

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3730

██████████, 2021
Signature Confirmation

Case ID # ██████████
Client ID ██████████
Request #184527

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") denying his application for Supplemental Nutrition Assistance Program ("SNAP") benefits for failure to provide requested information.

On ██████████ 2021, the Appellant requested an administrative hearing because he disagrees with the Department's decision.

On ██████████ ██████████ 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling an 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 regarding the issue of the denial of the SNAP benefits. The following individuals participated in the hearing:

██████████, the Appellant
Melissa Prisavage, Department's Representative
Swati Sehgal, Hearings Officer

Hearing record was left open for submission of additional information and hearing record closed on [REDACTED] 2021.

STATEMENT OF THE ISSUE

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

FINDINGS OF FACT

1. On [REDACTED] 2021, the Appellant completed an online application for SNAP benefits. (Exhibit 1: Online Application dated [REDACTED], Hearing Summary)
2. On [REDACTED] 2021, the Department received a PARIS Interstate match indicating the Appellant is receiving medical assistance from State of [REDACTED]. (Exhibit 3: Paris Match, Exhibit 4: Paris Interstate Details Printout, Hearing Summary)
3. On [REDACTED] 2021, the Department conducted a telephone interview. The Appellant reported no income, no shelter expense, has not received SNAP benefits from out of State in past ninety days. (Exhibit9: Case Notes and Department's Testimony)
4. On [REDACTED] 2021, the Department mailed Proof We Need; W1348 Form requesting proof that the Appellant's benefit from the other State has ended, and Proof of Residency (Exhibit 2: W1348, 1 [REDACTED])
5. On [REDACTED] 2021, the Department received returned mail from the Postal service which included W1348. (Department's Testimony, Exhibit 5: Return Mail)
6. On [REDACTED] 2021, the Appellant called the benefit center to inquire about his SNAP application. The Appellant informed the Department that he resides in [REDACTED] his shelter expenses are paid by his girlfriend, he was working under the table, but has not worked in last eight months. The Appellant was informed to provide verification of shelter expense and Address verification, letter from his girlfriend on how she is assisting him monetarily, self-attested letter indicating the last time he worked under the table. The Department also resent the W1348 to the Appellant's address. (Exhibit 9, Appellant's Testimony)

7. On [REDACTED] 2021, the Department denied the SNAP application for failure to provide information and mailed the Notice of Action informing that. (Exhibit 8: Notice of Action, [REDACTED])
8. On [REDACTED] 2021, the Appellant provided a letter from his girlfriend and a self-attested letter regarding last day at work as requested by the Department. (Exhibit 6: Letter stating Address and shelter Obligation, Exhibit 7: Letter from the Appellant)
9. On [REDACTED], 2021, the Appellant request a fair hearing. (Hearing Record)
10. On [REDACTED] 2021, the hearing was held, the Department determined that it was wrong to ask for verification of end of out of State benefits for SNAP as the PARIS Interstate Match indicated that the Appellant was only receiving Medical benefits. The Department also stated that the Appellant did not need to prove his Residency. The Department's representative determined that the Appellant has provided sufficient information for the Department to determine his eligibility. (Department's Testimony)
11. On [REDACTED] 2021, the Department processed and granted the SNAP benefits for the Appellant as of the Application date. (Exhibit 10: Notice of Action, [REDACTED])
12. 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] [REDACTED] 2021. This decision is due not later than [REDACTED] 2021, and therefore is timely.

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 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. Uniform Policy Manual ("UPM") § 1570.25 (c)(2)(k) provides that the Fair Hearing Official renders a Fair Hearing decision in the name of the Department,

in accordance with the Department's policies and regulations. The Fair Hearing decision is intended to resolve the dispute

4. UPM § 1570.25(F)(1) provides that the Department must consider several types of issues at an administrative hearing, including the following:
 - a. eligibility for benefits in both initial and subsequent determinations.
5. The Department has approved the Appellant's request for SNAP benefits. Thus, the Appellant has not experienced any loss of benefits.
6. The Appellant's hearing issue has been resolved; therefore, there is no issue on which to rule. "When the actions of the parties themselves cause a settling of their differences, a case becomes moot." *McDonnell v. Maher*, 3 Conn. App. 336 (Conn. App. 1985), citing, *Heitmuller v. Stokes*, 256 U.S. 359, 362-3, 41 S.Ct. 522, 523-24, 65 L.Ed. 990 (1921). The service which the Appellant had originally requested has been approved; there is no practical relief that can be afforded through an administrative hearing

DECISION

The Appellant's appeal is Dismissed as moot.

Swati Sehgal
Swati Sehgal
Hearing Officer

Cc: Patricia Ostroski, DSS Operations Manager, DSS, New Britain
Melissa Prisavage, Hearing Liaison, DSS, New Britain

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, 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.

