

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

██████████, 2022
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") informing him that his Supplemental Nutritional Assistance Program ("SNAP") benefits would be reduced from \$372.00 to \$163.00 effective ██████████, 2022.

On ██████████, 2021, the Appellant requested an administrative hearing to appeal the reduction of his SNAP.

On ██████████, 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative Hearing for ██████████ 2022.

On ██████████ 2022, 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 at the Appellant's request. The following individuals participated in the hearing:

████████████████████ Appellant
Javier Rivera, Department's representative
Joseph Alexander, Administrative Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly calculated the Appellant's SNAP effective [REDACTED] 2022.

FINDINGS OF FACT

1. On [REDACTED], 2021, the Appellant submitted an online application ("ONAP") requesting food assistance for himself and minor child [REDACTED] ("Minor Child"). (Department's Exhibit 4: ONAP)
2. On [REDACTED] 2021, the Department contacted the Appellant and conducted a telephone interview. The following information was reported to the Department during the interview: (Department's Exhibit 1: Case Notes, Department's Exhibit 4: ONAP)
 1. The Appellant resides with his minor child
 2. The Appellant and his minor child had recently moved from Massachusetts to Connecticut ([REDACTED]/21)
 3. The Appellant has a rental expense obligation totaling \$800.00 per month
 4. The Appellant has childcare expense obligation totaling \$52.00 per week through Care4Kids
 5. The Appellant is employed by [REDACTED] earning \$373.63 per week
 6. No member of the household is elderly or disabled
3. The Department determined the household met the expedited SNAP criteria and SNAP was approved effective [REDACTED] 2021, in the amount of \$372.00. (Department's Exhibit 1: Case Notes, Department's Exhibit 8: NOA)
4. On [REDACTED], 2021, the Department received a fax from Massachusetts Department of Transitional Assistance ("MDTA") regarding the minor child being active on and receiving SNAP benefits with a grandmother in Massachusetts. The fax requested the Department provide verification that the minor child was residing in Connecticut so the minor child's Massachusetts SNAP benefits could be discontinued. (Department's Exhibit 9: MDTA Fax)
5. On [REDACTED] 2021, the Appellant submitted a copy of a letter dated [REDACTED] 2021, addressed to him (CT address) from the MDTA regarding the discontinuance of his SNAP benefits effective [REDACTED] 2021, due to the Appellant, or a household member no longer residing in Massachusetts. (Department Exhibit 3: Letter from MDTA)
6. On [REDACTED], 2021, in response to the fax received from MDTA, the Department removed the minor child from the Appellant's SNAP benefits effective [REDACTED] 2022, causing the household's SNAP to be reduced to \$163.00 effective [REDACTED] 2022. (Department's Exhibit 1: Case Notes, Department's Exhibit 8: NOA)

7. On [REDACTED], 2022, the Department received an email from MDTA confirming the minor child's SNAP had been discontinued effective [REDACTED] and that no benefits were issued for the month of [REDACTED] 2022. (Department's Exhibit 10: MDTA Email)
8. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within [REDACTED] days of the request for an Administrative Hearing. The hearing request was received on [REDACTED] 2021 therefore, this decision is due no later than [REDACTED] 2022.

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:

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. Households which are categorically eligible are defined in §273.2(j)(2) or §273.2(j)(4) do not have to meet either the gross or net income eligibility standards. The net and gross income eligibility standards shall be based on the Federal income poverty levels established as provided in §673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).

3. 7 CFR § 273.2(f)(3)(i) & 7 CFR § 273.3(a) instructs the Department to contact the other state via the National Directory of State Contacts when an individual moves to Connecticut from another state in the last 90 days to confirm the following:

- ff the EDG had an active case,
- when the case stopped, and
- when benefits were last issued

Note: Confirm back to 1/1/2016 for ABAWDS if the individual may have received SNAP in another state.

Duplicate benefits cannot be issued for the same month

The Department correctly contacted the MDTA as the Appellant had reported both he and his child moved to CT within 90 days of the application submission date.

4. 7 CFR § 273.1(b)(1)(ii) states that, “Parents and their children 21 years of age and younger who live together must be in the same EDG (Eligibility Determination Group) even if the children have their own spouse or child who lives in the same household.”

Pursuant to SNAP policy, the Appellant’s household size is two.

The Department incorrectly removed the child from the household composition.

DISCUSSION

The issue of this hearing is the reduction of the Appellant’s SNAP due to the Department’s decision to remove the minor child from the EDG. Based on the Appellant’s testimony and the evidence presented by the Department the undersigned Hearing Officer has determined that it is more likely than not that the Appellant’s child resides with him at his CT address.

The Department provided the following exhibits which support the Appellant’s claim that his child is residing with him:

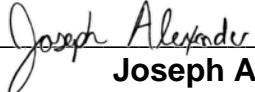
- **Exhibit 1: Case note dated [REDACTED] states, “HH is eligible for SNAP. SNAP granted [REDACTED] and ongoing.”**
- **Exhibit 2: Landlord Letter dated [REDACTED] 1 which states, “This is a letter of verification that [REDACTED] and [REDACTED] are currently residing at [REDACTED] [REDACTED]”**
- **Exhibit 2: Connecticut Residential Lease Agreement signed by landlord confirming Appellant and Appellant’s child reside at [REDACTED] [REDACTED] Connecticut**
- **Exhibit 8: NOA which lists \$52.00 per week daycare expense that the Department is allowing as a deduction**
- **Exhibit 10: Letter from MDTA confirming Massachusetts SNAP was closed effective [REDACTED] and no benefit was issued for the month of [REDACTED] 2022**

DECISION

The Appellant's appeal is **REMANDED** to the Department.

ORDER

1. The Department shall add the minor child back to the SNAP EDG effective [REDACTED] 2022.
2. The Department shall recalculate the SNAP benefit beginning [REDACTED] 2022, and issue a new Notice of Action based on the new SNAP calculation.
3. Compliance with this order is due to the undersigned by [REDACTED], 2022.



Joseph Alexander
Administrative Hearing Officer

CC: Musa Mohamud, Operations Manager, DSS, Manchester Regional Office
Javier Rivera, Administrative Hearing Liaison, DSS, Manchester 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.