

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

██████████ 2023
Signature Confirmation

██████████
██████████
Request # 222777

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2023, the Department of Social Services (the "Department") sent ██████████ (the "Appellant"), a Notice of Action ("NOA") advising her that her Supplemental Nutrition Assistance Program ("SNAP") benefits would increase to \$535.00 effective ██████████ 2023.

On ██████████, 2023, the Appellant requested an administrative hearing to contest the effective date of the increase in SNAP benefits.

On ██████████ 2023, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2023.

On ██████████ 2023, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████, Appellant
Kenecia Brice, Department's Representative
Carla Hardy, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly increased the Appellant's SNAP benefit effective [REDACTED] 2023.

FINDINGS OF FACT

1. The Appellant's household consists of two members, the Appellant and her eight-month-old daughter. (Appellant's Testimony, Hearing Record)
2. On [REDACTED] 2023, the Appellant reported new employment with [REDACTED]. The Department verified her wages using The Work Number query system. The Appellant's SNAP benefits were reduced to \$23.00 monthly effective [REDACTED] 2023. (Hearing Record)
3. On [REDACTED] 2023, the Appellant's employment with [REDACTED] was terminated. (Exhibit 4: Letter from [REDACTED] [REDACTED] 23; Exhibit 6: Letter from [REDACTED] 23)
4. On [REDACTED] 2023, the Appellant contacted the Department's Benefit Center to report a change in income. Her job at [REDACTED] ended. The Department told the Appellant that they required a letter from her employer reporting the dates she was employed. She was instructed to upload her document to the Department's MyAccount. (Exhibit 9: Case Notes; Appellant's Testimony)
5. The hearing record is silent as to whether the Department issued a notice to the Appellant requesting verification of her employment. (Hearing Record)
6. On [REDACTED] 2023, the Appellant contacted the Benefit Center to get the status of her SNAP benefits because she had uploaded the letter from [REDACTED]. The Department notified the Appellant that they had not received the document yet. (Exhibit 9)
7. On [REDACTED] 2023, the Department received the Appellant's letter from [REDACTED]. The employer did not sign the letter but listed a telephone number to contact for additional questions. The Department did not call the employer on [REDACTED] 2023, because that document was not available for viewing in their computer system until a few days after [REDACTED] 2023. (Department's Testimony)
8. On [REDACTED] 2023, the Appellant went to the local Departmental office to check on the status of her SNAP. The Appellant was notified by the Department that they received the letter from her employer. However, the Department did not accept the letter as verification because it was not signed by the employer. The Appellant was instructed by the Department to get a new letter with the employer's signature. The Department did not call the number listed on the letter. (Hearing Record, Appellant's Testimony)

9. On [REDACTED] 2023, the Appellant submitted another letter from [REDACTED] that reported her employment terminated on [REDACTED] 2023. The employer signed this letter. (Exhibit 6: Letter from Employer, [REDACTED] 23)
10. On [REDACTED] 2023, the Department notified the Appellant that her SNAP benefits would increase to \$535.00 monthly effective [REDACTED] 2023. (Exhibit 8: NOA, [REDACTED] 23)
11. 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 hearing. The Appellant requested an administrative hearing on [REDACTED] 2023. Therefore, this decision is due no later than [REDACTED] 2023.

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.

The Department has the authority to administer the SNAP program.

2. Title 7 C.F.R. § 273.14(b)(4) provides that information provided by the household shall be verified in accordance with §273.2(f)(8)(i). The State agency shall provide the household a notice of required verifications provided in §273.2(c)(5) and notify the household of the date by which the verification requirements must be satisfied. The household must be allowed a minimum of 10 days to provide the required verification information. Any household whose eligibility is not determined by the end of its current certification period due to the time period allowed for submitting any missing verification shall receive an opportunity to participate, if eligible, within 5 working days after the household submits the missing verification and benefits cannot be prorated.

Title 7 C.F.R. § 273.2(f) provides that verification is the use of documentation or a contact with a third party to confirm the accuracy of statements or information. The State agency must give households at least 10 days to provide required verification. Paragraph (i)(4) of this section contains verification procedures for expedited service cases.

Title 7 C.F.R. § 273.2(f)(4)(i) provides that State agencies shall use documentary evidence as the primary source of verification for all items except residency and household size. These items may be verified either through readily available documentary evidence or through a collateral contact, without a requirement being imposed that documentary evidence must be the primary source of verification. Documentary evidence consists of a written confirmation of a household's circumstances. Examples of documentary evidence include wage stubs, rent receipts, and utility bills. Although documentary evidence shall be the primary source of verification, acceptable verification shall not be limited to any single type of document and may be obtained through the household or other source. Whenever documentary

evidence cannot be obtained or is insufficient to make a firm determination of eligibility or benefit level, the eligibility worker may require collateral contacts or home visits. For example, documentary evidence may be considered insufficient when the household presents pay stubs which do not represent an accurate picture of the household's income (such as out-dated pay stubs) or identification papers that appear to be falsified.

The Appellant's letter from her employer was current and did not appear to be falsified.

3. Title 7 C.F.R. § 273.2(h)(i)(C) provides for cases where verifications are incomplete, the State agency must have provided the household with a statement of required verification and offered to assist the household with 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 verification that was missing.

The Department did not provide the Appellant with a statement of required verification notifying her of what was required and the due date. to increase the SNAP benefit effective [REDACTED] 2023.

The Department verbally requested verification from the Appellant. The Department incorrectly determined that the Appellant did not submit that documentation within 10 days of their request.

4. Title 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 on the application and to resolve any questionable information. The State agency must assist the household in obtaining this verification provided the household is cooperating with the State agency as specified under paragraph (d)(1) of this section. Households may supply documentary evidence in person, through the mail, by facsimile or another electronic device, or through an authorized representative. The State agency must not require the household to present verification in person at the SNAP office. However, 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. However, the State agency has primary responsibility for verifying fleeing felon and parole or probation violator status in accordance with § 273.11(n)...

The Department incorrectly determined that the Appellant did not submit the information verbally requested by the Department when she supplied the letter from her employer.

5. Title 7 C.F.R. § 273.12(c) provides for the State agency action on changes. The State agency shall take prompt action on all changes to determine if the change affects the household's eligibility or allotment. However, the State agency has the option to disregard a reported change to an established deduction in accordance with paragraph (c)(4) of this section. If a household reports a change in income, and the new circumstance is expected to continue for at least one month beyond the month in

which the change is reported, the State agency may act on the change in accordance with paragraphs (c)(1) and (c)(2) of this section. The time frames in paragraphs (c)(1) and (c)(2) of this section apply to these actions. During the certification period, the State agency shall not act on changes in the medical expenses of households eligible for the medical expense deduction which it learns of from a source other than the household and which, in order to take action, require the State agency to contact the household for verification. The State agency shall only act on those changes in medical expenses that it learns about from a source other than the household if those changes are verified upon receipt and do not necessitate contact with the household. Even if there is no change in the allotment, the State agency shall document the reported change in the casefile, provide another change report form to the household, and notify the household of the receipt of the change report. If the reported change affects the household's eligibility or level of benefits, the adjustment shall also be reported to the household. The State agency shall also advise the household of additional verification requirements, if any, and state that failure to provide verification shall result in increased benefits reverting to the original allotment. The State agency shall document the date a change is reported, which shall be the date the State agency receives a report form or is advised of the change over the telephone or by a personal visit. Restoration of lost benefits shall be provided to any household if the State agency fails to take action on a change which increases benefits within the time limits specified in paragraph (c)(1) of this section.

Title 7 C.F.R. § 273.12(c)(1)(ii) provides for changes which result in an increase in a household's benefits due to the addition of a new household member who is not a member of another certified household, or due to a decrease of \$50 or more in the household's gross monthly income, the State agency shall make the change effective not later than the first allotment issued 10 days after the date the change was reported. However, in no event shall these changes take effect any later than the month following the month in which the change is reported. Therefore, if the change is reported after the 20th of a month and it is too late for the State agency to adjust the following month's allotment, the State agency shall issue a supplementary ATP or otherwise provide an opportunity for the household to obtain the increase in benefits by the 10th day of the following month, or the household's normal issuance cycle in that month, whichever is later. For example, a household reporting a \$100 decrease in income at any time during May would have its June allotment increased. If the household reported the change after the 20th of May and it was too late for the State agency to adjust the ATP normally issued on June 1, the State agency would issue a supplementary ATP for the amount of the increase by June 10.

Title 7 C.F.R. § 273.12(c)(iii) provides *the State agency may elect to verify changes which result in an increase in a household's benefits in accordance with the verification requirements of § 273.2(f)(8)(ii), prior to taking action on these changes. If the State agency elects this option, it must allow the household 10 days from the date the change is reported to provide verification required by § 273.2(f)(8)(ii). If the household provides verification within this period, the State shall take action on the changes within the timeframes specified in paragraphs (c)(1) (i) and (ii) of this section. The timeframes shall run from the date the change was reported, not from the date of verification. If, however, the household fails to provide the required verification within 10 days after the change is reported but does provide the verification at a later date, then the timeframes specified in paragraphs (c)(1) (i) and (ii) of this section for taking action on changes shall run from the date verification is provided rather than from the date the change is reported.* If the State agency does not elect this option, verification required by § 273.2(f)(8)(ii) must be obtained prior to the issuance of the second normal monthly allotment after the change is reported. If in these circumstances the household does not provide verification, the household's benefits will revert to the

original benefit level. Whenever a State agency increases a household's benefits to reflect a reported change and subsequent verification shows that the household was actually eligible for fewer benefits, the State agency shall establish a claim for the overissuance in accordance with § 273.18. In cases where the State agency has determined that a household has refused to cooperate as defined in § 273.2(d), the State agency shall terminate the household's eligibility following the notice of adverse action.

Title 7 C.F.R. § 273.2(f)(8)(ii) provides changes reported during the certification period shall be subject to the same verification procedures as apply at initial certification, except that the State agency shall not verify changes in income if the source has not changed and if the amount has changed by \$50 or less, unless the information is incomplete, inaccurate, inconsistent or outdated. The State agency shall also not verify total medical expenses or actual utility expenses which are unchanged or have changed by \$25 or less, unless the information is incomplete, inaccurate, inconsistent or outdated.

The Appellant verified her employment terminated effective [REDACTED] 2023.

On [REDACTED] 2023, the Department received verification that the Appellant's employment terminated on [REDACTED] 2023.

On [REDACTED] 2023, the Appellant provided an additional letter verifying the date her employment was terminated.

The Appellant verified her employment was terminated within 10 days of the Department's verbal request.

The Department did not reduce the Appellant's earnings for [REDACTED] 2023.

On [REDACTED] 2023, the Department incorrectly increased the Appellant's SNAP effective [REDACTED] 2023, instead of [REDACTED] 2023.

DISCUSSION

The Department verbally requested that the Appellant provide proof of the date she was terminated from her employer. The Appellant uploaded a letter to the Department's computer system on [REDACTED] 2023. Although the letter was not signed by the employer, the employer's phone number was imprinted on the letter. The Department did not call the employer on [REDACTED] 2023, because the document was not viewable in their system. Although the document was not viewable on [REDACTED] 2023, it was received by the Department on that day. Had the Department had access to view that document that day, they could have telephonically verified the Appellant's termination date. In addition, the Department did not notify the Appellant in writing what information it required and when it was due. However, the Appellant verified the termination date of her employment within 10 days of the Department's verbal request. The Department erred in its determination that the Appellant did not supply proof of her termination date within sufficient time.

DECISION

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

ORDER

1. The Department shall consider the Appellant's verification as received timely.
2. The Department shall review the Appellant's eligibility for a supplemental SNAP benefit for [REDACTED] 2023 and issue the supplement.
3. Compliance with this order shall be submitted to the undersigned no later than [REDACTED] 2023.

_____*Carla Hardy*_____

Carla Hardy
Hearing Officer

Pc: Josephine Savastra, Lindsey Collins, Mathew Kalarickal, David Mazzone, Operations Managers, Wilfredo Medina, Fair Hearing Liaison Supervisor, Tashima Bowe-Wilson, Kenecia Brice, FairHearing Liaisons, Department of Social Services, Greater Hartford Resource Center

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 060105-3725.

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 06105-3725. 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 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.