

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

████████████████████  
Signature Confirmation

Case ID # ██████████  
Client ID # ██████████  
Request # 200944

**NOTICE OF DECISION**

**PARTY**

████████████████████  
████████████████████  
████████████████████  
████████████████████

**PROCEDURAL BACKGROUND**

On ██████████, the Department of Social Services (the "Department") issued ██████████ (the "Appellant") a notice denying replacement of electronic benefits from the Supplemental Nutrition Assistance Program ("SNAP").

On ██████████, the Appellant requested an administrative hearing to request the replacement of stolen benefits from her Electronic Benefit Transfer ("EBT") account for the month of ██████████.

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, 17b-61, and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an in person administrative hearing. The following individuals participated in the hearing:

- ████████████████████, Appellant
- Kristin Krawetzky, Department's Associate Fiscal Administrative Officer
- Garfield White, Department's Witness
- Alisha Richardson, Department's Observer
- Zully Rodriguez, Interpreter
- Kristin Haggan, Fair Hearing Officer

## STATEMENT OF THE ISSUE

The issue is whether the Department correctly denied the Appellant's request for replacement SNAP benefits.

## FINDINGS OF FACT

1. On [REDACTED], the Department issued EBT card ending in [REDACTED] to the Appellant. (*Department's Testimony, Hearing Summary*)
2. The Appellant is the only person authorized to use the EBT card. (*Appellant's Testimony*)
3. To select or change a pin, the person selecting or requesting the change needs the EBT card number, Appellant's date of birth and last four digits of her social security number. (*Department's Associate Fiscal Administrative Officer's Testimony, Hearing Summary*)
4. On [REDACTED], someone other than the Appellant changed the Personal Identification Number ("PIN") for the EBT card ending in [REDACTED]. (*Exhibit 1: EBT Transaction History, Appellant's Testimony*)
5. On [REDACTED], someone other than the Appellant changed the PIN for the EBT card ending in [REDACTED] six times. (*Exhibit 1, Appellant's Testimony*)
6. On [REDACTED], someone other than the Appellant used the EBT card ending in [REDACTED] four times to make purchases. (*Exhibit 1, Appellant's Testimony*).
7. On [REDACTED], the Appellant attempted to change her PIN but was unable to do so because someone else had changed the PIN. (*Appellant's Testimony*)
8. On [REDACTED], at [REDACTED] PM, the Appellant called the EBT customer service line and spoke with a Fraud Representative. The Appellant reported that someone had stolen her EBT card. (*Appellant's Testimony, Department's Associate Fiscal Administrative Officer's Testimony, Exhibit 1*)
9. The Appellant filed a police report, and the police made an arrest. (*Appellant's Testimony, Exhibit A: Hartford Police Department document*)
10. There were no unauthorized purchases on the Appellant's EBT card ending in [REDACTED] between the time the Appellant reported the card stolen and the time the Department deactivated the card. (*Appellant's Testimony*)
11. On [REDACTED], the Department issued the Appellant a replacement EBT card which is currently active and has a SNAP balance of \$[REDACTED]. (*Appellant's Testimony*)

12. The Department issued the Appellant an Additional Security Passcode (“ASP”) to protect her benefits from future theft. (*Department’s Associate Fiscal Administrative Officer’s Testimony*)
13. On [REDACTED], the Department issued the Appellant a notice regarding the stolen benefits. The notice stated that the Department would not replace the alleged stolen SNAP benefits. (*Exhibit 3: Notice of the Client Initiated EBT SNAP Account Adjustment Request*)
14. 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 the agency shall issue a decision within 60 days of receipt of a request for a fair hearing. The Appellant requested an administrative hearing on [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 provides that 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.

**The Department has the authority to review the Appellant’s SNAP benefit replacement request and determine whether she meets the program’s eligibility requirements.**

2. 7 C.F.R. § 274.1 provides that (a) basic issuance requirements. State agencies shall establish issuance and accountability systems which ensure that only certified eligible households receive benefits; that Program benefits are timely distributed in the correct amounts; and that benefit issuance and reconciliation activities are properly conducted and accurately reported to FNS. (b) System classification. State agencies may issue benefits to households through any of the following systems: (1) An on-line Electronic Benefit Transfer (EBT) system in which Program benefits are stored in a central computer database and electronically accessed by households at the point of sale via reusable plastic cards. (2) An off-line EBT system in which benefit allotments can be stored on a card or in a card access device and used to purchase authorized items at a point-of-sale (POS) terminal without real-time authorization from a central processor.
3. 7 C.F.R § 274.2(f) provides for EBT cards and Personal Identification Numbers (PINs). (1) State agencies which issue EBT cards by mail shall, at a minimum, use first class mail and sturdy non forwarding envelopes or packages to send EBT cards to households. (2) The State agency shall permit SNAP households to select their PIN. (i) PIN assignment procedures shall be permitted in accordance with

industry standards as long as PIN selection is available to clients if they so desire and clients are informed of this option. (ii) If assigning a PIN by mail in conjunction with card issuance, State agencies shall mail the PIN separate from the card one business day after the card is mailed. 7 C.F.R § 274.2 (f)

**The Department correctly determined the Appellant's SNAP benefits were paid by means of EBT and accessed through a department-issued debit card.**

4. 7 C.F.R. § 273.17(a)(1) provides the State agency shall restore to households benefits which were lost whenever the loss was caused by an error by the State agency or by an administrative disqualification for intentional Program violation which was subsequently reversed as specified in paragraph (e) of this section, or if there is a statement elsewhere in the regulations specifically stating that the household is entitled to restoration of lost benefits. Furthermore, unless there is a statement elsewhere in the regulations that a household is entitled to lost benefits for a longer period, benefits shall be restored for not more than twelve months prior to whichever of the following occurred first: (i) The date the State agency receives a request for restoration from a household; or (ii) The date the State agency is notified or otherwise discovers that a loss to a household has occurred.

7 C.F.R. § 274.2(g)(2) provides for adjustments and provides a State agency shall make adjustments to an account to correct an auditable, out-of-balance settlement condition that occurs during the redemption process as a result of a system error. A system error is defined as an error resulting from a malfunction at any point in the redemption process: from the system host computer to the switch, to the third-party processors, to a store's host computer or POS device. These adjustments may occur after the availability date and may result in either a debit or credit to the household.

**The Department correctly determined the Appellant's SNAP benefits were correctly deposited into her EBT account and were not lost because of Departmental error or malfunction of the EBT system.**

5. 7 C.F.R § 274.6(b)(2) provides that an immediate hold shall be placed on accounts at the time notice is received from a household regarding the need for card or PIN replacement. The State agency shall implement a reporting system which is continually operative. Once a household reports that their EBT card has been lost or stolen, the State agency shall assume liability for benefits subsequently drawn from the account and replace any lost or stolen benefits to the household. The State agency or its agent shall maintain a record showing the date and time of all reports by households that their card is lost or stolen.

**The Department correctly determined it could not treat the Appellant's EBT issued SNAP benefits as stolen because someone used said benefits prior to the Appellant reporting the card as stolen and requesting a replacement card and deactivation of the stolen EBT card.**

The Department correctly denied the Appellant's request for replacement of SNAP benefits.

### DISCUSSION

There were no unauthorized SNAP benefits taken by someone other than the Appellant between the time the Department's designee received notice from the Appellant regarding the need for a card replacement and the time the Department's designee deactivated the Appellant's EBT card, therefore, the Appellant is not entitled to the replacement of benefits.

### DECISION

The Appellant's appeal is DENIED.

*Kristin Haggan*

---

Kristin Haggan  
Fair Hearing Officer

CC: Josephine Savastra, SSOM Hartford Regional Office  
Lindsey Collins, SSOM Hartford Regional Office  
Andrew Davis, Fiscal Administrative Manager, Division of Financial Services  
Kristin Krawetzky, Associate Fiscal Administrative Officer

### **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, law, and 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 the Department of Social Services, Director, Office of Legal Counsel, Regulations, and Administrative Hearings, 55 Farmington Avenue, Hartford, CT 06105.

### **RIGHT TO APPEAL**

The appellant has the right to appeal this decision to the 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 if 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 her designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and 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.