

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

██████████ 2024
Signature Confirmation

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

NOTICE OF DECISION

PARTY

████████████████████
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PROCEDURAL BACKGROUND

On ██████████ 2023, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) discontinuing her Supplemental Nutritional Assistance Program (“SNAP”) benefits due to failure to provide information effective ██████████ 2023.

On ██████████ 2023, the Appellant requested an administrative hearing to contest the Department’s decision to discontinue her SNAP benefits.

On ██████████ 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the 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, OLCRAH held an administrative hearing.

The following individuals were present at the hearing:

████████████████████ Appellant
Christopher Filek, Department’s Representative
Alisha Laird, Fair Hearing Officer

The hearing record remained open to allow the Appellant and the Department to submit additional documentation. Documents were received from the Department

on [REDACTED] 2024, and [REDACTED] 2024. The Appellant did not submit any additional documentation. The hearing record closed on [REDACTED] 2024.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to discontinue the Appellant's SNAP benefits was correct.

FINDINGS OF FACT

1. The Appellant is [REDACTED] years old [DOB: [REDACTED]]. [REDACTED] (the "Child") is [REDACTED] years old [DOB: [REDACTED]] and [REDACTED] (the "LLR") is [REDACTED] years old [DOB: [REDACTED]]. (Hearing Record)
2. On [REDACTED] 2023, the Department's investigator determined that [REDACTED] resides with the Appellant at the following address: [REDACTED], CT [REDACTED] and is the child's legally liable relative ("LLR"). The investigator requested that the LLR be added to the Appellant's household. (Exhibit 2: Case note [REDACTED]/2023 and Hearing Record)
3. On [REDACTED] [REDACTED] 2023, the Department's investigator requested that income from the following employers be added to the Appellant's case record: [REDACTED] also known as [REDACTED] and [REDACTED] [REDACTED] (Exhibit 2: Case note [REDACTED]/2023)
4. On [REDACTED] 2023, the Department added the LLR to the Appellant's household and the Appellant's income from [REDACTED]. The Department issued a *W-3018 We Need More Information* ("W-3018") notice to the Appellant requesting she submit by [REDACTED] 2023, the following: the Appellant's last four paystubs from [REDACTED] a copy of the LLR's 2022 tax return including all schedules, and three signed and dated letters stating monetary assistance given to the LLR from [REDACTED] and [REDACTED]. The notice states, "If you do not give us the missing information by [REDACTED]/2024, your SNAP benefits will end." (Exhibit 3: W-3018)
5. On [REDACTED] 2023, the Appellant contacted the Department to inquire about the W-3018 notice. The Appellant informed the Department that the LLR is her landlord, she stated she and the LLR are divorced, their shared child is deceased and the LLR is not the father of the child. (Exhibit 2: Case note [REDACTED]/2023)
6. The Appellant did not provide the verifications requested on the W-3018 notice. (Appellant's Testimony)

7. On [REDACTED] 2023, the Department issued a NOA to the Appellant closing the SNAP as of [REDACTED] 2023, for failure to provide the information requested to continue her benefits. (Exhibit 4: NOA [REDACTED]/2023)
8. The issuance of this decision is timely under Title 7 of the Code of Federal Regulations § 273.15(c)(1) which states that a decision must be reached, and the household notified within 60 days of receipt of a request for a fair hearing. The Appellant requested an administrative hearing on [REDACTED], 2023. The hearing record remained open until [REDACTED] 2024; therefore, this decision is due no later than [REDACTED] 2024.

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 administering the Supplemental Nutrition Assistance Program pursuant to the Food and Nutrition Act of 2008.

The Department has the authority to determine whether a household meets the program eligibility requirements for SNAP.

2. Title 7 of the Code of Federal Regulations (“C.F.R.”) section 273.2(f) provides, in part, for verifications. 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.
3. 7 C.F.R. § 273.2(f)(5)(i) provides, in part, the household has primary responsibility for providing documentary evidence to support statements on the application and to resolve any questionable information.
4. 7 C.F.R. § 273.12(c)(3)(i) provides, in part, the State agency must pursue clarification and verification (if applicable) of household circumstances using the following procedure if unclear information received outside the periodic report is: Fewer than 60 days old relative to the current month of participation; and would, if accurate, have been required to be reported under the requirements that apply to the household under [273.12](#) based on the reporting system to which they have been assigned. Additionally, the State agency must pursue clarification and verification (if applicable) of household circumstances using the following procedure for any unclear information that appears to present significantly conflicting information from that used by the State agency at the time of certification. The procedures for unclear information regarding matches described in [§ 272.18 of this chapter](#) are found in [paragraph \(c\)\(3\)\(iv\)](#) of this section. (A)

The State agency shall issue a written request for contact (RFC) which clearly advises the household of the verification it must provide or the actions it must take to clarify its circumstances, which affords the household at least 10 days to respond and to clarify its circumstances, either by telephone or by correspondence, as the State agency directs, and which states the consequences if the household fails to respond to the RFC. (B) If the household does not respond to the RFC, or does respond but refuses to provide sufficient information to clarify its circumstances, the State agency must issue a notice of adverse action as described in [§ 273.13](#). The State has two options: (1) The State agency may elect to send a notice of adverse action that terminates the case, explains the reasons for the action, and advises the household of the need to submit a new application if it wishes to continue participating in the program.

The Department sent the Appellant a request for more information on [REDACTED], 2023. It allowed her ten days from the date of the initial request to provide the information that was needed to determine continued eligibility.

The Appellant failed to provide the requested verifications to the Department by the [REDACTED] 2023, due date.

The Department correctly closed the Appellant's SNAP benefits on [REDACTED] 2023, because the Appellant did not submit the required information by the [REDACTED] 2023, due date.

DISCUSSION

The Appellant stated she did not return the requested information to the Department because the LLR is not the father of the child. When asked why she did not submit the verifications about her income she stated she was confused about what she should do and proceeded to contact the Department. Per the Department's exhibit 2 case note dated [REDACTED]/2023, the Appellant informed the Department she would provide proof, but no verifications were received from the Appellant.

After, the hearing the Department's liaison received new information from the Department's investigator suggesting the Appellant and LLR are the grandparents of the child. The Appellant did not disclose this information during the hearing.

Despite the newfound information, the Appellant failed to verify her income per the W-3018 notice and therefore the denial is valid. The Appellant should continue to work with the Department to resolve the issue of her household composition.

DECISION

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

Alisha Laird

Alisha Laird
Fair Hearing Officer

CC: Brian Sexton, SSOM
Christopher Filek, Department's Representative

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.