

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

██████████ 2022
Signature Confirmation

Client ID ██████████
Case ID ██████████
Request # 191848

ADMINISTRATIVE DISQUALIFICATION HEARING
NOTICE OF DECISION

PARTY

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REASON FOR HEARING

On ██████████, 2022, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) received a request for an Administrative Disqualification Hearing (“ADH”) from the Department of Social Services (“Department”) Investigations and Recoveries Division (“Investigations Unit”) seeking a ten (10) year disqualification of ██████████ (the “Defendant”) from participating in the Supplemental Nutrition Assistance Program (“SNAP”). The Department alleges the Defendant committed an Intentional Program Violation (“IPV”) by receiving concurrent SNAP benefits from Connecticut and ██████████ for the period ██████████ 2020 through ██████████ 2021. The Department also seeks to recover overpaid SNAP benefits of \$1,568.00.

On ██████████ ██████████ 2022, the OLCRAH mailed the Defendant a Notice of Administrative Hearing (“NoAH”) via United States Postal Service (“USPS”) certified mail informing the Defendant that the Department scheduled of an administrative disqualification hearing for ██████████ ██████████ 2022. The NoAH included notification of the Defendant’s rights in these proceedings and the Department’s hearing summary and evidence supporting the Department’s case against the Defendant.

On [REDACTED] [REDACTED] 2022, the Defendant received the NoAH, notification of his rights, the hearing summary, and supporting evidence as documented by the online USPS tracking confirmation verified by OLCRAH.

On [REDACTED] [REDACTED] 2022, OLCRAH conducted the ADH in accordance with section 17b-88 of the Connecticut General Statutes and Title 7 of the Code of Federal Regulations section 273.16, subsection (e).

The Defendant did not appear for the ADH on [REDACTED] [REDACTED] 2022. The Defendant did not show good cause for failure to appear on [REDACTED] [REDACTED] 2022.

The following individuals were present at the hearing:

Richard Yuskas, DSS Investigations Supervisor
Lisa Nyren, Fair Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Defendant committed an intentional program violation (“IPV”) of the SNAP and subject to a ten (10) year disqualification penalty under the SNAP.

A secondary issue to be decided is whether the Department’s proposal to pursue a SNAP overpayment claim for the period [REDACTED] 2020 through [REDACTED] 2021 in the amount of \$1,568.00 is correct.

FINDINGS OF FACT

1. For the period [REDACTED] [REDACTED] 2018 through [REDACTED] [REDACTED] 2021, the Defendant received benefits under the SNAP from the State of [REDACTED] (Exhibit 5: EBT History, Exhibit 7: [REDACTED] Eligibility Summary, and Exhibit 8: Email Chain)
2. Beginning [REDACTED] [REDACTED] 2018 through [REDACTED] [REDACTED] 2021, the Defendant accessed his SNAP benefits from the State of [REDACTED] making purchases in the states of [REDACTED] [REDACTED] [REDACTED] and [REDACTED] (Exhibit 5: EBT History)
3. On [REDACTED] [REDACTED] 2020, the Department received a W-1E Application for Benefits (“application”) from the Defendant requesting food assistance for himself under the SNAP. The Defendant reported his address as [REDACTED] [REDACTED] [REDACTED] where he rents a room paying \$150.00 per week/\$600.00 per month and pays for cable, electricity, and gas separately. The section Past Benefits on the application states, “Tell us about anyone in your household who has

received cash, medical or food help from Connecticut or other states in the last 90 days.” The Defendant left the Past Benefits section blank. The Defendant lists his source of income as \$1,200.00 SSI on the application. The Defendant signed the application on [REDACTED] 2020. By signing the application, the Defendant agreed to the following statement: “By signing, I agree that: I have read this form including the section about rights and responsibilities listed at the end of this application, or have had it read to me in a language that I understand, and that I must comply with these rules; the information I am giving is true and complete to the best of my knowledge, including all information about citizenship, alien and felon status; I could go to prison or be required to pay fines if I knowingly give wrong or incomplete information; and DSS and other federal, state, and local officials may verify (check) any information I give.” (Exhibit 2: W-1E Application for Benefits and Exhibit 3: Case Notes)

4. On [REDACTED] 2020, the Department completed an application interview with the Defendant by telephone. The Defendant informed the Department he moved from [REDACTED] to Connecticut the month prior and rents a room. When asked by the Department if he received benefits from another state within the last 90 days, the Defendant answered no. (Exhibit 3: Case Notes)
5. The Department accepted a W-1408S Landlord Verification form completed and signed by [REDACTED] [REDACTED] (“roommate”) on [REDACTED] 2020 listing the Defendant’s address as [REDACTED], [REDACTED] as proof of residency from the Defendant. Based on the form, the apartment is rented to the roommate where she lives with the Defendant. The roommate pays the rent of \$500 per month which includes heat. The roommate is not charged extra for heat or air conditioning. (Exhibit 13: W-1408S Landlord Verification Form)
6. On [REDACTED] 2020, the Department determined the Defendant eligible for benefits under the SNAP in the State of Connecticut and issued the Defendant benefits as listed in the chart below for the period starting [REDACTED] 2020 through [REDACTED] 2021. Total issued \$2,099.40. (Exhibit 3: Case Notes, Exhibit 4: Transaction Detailed Report, Exhibit 9: Benefit Issuance Search, and Exhibit 13: Email)

| Issue Date | Amount | Issue Date | Amount | Issue Date | Amount | Issue Date | Amount | Issue Date | Amount |
|------------|--------|------------|--------|------------|----------|------------|--------|------------|--------|
| [REDACTED] | \$47 | [REDACTED] | \$47 | [REDACTED] | \$47 | [REDACTED] | \$57 | [REDACTED] | \$57 |
| [REDACTED] | \$341 | [REDACTED] | \$147 | [REDACTED] | \$9.40 | [REDACTED] | \$147 | [REDACTED] | \$147 |
| | | | | [REDACTED] | \$147 | | | | |
| Total | \$388 | Total | \$194 | Total | \$203.40 | Total | \$204 | Total | \$204 |

| Issue Date | Amount | Issue Date | Amount | Issue Date | Amount | Issue Date | Amount |
|------------|--------|------------|--------|------------|--------|------------|--------|
| [REDACTED] | \$57 | [REDACTED] | \$50 | [REDACTED] | \$80 | [REDACTED] | \$80 |
| [REDACTED] | \$147 | [REDACTED] | \$184 | [REDACTED] | \$154 | [REDACTED] | \$154 |
| Total | \$204 | Total | \$234 | Total | \$234 | Total | \$234 |

7. During the pandemic, the Department issued emergency SNAP allotments to SNAP households increasing their calculated monthly allotment up to the maximum SNAP monthly allotment for a household of that size. Refer to Finding of Fact # 6. (Hearing Record)
8. Beginning [REDACTED] 2020 through [REDACTED] 2021, the Defendant accessed his SNAP benefits from the State of Connecticut making purchases in the states of [REDACTED] and [REDACTED] (Exhibit 4: Transaction Detailed Report)
9. Between [REDACTED] 2020 through [REDACTED] 2021, [REDACTED] issued the Defendant the following Food Assistance Program ("FAP") benefits as listed in the chart below. (Exhibit 5: EBT History, Exhibit 7: [REDACTED] Eligibility Summary, and Exhibit 8: Email Chain)

| Issue Date | Amount | Issue Date | Amount | Issue Date | Amount | Issue Date | Amount | Issue Date | Amount |
|------------|--------|------------|--------|------------|----------|------------|--------|------------|--------|
| [REDACTED] | \$16 | [REDACTED] | \$16 | [REDACTED] | \$16 | [REDACTED] | \$16 | [REDACTED] | \$16 |
| [REDACTED] | \$178 | [REDACTED] | \$178 | [REDACTED] | \$178 | [REDACTED] | \$178 | [REDACTED] | \$188 |
| Total | \$388 | Total | \$194 | Total | \$203.40 | Total | \$204 | Total | \$204 |

| Issue Date | Amount | Issue Date | Amount | Issue Date | Amount | Issue Date | Amount | Issue Date | Amount |
|------------|--------|------------|--------|------------|--------|------------|--------|------------|--------|
| [REDACTED] | \$16 | [REDACTED] | \$16 | [REDACTED] | \$16 | [REDACTED] | \$16 | [REDACTED] | \$16 |
| [REDACTED] | \$188 | [REDACTED] | \$188 | [REDACTED] | \$216 | [REDACTED] | \$2 | [REDACTED] | |
| | | | | [REDACTED] | \$2 | [REDACTED] | \$216 | | |
| Total | \$204 | Total | \$204 | Total | \$234 | Total | \$234 | Total | \$16 |

10. Beginning [REDACTED] 2018 through [REDACTED] 2021, the Defendant accessed his SNAP benefits from the State of [REDACTED] making purchases in the states of [REDACTED] and [REDACTED]. (Exhibit 4: Transaction Detailed Report)
11. On [REDACTED] 2021, the State of [REDACTED] Office of Inspector General ("Inspector General") informed the Department of a PARIS alert indicating the Defendant was receiving SNAP benefits in Connecticut while a recipient of [REDACTED] FAP and requested additional information from the Department. (Exhibit 8: Email Chain and Department Representative's Testimony)
12. A PARIS match is a national database which identifies recipients of public assistance who are receiving duplicate benefits from more than one state. (Department Representative's Testimony)
13. On [REDACTED] 2021, the Department confirmed the Defendant's active status under the SNAP in the State of Connecticut effective [REDACTED] 2020 with the Inspector General's Office. (Exhibit 8: Email Chain)
14. [REDACTED] closed the Defendant's FAP benefits effective [REDACTED] 2021. (Department Representative's Testimony and Exhibit 8: Email Chain)

15. On [REDACTED] [REDACTED] 2021, [REDACTED] imposed a SNAP 12-month disqualification penalty against the Defendant for application fraud beginning [REDACTED] [REDACTED] 2021. This is the Defendant's first offense. (Exhibit 11: e-DRS)

16. During the period [REDACTED] 2020 through [REDACTED] 2021, the Defendant completed eighty-one (81) transactions with his Connecticut EBT card. The Defendant completed forty-five (45) of these transactions in the State of [REDACTED]. The Defendant completed thirty-five (35) of these transactions in the State of Connecticut. The Defendant completed one (1) of these transactions in the State of [REDACTED]. (Exhibit 4: Transaction Detailed Report)

17. For the period [REDACTED] [REDACTED] 2020 through [REDACTED] [REDACTED] 2021, the Defendant completed fifty-two (52) transactions with his [REDACTED] EBT card. The Defendant completed thirty-four (34) of these transactions in the State of [REDACTED]. The Defendant completed fifteen (15) of these transactions in the State of Connecticut and three (3) of these transactions in the State of [REDACTED]. (Exhibit 5: EBT History)

18. During the period [REDACTED] 2020 through [REDACTED] 2021, the Defendant accessed both [REDACTED] and Connecticut food stamp assistance EBT accounts on the same dates in the states of Connecticut and [REDACTED]. Reference chart below. (Exhibit 4: Transaction Detailed Report, Exhibit 5: EBT History, and Department Representative's Testimony)

| CT EBT Date | CT EBT Time | Store | MI EBT Date | MI EBT Time | Store |
|-----------------|-------------|-------------|---------------|-------------|-------------|
| [REDACTED]/2020 | 3:25pm | [REDACTED] | [REDACTED]/20 | 3:25 pm | [REDACTED] |
| | | | [REDACTED]/20 | 2:48 pm | [REDACTED] |
| [REDACTED]/20 | 1:22 pm | [REDACTED] | [REDACTED]/20 | 4:50 pm | [REDACTED] |
| [REDACTED]/20 | 4:23 pm | [REDACTED] | | | |
| [REDACTED]/20 | 2:55 pm | [REDACTED] | [REDACTED]/20 | 1:06 pm | [REDACTED] |
| | | | [REDACTED]/20 | 1:54 pm | [REDACTED] |
| [REDACTED]/20 | 5:13 pm | [REDACTED] | [REDACTED]/20 | 7:42 pm | [REDACTED] |
| [REDACTED]/20 | 7:18 pm | [REDACTED]* | [REDACTED]/20 | 7:18 pm | [REDACTED]* |

| | | | | | |
|--------|----------|---------------------------|--------|----------|---------------------------|
| █/█/20 | 1:46 pm | ██████████ ██████████ | █/█/20 | 11:35 am | ██████████ ██████████ |
| █/█/20 | 4:28 pm | ██████████ ██████████* | █/█/20 | 4:28 pm | ██████████ ██████████* |
| █/█/20 | 10:36 am | ██████████ ██████████ | █/█/20 | 9:48 am | ██████████ ██████████ |
| █/█/20 | 12:54 pm | ██████████ ██████████ | █/█/20 | 2:41 pm | ██████████ ██████████ |
| █/█/20 | 2:17 pm | ██████████ ██████████ | █/█/20 | 6:24 pm | ██████████ ██████████ |
| █/█/20 | 10:49 am | ██████████ ██████████ | █/█/20 | 3:39 pm | ██████████ ██████████ |
| █/█/21 | 5:26 pm | ██████████ ██████████* | █/█/20 | 5:25 pm | ██████████ ██████████ |

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19. On █ █ 2022, the Department completed an investigation of suspected intentional program violation after receiving information that the Defendant received food stamp assistance from the State of █ and the State of Connecticut for the same period, █ 2020 through █ 2021. The Department determined the Defendant's failure to report receipt of food stamp assistance in another state on his █ █ 2020 application, his failure to disclose receipt of food stamp assistance in another state at the time of the application interview and receiving and accessing such benefits concurrently as intentional. The Department determined the Defendant committed an IPV under the SNAP because he received SNAP benefits from the State of █ and the State of █ at the same time while accessing such benefits from both states during the same period in various states which is not allowed under the SNAP. (Exhibit 6: Notice of Prehearing Interview and Waiver of Disqualification, Exhibit 12: Report of Suspected IPV Overpayment, and Department Representative's Testimony)

20. The Department determined the Defendant overpaid benefits under the SNAP and calculated the overpayment claim as \$1,568.00 for the period █ 2020 through █ 2021 because he received benefits from the State of █ while receiving benefits from the State of Connecticut at the same time. Under SNAP rules, recipients may not receive benefits from more than one state at the same time. The Department is pursuing a claim which includes the calculated SNAP allotment while excluding the

emergency allotments issued due to the public health pandemic. Refer to chart below and Finding of Facts (“FOF”) #6 and #9. (Department Representative’s Testimony and Exhibit 9: Benefit Issuance Search)

| | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| █ | █ | █ | █ | █ | █ | █ | █ | █ |
| \$341 | \$147 | \$147 | \$147 | \$147 | \$147 | \$184 | \$154 | \$154 |

21. On █ █ 2022, the Department issued a W-1448 Notice of Prehearing Interview Food Stamp Program (“W-1448”) to the Defendant. The W-1448 charged that the Defendant broke the SNAP rules by receiving and using SNAP benefits in both Connecticut and █ concurrently for the months █ 2020 through █ 2021. The Department scheduled an appointment for █ █ 2022 at 9 am through teleconference to speak with the Defendant to discuss the charges. (Exhibit 6: Notice of Prehearing Interview and Waiver of Disqualification)
22. On █ █ 2022, the Department issued a Waiver of Disqualification Hearing (“W-1449”) to the Defendant. The notice charges the Defendant with an IPV. The notice informs the Defendant of an overpayment claim totaling \$1,568.00 for the period █ 2020 through █ 2021, lists repayment options, and gives the Defendant options to voluntarily admit to the violation, voluntarily sign a waiver, or exercise his right to an administrative hearing. (Exhibit 6: Notice of Prehearing Interview and Waiver of Disqualification)
23. The Department did not receive any contact from the Defendant. The Department did not receive a signed W-1449 Waiver of Disqualification Hearing from the Defendant. (Department Representative’s Testimony)
24. On █ █ 2022, the OLCRAH received a request from the Department for an administrative disqualification hearing. Submitted with this request were the hearing summary and documents prepared by the Investigations Unit supporting their claim that the Defendant committed an IPV and is subject to a 10-year disqualification penalty under the SNAP. Additionally, the Department is seeking repayment of SNAP benefits for the period █ 2020 through █ 2021 totaling \$1,568.00. (Hearing Record)
25. The Department searched the Electronic Disqualified Recipient System (“eDRS”) by the Defendant’s first and last name, date of birth, and social security number and found the Defendant is under disqualification through the State of █ beginning █ █ 2021 for a 12 month penalty due to application fraud. (Exhibit 11: eDRS Query)
26. The Department seeks to disqualify the Defendant from participation in the SNAP for a period of ten (10) years due to an IPV because the Defendant

broke the rules governing SNAP. The Defendant received benefits from the State of Connecticut and the State of ██████ at the same time accessing his SNAP benefits from both states simultaneously. The Defendant failed to disclose receipt of benefits in the State of ██████ to the Department at time of his ██████ 2020 application. (Hearing Record)

27. The Department seeks to recover \$1,568.00 in overpaid SNAP benefits because the Defendant failed to follow the SNAP rules when he failed to report receipt of SNAP benefits from ██████ on the application document and at time of the application interview resulting in receipt of SNAP benefits from two states at the same time. (Hearing Record)
28. On ██████ 2022, the OLCRAH mailed the Defendant a Notice of Administrative Hearing (“NoAH”) informing the Defendant that the Department scheduled of an administrative disqualification hearing for ██████ 2022 via certified mail. The NoAH included notification of the Defendant’s rights in these proceedings and the Department’s hearing summary and evidence supporting the Department’s case against the Defendant. (Hearing Record)
29. On ██████ 2022, the Defendant received the NoAH, notification of his rights, the hearing summary, and supporting evidence as per copy of the USPS Online Tracking confirming the NoAH was delivered on ██████ 2022. (Hearing Record)
30. The issuance of this decision is timely under Title 7 Section 273.16(e)(2)(iv) of the Code of Federal Regulations, which requires that a decision be issued within 90 days of the notice of the initiation of the ADH process. On ██████ 2022, the OLCRAH mailed the Defendant notification of the initiation of the ADH process. Therefore, this decision is due not later than ██████ 2022.

CONCLUSIONS OF LAW

1. Section 17b-2(7) of the Connecticut General Statutes (Conn. Gen. Stat.) provides as follows:

The Department of Social Services is designated as the state agency for the administration of the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008.
2. Title 7 Section 272.4(e)(1) of the Code of Federal Regulation (“C.F.R.”) provides as follows:

Each state agency shall establish a system to assure that no individual participates more than once in a month, in more than one jurisdiction, or in more than one household within the State in SNAP. To identify such individuals, the system shall use names and social security numbers at a minimum, and other identifiers such as birth dates or addresses as appropriate.

The Department correctly initiated an investigation upon receipt of information from a PARIS match confirming the Defendant receiving benefits from another state.

3. State statute provides as follows:

If a beneficiary of assistance under the state supplement program, medical assistance program, aid to families with dependent children program, temporary family assistance program, state-administered general assistance program, food stamp program or supplemental nutrition assistance program receives any award or grant over the amount to which he is entitled under the laws governing eligibility, the Department of Social Services (1) shall immediately initiate recoupment action and shall consult with the Division of Criminal Justice to determine whether to refer such overpayment, with full supporting information, to the state police, to a prosecuting authority for prosecution or to the Attorney General for civil recovery, or (2) shall take such other action as conforms to federal regulations, including, but not limited to, conducting administrative disqualification hearings for cases involving alleged fraud in the food stamp program, supplemental nutrition assistance program, the aid to families with dependent children program, the temporary family assistance program or the state-administered general assistance program.

Conn. Gen. Stat. § 17b-88

Federal regulation provides as follows:

The State agency shall be responsible for investigating any case of alleged intentional Program violation, and ensuring that appropriate cases are acted upon either through administrative disqualification hearings or referral to a court of appropriate jurisdiction in accordance with the procedures outlined in this section. Administrative disqualification procedures or referral for prosecution action should be initiated by the State agency in cases in which the State agency has sufficient documentary evidence to substantiate that an individual has intentionally made one or more acts of intentional Program violation as defined in [paragraph \(c\)](#) of this section. If the State agency does not initiate administrative disqualification procedures or refer for prosecution a case involving an overissuance caused by a suspected act of intentional

Program violation, the State agency shall take action to collect the overissuance by establishing an inadvertent household error claim against the household in accordance with the procedures in [§ 273.18](#). The State agency should conduct administrative disqualification hearings in cases in which the State agency believes the facts of the individual case do not warrant civil or criminal prosecution through the appropriate court system, in cases previously referred for prosecution that were declined by the appropriate legal authority, and in previously referred cases where no action was taken within a reasonable period of time and the referral was formally withdrawn by the State agency. The State agency shall not initiate an administrative disqualification hearing against an accused individual whose case is currently being referred for prosecution or subsequent to any action taken against the accused individual by the prosecutor or court of appropriate jurisdiction, if the factual issues of the case arise out of the same, or related, circumstances. The State agency may initiate administrative disqualification procedures or refer a case for prosecution regardless of the current eligibility of the individual.

7 C.F.R. § 273.16(a)(1)

“The State agency shall conduct administrative disqualification hearings for individual accused of intentional Program violation in accordance with the requirements outlined in this section.” 7 C.F.R. § 273.16(e)

Federal regulation provides as follows:

The State agency shall base administrative disqualifications for intentional Program violations on the determinations of hearing authorities arrived at through administrative disqualification hearings in accordance with [paragraph \(e\)](#) of this section or on determinations reached by courts of appropriate jurisdiction in accordance with [paragraph \(g\)](#) of this section. However, any State agency has the option of allowing accused individuals either to waive their rights to administrative disqualification hearings in accordance with [paragraph \(f\)](#) of this section or to sign disqualification consent agreements for cases of deferred adjudication in accordance with [paragraph \(h\)](#) of this section. Any State agency which chooses either of these options may base administrative disqualifications for intentional Program violation on the waived right to an administrative disqualification hearing or on the signed disqualification consent agreement in cases of deferred adjudication.

7 C.F.R. § 273.16(a)(3)

The Department has the authority to conduct administrative disqualification hearings.

On [REDACTED] [REDACTED] 2022, the Department correctly conducted an ADH because the Department did not receive a signed W-1449 from the Defendant waiving his rights to an ADH.

4. Federal regulation provides as follows:

Intentional Program violations shall consist of having intentionally:

1. Made a false or misleading statement, or misrepresented, concealed or withheld facts; or
2. Committed any act that constitutes a violation of SNAP, SNAP regulations, or any State statute for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of SNAP benefits or EBT cards.

7 C.F.R. § 273.16(c)

“The hearing authority shall base the determination of intentional Program violation on clear and convincing evidence which demonstrates that the household member(s) committed, and intended to commit, intentional Program violation as defined in paragraph (c) of this section.” 7 C.F.R. § 273.16(e)(6)

“The hearing authority's decision shall specify the reasons for the decision, identify the supporting evidence, identify the pertinent FNS regulation, and respond to reasoned arguments made by the household member or representative.” 7 C.F.R. § 273.16(e)(7)

Federal regulation provides as follows:

A household shall live in the State in which it files an application for participation. The State agency may also require a household to file an application for participation in a specified project area (as defined in [§ 271.2 of this chapter](#)) or office within the State. No individual may participate as a member of more than one household or in more than one project area, in any month, unless an individual is a resident of a shelter for battered women and children as defined in [§ 271.2](#) and was a member of a household containing the person who had abused him or her. Residents of shelters for battered women and children shall be handled in accordance with [§ 273.11\(g\)](#). The State agency shall not impose any durational residency requirements. The State agency shall not require an otherwise eligible household to reside in a permanent dwelling or have a fixed mailing address as a condition of eligibility. Nor shall residency require an intent to reside permanently in the State or project area. Persons in a project area solely for vacation purposes shall not be considered residents.

7 C.F.R. § 273.3(a)

The Defendant's failure to disclose to the Department receipt of benefits from another state on his SNAP application and again during the SNAP application interview with the Department constitutes an IPV as defined 7 C.F.R. § 273.16(c) which states in pertinent part, "IPV's shall consist of having intentionally made a false or misleading statement, or misrepresented, concealed or withheld facts.

The Defendant concealed and withheld the fact he continued to receive benefits from the State of [REDACTED] at the time of application for benefits in the State of Connecticut which constitutes a violation under SNAP eligibility of 7 C.F.R. § 273.3(a) which states "No individual may participate as a member of more than one household or in more than one project area, in any month, unless an individual is a resident of a shelter for battered women and children as defined in § 271.2 and was a member of a household containing the person who had abused him or her." The hearing record is void of any evidence supporting the Defendant a resident of a shelter for battered women and children.

The Defendant intended to commit and committed an IPV when he accessed his SNAP benefits issued by Connecticut and [REDACTED] on multiple occasions between [REDACTED] 2020 and [REDACTED] 2021, using both his Connecticut and [REDACTED] EBT cards at the same stores, on the same dates, and at the same time as verified by both Connecticut and [REDACTED] transaction histories. Refer to FOF #18. The Defendant's use of such benefits from both states for EBT transactions during this period is evidence of intent. Months after his application for SNAP in the State of Connecticut, the Defendant continued to access [REDACTED] benefits in multiple states. Additionally, the Defendant continued to access Connecticut benefits in multiple states.

The hearing record establishes clear and convincing evidence which demonstrates that the Defendant committed and intended to commit an IPV as defined in 7 C.F.R. § 273.16(c).

5. Federal regulation provides as follows:

Pursuant to [§ 273.16\(i\)](#), information in the disqualified recipient database will be available for use by any State agency that executes a computer matching agreement with FNS. The State agency shall use the disqualified recipient database for the following purposes: Ascertain the

appropriate penalty to impose based on past disqualifications in a case under consideration. 7 C.F.R. § 273.2(f)(11)(i)(A)

The Department correctly determine the Defendant received his first disqualification penalty starting [REDACTED] 2021 for a penalty period of 12 months.

6. Federal regulation provides as follows:

If the hearing authority rules that the individual has committed an intentional Program violation, the household member must be disqualified in accordance with the disqualification periods and procedures in [paragraph \(b\)](#) of this section. The same act of intentional Program violation repeated over a period of time must not be separated so that separate penalties can be imposed.

7 C.F.R. § 273.16(e)(8)

Federal regulation provides as follows:

Individuals found to have committed an intentional Program violation either through an administrative disqualification hearing or by a Federal, State or local court, or who have signed either a waiver of right to an administrative disqualification hearing or a disqualification consent agreement in cases referred for prosecution, shall be ineligible to participate in the Program: For a period of twenty-four months upon the second occasion of any intentional Program violation, except as provided in [paragraphs \(b\)\(2\), \(b\)\(3\), \(b\)\(4\), and \(b\)\(5\)](#) of this section.

7 C.F.R. § 273.16(b)(1)(ii)

Federal regulation provides as follows:

Except as provided under [paragraph \(b\)\(1\)\(iii\)](#) of this section, an individual found to have made a fraudulent statement or representation with respect to the identity or place of residence of the individual in order to receive multiple SNAP benefits simultaneously shall be ineligible to participate in the Program for a period of 10 years.

7 C.F.R. § 273.16(b)(5)

The Department was correct to seek the disqualification of the Defendant from participating in the SNAP. However, the Department incorrectly determined the penalty period as 10-years. Based on the hearing record, whether the Defendant misrepresented his place of residency cannot be determined. The Defendant provided a landlord

verification form completed by his roommate as proof of Connecticut residency at time of application which the Department accepted as proof of residency. However, the Department's investigation failed to confirm Connecticut residency but rather raised questions as to the residency of the Defendant. During the period [REDACTED] 2020 through [REDACTED] 2021, the Defendant completed 81 transactions using his Connecticut EBT card: 45 transactions in [REDACTED], 35 transactions in Connecticut, and 1 transaction in [REDACTED]. During the period [REDACTED] 2020 through [REDACTED] 2021, the Defendant completed 52 transactions using his [REDACTED] EBT card: 34 transactions in [REDACTED], 15 transactions in Connecticut, and 3 transactions in [REDACTED]. Although federal regulations allow for interoperability of the EBT system, the Department failed to access other federal, state, or local agencies to validate the Defendant's statement of residency and corroborate the legitimacy of the landlord verification form during their investigation.

The appropriate penalty for duplicate participation by the Defendant in both [REDACTED] and Connecticut is 24-months as this is the Defendant's second violation of SNAP regulations resulting in an IPV.

7. "A recipient claim is an amount owed because of benefits that are overpaid." 7 C.F.R. § 273.18(a)(1)(i)

"This claim is a Federal debt subject to this and other regulations governing Federal debts. This State agency must establish and collect any claim by following these regulations." 7 C.F.R. § 273.18(a)(2)

"The following are responsible for paying a claim: Each person who was an adult member of the household when the overpayment or trafficking occurred." 7 C.F.R. § 273.18(a)(4)(i)

"There are three types of claims: An Intentional Program violation (IPV) claim is any claim for an overpayment or trafficking resulting from an individual committing an IPV. An IPV is defined in § 273.16." 7 C.F.R. § 273.18(b)(1)

Federal regulation provides as follows:

Calculating the claim amount – Claims not related to trafficking. As a State agency, you must calculate a claim back to at least twelve months prior to when you become aware of the overpayment and for an IPV claim, the claim must be calculated back to the month the act of IPV first occurred and for all claims, don't include any amounts that occurred more than six years before you became aware of the overpayment.

7 C.F.R. § 273.18(c)(1)(i)

“The actual steps for calculating a claim are you determine the correct amount of benefits for each month that a household received an overpayment.” 7 C.F.R. § 273.18(c)(1)(ii)(A)

Federal regulation provides in pertinent part:

The Administrator of the Food and Nutrition Service or Deputy Administrator for Family Nutrition Programs may authorize waivers to deviate from specific regulatory provisions. 7 C.F.R. § 272.3(c)(1)

United State Department of Agriculture (“USDA”) Food and Nutrition Service (“FNS”) November 10, 2021 memorandum titles Supplemental Nutrition Assistance Program (SNAP): Recipient Claims Administration Challenges as a Result of Responding to the COVID-19 Public Health Emergency provides clarification for existing SNAP regulatory flexibilities for establishing, managing, and disposing of claims providing for administrative options for States to improve claims management in response to the pandemic. FNS clarifies submission for an administrative waiver for pandemic-caused over-issuances excludes over-issuances due to an intentional Program violation (IPV).

The Department correctly determined the Defendant is responsible for making restitution after being found guilty of an IPV.

The Department is correct in seeking recoupment of any SNAP benefits issued to the Defendant for the period █████ 2020, the month of application and the month the Defendant committed the IPV, through █████ █████ 2021, the discontinuance of benefits.

The Department incorrectly determined the overpayment claim as \$1,568.00. The correct amount of the overpayment claim equals \$2,099.40, the total amount of SNAP including both regular monthly allotments issued by the Department at the beginning of the month and emergency allotments issued mid-month by the Department due to the public health emergency. Refer to FOF #6.

DECISION

Regarding whether the Defendant committed an IPV, the Defendant is found guilty and is subject to a disqualification penalty under the SNAP.

The appropriate penalty for the Defendant under SNAP regulations is ineligibility under the SNAP for a period of 24-months.

The Department's proposal to pursue an overpayment claim under the SNAP is granted.

The appropriate period of the claim begins [REDACTED] [REDACTED] 2020, the date of application and includes all benefits issued to the Defendant under the SNAP, including regular monthly allotments and emergency allotments due to the public health emergency, through [REDACTED] [REDACTED] 2021, the date of closure. The total overpayment equals \$2,099.40.

ORDER

1. The Department must adjust the overpayment claim from \$1,586.00 to \$2,099.40 for benefits beginning date of application [REDACTED] [REDACTED] 2020 through [REDACTED] [REDACTED] 2021.
2. Compliance is due 10-days from the date of this decision.

Lisa A. Nyren
Lisa A. Nyren
Fair Hearing Officer

CC: Tim Latifi, DSS
Robert Stewart, DSS
Richard Yuskas, DSS

RIGHT TO APPEAL

The defendant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision. 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 06105-3725. 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 her 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 defendant resides.