AREP. The AREP reported that the Appellant resided with her at [REDACTED] [REDACTED] [REDACTED] [REDACTED] (*Department's Testimony*)
10. On [REDACTED], the Department issued a second W1348 requesting the following information: proof of gross earnings from [REDACTED] or proof of employment end date and proof that you have applied for other potential income for the AREP and proof of student status, cost, and financial aid for the Appellant. The letter provided examples of acceptable documentation and gave a due date of [REDACTED] [REDACTED]. (*Exhibit 5: Proofs We Need letter [REDACTED]*)
11. The Appellant moved to [REDACTED], sometime during the third week of [REDACTED]. She currently resides alone at this address. (*Appellant's Testimony*)
12. The AREP prioritized submitting the Appellant's documents and did not submit the requested documents pertaining to her own employment and income to the Department because the Appellant was only seeking SNAP benefits for herself. (*AREP's Testimony*)
13. The AREP worked at [REDACTED] for one day in [REDACTED]. The business has since closed and she encountered difficulty obtaining verification of end date of employment. The AREP did not inform the Department of her difficulty obtaining the verification or request assistance prior to the administrative hearing. (*AREP's Testimony*)
14. The Department did not receive verification of the AREP's income. (*Department's Testimony*)
15. The Appellant was seeking SNAP benefits for herself only, beginning from the time she moved into her own apartment. (*AREP's Testimony*)
16. On [REDACTED], the Department sent the Appellant a Notice of Action denying the Appellant's application for SNAP benefits because she failed to return all the required proofs by the due date. (*Exhibit 6: Notice of Action [REDACTED]*)
17. 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]. The hearing, which was originally scheduled for [REDACTED], was rescheduled to [REDACTED] at the request of the Department. [REDACTED] hearing was rescheduled to [REDACTED] at the request of the Appellant; 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(c)(4)(iv) provides for application date and states the date of application is the date the application is received by the State agency. State agencies must document the application date on the application. If the application is received outside normal business hours the State agency will consider the date of application the next business day.

7 C.F.R. § 273.2(e)(1) provides for interviews and states that except for households certified for longer than 12 months, and except as provided in paragraph (e)(2) of this section, households must have a face-to-face interview with an eligibility worker at initial certification and at least once every 12 months thereafter

**The Department correctly determined the application date of [REDACTED] and correctly interviewed the Appellant's AREP on [REDACTED].**

3. 7 C.F.R. § 273.1(a) defines general households and states that a household is composed of one of the following individuals or groups of individuals, unless otherwise specified in paragraph (b) of this section: (3) A group of individuals who live together and customarily purchase food and prepare meals together for home consumption.

7 C.F.R. § 273.1(b)(1)(ii) provides for required household composition. The following individuals who live with others must be considered as customarily purchasing food and preparing meals with the others, even if they do not do so, and thus must be included in the same household, unless otherwise specified.

- ii. A person under 22 years of age who is living with his or her natural or adoptive parent(s) or step-parent(s).

**The Department correctly determined the Appellant's SNAP household size at the time of her [REDACTED] application included two members: the Appellant and her mother.**

4. 7 C.F.R. § 273.2(f)(1)(i) provides for mandatory verification of income. State agencies shall verify the following information prior to certification for households initially applying:
  - i. *Gross nonexempt income.* Gross nonexempt income shall be verified for all households prior to certification.

**The Department correctly determined that the household was required to verify the gross income of all members.**

5. 7 C.F.R. § 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.

7 C.F.R. § 273.2(h)(1)(i)(C) provides for in cases where verification is incomplete, the State agency must have provided the household with a statement of required verification and offered to assist the household in obtaining required verification and allowed the household sufficient time to provide the missing verification. Sufficient time shall be at least 10 days from the date of the State agency's initial request for the particular verification that was missing.

**The Department correctly sent the Appellant the W1348 *Proofs We Need* form on [REDACTED] [REDACTED] [REDACTED] and [REDACTED] [REDACTED] [REDACTED] requesting verifications needed to determine eligibility and allowed 10 days for completion.**

6. 7 C.F.R. § 273.2(f)(5)(i) provides for the responsibility of obtaining verification. The household has primary responsibility for providing documentary evidence to support statements of the application and to resolve any questionable information. The State agency must accept any reasonable documentary evidence provided by the household and must be primarily concerned with how adequately the verification proves the statements on the application.

**The Department correctly determined that the Appellant failed to provide mandatory verifications.**

7. 7 C.F.R. § 273.2(g)(1) provides for the normal processing standard. The State agency shall provide eligible households that complete the initial application process an opportunity to participate as soon as possible, but no later than 30 calendar days following the date the application was filed.

7 C.F.R. § 273.2(g)(3) provides for denying the application and states households that are found to be ineligible shall be sent a notice of denial as soon as possible but not later than 30 days following the date the application was filed. If the household has failed to appear for a scheduled interview and has made no subsequent contact with the State agency to express interest in pursuing the application, the State agency

shall send the household a notice of denial on the 30th day following the date of application.

**The Department correctly denied the Appellant's SNAP application on [REDACTED] because the Appellant failed to provide the Department with the documentation requested by the 30<sup>th</sup> day processing standard, specifically, income verification for her mother.**

### **DISCUSSION**

The Appellant testified her intention was to receive SNAP benefits upon moving into her new apartment at the beginning of her fall college semester in [REDACTED]. At the time of the [REDACTED] application, the appellant was residing with her mother. Because the Appellant was [REDACTED] years old, her mother was required to be included on the SNAP determination. The Appellant is now residing on her own and may submit a new SNAP application for ongoing determination of benefit eligibility.

### **DECISION**

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

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

CC: Musa Mohamud, Operations Manager Hartford Regional Office  
Judy Williams, Operations Manager Hartford Regional Office  
Jessica Carroll, Operations Manager Hartford Regional Office  
Jay Bartolomei, Operations Manager Hartford Regional Office  
Lindsay Brathwaite, Department Representative 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.