

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

██████████ 2024
Signature confirmation

Case: ██████████
Client: ██████████
Request: 229767

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2023, the Department of Social Services (the “Department”) issued a *Notice of Action* to ██████████ (the “Appellant”) granting her Supplemental Nutrition Assistance Program-Transitional Benefits Alternative (“SNAP-TBA”) for a household of five effective ██████████ 2024.

On ██████████, 2023, the Office of Legal Counsel, Regulations, and Administrative Hearings received the Appellant’s request for a SNAP hearing.

On ██████████ 2023, the OLCRAH scheduled an administrative hearing for ██████████ 2024.

On ██████████ 2024, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, and Section 273.15 (a) of Title 7 of the Code of Federal Regulations (“C.F.R.”), the OLCRAH held a hearing by telephone conferencing. The following individuals participated:

██████████, Appellant
Willie Roundtree, Department Representative
Eva Tar, Hearing Officer

The hearing record closed ██████████ 2024.

STATEMENT OF ISSUE

The issue is whether the Department correctly determined that the Appellant's household was eligible to receive SNAP-TBA benefits effective [REDACTED] 2024.

FINDINGS OF FACT

1. The Appellant's most recent standard SNAP certification period ran from [REDACTED] 2023 through [REDACTED], 2024. (Department Representative Testimony)
2. The Appellant lives with her four children, [REDACTED] ([REDACTED] years), [REDACTED] ([REDACTED] years), [REDACTED] ([REDACTED] years), and [REDACTED] h ([REDACTED] months). There are no other individuals residing in the Appellant's home. (Appellant Testimony)
3. The Appellant received TFA for her three older children; she did not receive TFA for her youngest child, who has a different father. (Department Representative Testimony)
4. In [REDACTED] 2023, the Department issued the Appellant \$930.00 in TFA and \$616.00 in standard SNAP benefits. (Dept. Exhibit 8)
5. In [REDACTED] 2023, the Appellant grossed \$2,398.70 in wages from her employer. (Appellant Exhibit B)
6. On [REDACTED] 2023, the Department terminated the Appellant's TFA effective [REDACTED] 2023. (Dept. Exhibit 3)
7. On [REDACTED] 2023, the Department issued a *Notice of Action* to the Appellant certifying the Appellant's household for \$895.00 per month in SNAP-TBA benefits from [REDACTED] 2024 through [REDACTED], 2024.
8. The [REDACTED], 2023 *Notice of Action* discussed the following: the SNAP-TBA program, the reason for granting SNAP-TBA, the SNAP-TBA certification period, the Appellant was not required to report changes to the Department during the SNAP-TBA certification period, and conditions for terminating SNAP-TBA benefits. (Dept. Exhibit 3)
9. On [REDACTED] 2024, the Department issued the Appellant \$895.00 in SNAP-TBA benefits. (Dept. Exhibit 8)
10. Title 7, Section 273.15 (c)(1) of the Code of Federal Regulations ("C.F.R.") provides: "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 are notified of the decision...." On [REDACTED] 2023, the OLCRAH received the Appellant's hearing request. This hearing decision would have become due by no later than [REDACTED] 2024. This final decision is timely.

CONCLUSIONS OF LAW

1. The Department is the state agency for the administration of the SNAP pursuant to the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008. Conn. Gen. Stat. § 17b-2.

The Department has the authority under State statute to administer the SNAP in Connecticut.

2. Title 7, Code of Federal Regulations (“C.F.R.”), Section 273.26 addresses the SNAP’s Transitional Benefits Alternative. Subsection (a)(1) provides: “The State agency may elect to provide transitional SNAP benefits to households whose participation in the following programs is ending: 1) TANF or State Maintenance of Effort (MOE) funded cash assistance programs, as authorized under part A of Title IV of the Social Security Act;”¹

The State of Connecticut elected to participate in the Federal SNAP Transitional Benefits Alternative for eligible households.

3. Title 7, Code of Federal Regulations, Section 273.27 (a) provides:
When a household leaves TANF, MOE, or a SFCA program, a State agency that has elected this option shall freeze the household's benefit allotment for up to 5 months after making an adjustment for the loss of TANF, MOE, or the SFCA. This is the household's transitional period. To provide the full transitional period, the State agency may extend the certification period for up to 5 months and may extend the household's certification period beyond the maximum periods specified in § 273.10 (f). Before initiating the transitional period, the State agency, without requiring additional information or verification from the household, must recalculate the household's SNAP benefit amount by removing the TANF payment, MOE payment, or the SFCA payment from the household's SNAP income....

7 C.F.R. § 273.27 (a).

The Department correctly determined that as the Appellant was no longer receiving TFA effective [REDACTED], 2023, her household was able to participate in the SNAP-TBA program.

4. “When a household leaves TANF, MOE, or SFCA program, the State agency at its option may end the household's existing certification period and assign the household a new certification period that conforms to the transitional period....” 7 C.F.R. § 273.27 (c).

The Department correctly determined that the Appellant’s SNAP-TBA award was subject to a five-month certification period from [REDACTED] 2024 through [REDACTED] 2024.

5. Title 7, Code of Federal Regulations, Section 273.29 provides:

¹ Program Information Bulletin 16-04 as issued on October 17, 2016 notifies SNAP eligibility staff that the Department has elected to participate in the SNAP TBA.

The State agency must issue a transitional notice (TN) to the household that includes the following information:

- (a) A statement informing the household that it will be receiving transitional benefits and the length of its transitional period;
- (b) A statement informing the household that it has the option of applying for recertification at any time during the transitional period. The household must be informed that if it does not apply for recertification during the transitional period, the State agency must, at the end of the transitional period, either reevaluate the household's SNAP case or require the household to undergo a recertification;
- (c) A statement that if the household returns to TANF, MOE, or SFCA program during its transitional benefit period, it will be asked to reapply for SNAP at the same time. However, if the household has been assigned a new certification period in accordance with § 273.27(c), the notice must inform the household that it must be recertified if it returns to TANF, MOE, or SFCA program during its transitional period;
- (d) A statement explaining any changes in the household's benefit amount due to the loss of TANF income, MOE income, or SFCA program income and/or changes in household circumstances learned from another State or Federal means-tested assistance program;
- (e) A statement informing the household that it is not required to report and provide verification for any changes in household circumstances until the deadline established in accordance with § 273.12(c)(3) or its recertification interview; and
- (f) A statement informing the household that the State agency will not act on changes that the household reports during the transitional period prior to the deadline specified in § 273.29(e) and that if the household experiences a decrease in income or an increase in expenses or household size prior to that deadline, the household should apply for recertification.

7 C.F.R. § 273.9.

The Department's [REDACTED] 2023 Notice of Action complies with the requirements of a transitional notice described at 7 C.F.R. § 273.9.

The Department correctly determined that the Appellant's household was eligible to receive SNAP-TBA benefits effective [REDACTED] 2024.

DECISION

The Appellant's appeal is DENIED.

Eva Tar-electronic signature
Eva Tar
Hearing Officer

cc: Willie Roundtree, DSS-New Haven
Patricia Martinez, DSS-New Haven
Sarah Chmielecki, DSS-New Haven
Tim Latifi, DSS-New Haven
Ralph Filek, DSS-New Haven

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 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 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 his 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.