

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 his 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 ██████████  
██████████

On ██████████, 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 via video connection to the Middletown Regional office.

The following individuals were present at the hearing:

██████████, Appellant  
Joseph Davey, 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 ██████████, the Appellant applied for SNAP benefits for a household of three. (*Exhibit 1: Case Notes, Exhibit 9: Document Search, Hearing Record*)
2. The Appellant's household consists of the Appellant, age ██████ (DOB ██████████), and his two children ██████████, age ██████ (DOB ██████████) and ██████████, age ██████ (DOB ██████████). (*Exhibit 7: W1E Application for Benefits, Appellant's Testimony*)
3. On ██████████, the Department reviewed the SNAP application and attempted to contact the Appellant by phone to conduct the interview. The Department was unable to reach the Appellant. (*Exhibit 1*)
4. On ██████████, the Department mailed the Appellant an Interview Notice. The Notice gave an Interview Due Date of ██████████, and a Denial Date of ██████████. The Notice further advised the Appellant to call the Department's Benefit Center to complete the interview or to set up a time for an in-office interview. The Notice stated, "Your application will be denied if you do not have your interview and send us all of the required proofs we asked for by the denial date." (*Exhibit 3: Interview Notice ██████████*)
5. On ██████████, the Department sent the Appellant a Proofs We Need form ("W1348") requesting the following information: proof of income from other sources, proof of checking account balance, proof of residency, proof of pension, and proof of savings account balance for ██████████ and proof of Social Security income for ██████████. The notice provided examples of acceptable documentation and gave a due date of ██████████. (*Exhibit 1, Exhibit 4: W1348 ██████████*)
6. The Appellant received the ██████████ ██████████, Interview Notice and W1348. (*Appellant's Testimony*)
7. Between ██████████, and January ██████████, the Appellant called the Department's Benefit Center several times and was unsuccessful in reaching a Department representative to complete the interview. (*Appellant's Testimony*)

8. On [REDACTED] [REDACTED] [REDACTED], the Appellant mailed documents to the Department. *(Appellant's Testimony)*
9. The Department did not receive the Appellant's [REDACTED] [REDACTED] [REDACTED] mailed documents. The Department conducted a search of its online document repository for the Appellant's verifications utilizing the Appellant's name, case number, and client identification number. *(Exhibit 9, Department's Testimony)*
10. The Department conducts SNAP interviews via telephone through its Benefit Center or by scheduling in-office and face-to-face appointments upon request. *(Department's Testimony)*
11. The Appellant spoke to a Department representative and was advised that he would need to schedule an in-office appointment to meet face-to-face with a Department representative. *(Appellant's Testimony)*
12. The Appellant did not request to schedule an in-office appointment to meet face-to-face. *(Appellant's Testimony)*
13. On [REDACTED], the Department sent the Appellant a Notice of Missed Interview and notified the Appellant that his SNAP application would be denied if he did not contact the Department to complete interview and submit the required proofs by [REDACTED]. *(Exhibit 5: Notice of Missed Interview [REDACTED])*
14. The SNAP eligibility interview was not completed. *(Hearing Record)*
15. On [REDACTED], the Department sent the Appellant a NOA denying the Appellant's application for SNAP benefits because he failed to complete the required interview and failed to return all the required proofs by the due date. *(Exhibit 6: NOA [REDACTED])*
16. The issuance of this decision is timely under Title 7 of the Code of Federal Regulations ("C.F.R") § 273.15(c)(1) which provides that within 60 days of receipt of a request for a fair hearing, the State agency shall assure that the hearing is conducted, a decision is reached, and the household and local agency is notified of the decision. The Appellant requested an administrative hearing on [REDACTED] [REDACTED] therefore, this decision is due no later than [REDACTED]. *(Hearing Record)*

### **CONCLUSIONS OF LAW**

1. Section 17b-2(7) 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 (“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.

**The Department correctly determined the application date of [REDACTED].**

3. 7 C.F.R. § 273.2(e)(1) provides in relevant part 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 interviewer must not simply review the information that appears on the application, but must explore and resolve with the household unclear and incomplete information.

7 C.F.R. § 273.2(e)(3) provides the State agency must schedule an interview for all applicant households who are not interviewed on the day they submit their applications. To the extent practicable, the State agency must schedule the interview to accommodate the needs of groups with special circumstances, including working households. The State agency must schedule all interviews as promptly as possible to insure eligible households receive an opportunity to participate within 30 days after the application is filed. The State agency must notify each household that misses its interview appointment that it missed the scheduled interview and that the household is responsible for rescheduling a missed interview. If the household contacts the State agency within the 30 day application processing period, the State agency must schedule a second interview. The State agency may not deny a household's application prior to the 30th day after application if the household fails to appear for the first scheduled interview. If the household requests a second interview during the 30-day application processing period and is determined eligible, the State agency must issue prorated benefits from the date of application.

**The Department correctly determined that the Appellant was required to complete an interview. The Department correctly attempted to complete a telephone interview after receiving the Appellant’s SNAP application and correctly issued an Interview Notice to the Appellant.**

**The Department correctly issued a Notice of Missed Interview to the Appellant on [REDACTED].**

4. 7 C.F.R. § 273.2(e)(2) provides the State agency may use 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.

7 C.F.R. § 273.2(e)(2)(i) provides State agencies must inform each applicant of the opportunity for a face-to-face interview at the time of application and recertification and grant a face-to-face interview to any household that requests one at any time, even if the State agency has elected the option to routinely provide telephone interviews.

**The Department correctly scheduled a telephone interview and correctly informed the Appellant of the option to schedule a face-to-face SNAP interview.**

5. 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.

7 C.F.R. § 273.2(f)(2)(i) provides in relevant part for verification of questionable information. The State agency shall verify, prior to certification of the household, all other factors of eligibility which the State agency determines are questionable and affect the household's eligibility and benefit level.

**The Department correctly determined the Appellant was required to verify his income and factors impacting eligibility.**

6. 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] requesting verifications needed to determine eligibility and correctly allowed 10 days for completion.**

7. 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 Appellant did not submit the required verification documents.**

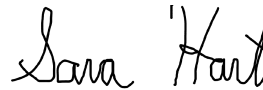
8. 7 C.F.R. § 273.2(g)(1) provides for the normal processing standard. The State agency shall provide eligible households that complete the initial application process an opportunity to participate as soon as possible, but no later than 30 calendar days following the date the application was filed.

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 and failed to complete the required interview by the 30<sup>th</sup> day processing standard.**

**DECISION**

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



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Sara Hart  
Hearing Officer

CC: Joseph Davey, Department Representative Middletown Regional Office  
Chris Filek, Department Representative Middletown Regional Office  
Brian Sexton, Operations Manager Middletown 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.