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

SIGNATURE CONFIRMATION

Client ID # Case ID # Request # 232616

NOTICE OF DECISION

PARTY



PROCEDURAL BACKGROUND

On **Contract of Social Services (the "Department") sent** (the "Appellant") a Notice of Action ("NOA") denying her application for benefits under the Supplemental Nutritional Assistance Program ("SNAP").

On **Example 1**, the Appellant requested an administrative hearing to contest the Department's decision to deny her SNAP application.

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

On **an experiment**, the Department issued a notice rescheduling the administrative hearing for **a second second**

On **Example 1**, in accordance with sections 17b-60, 17-61 and 4-176e to 4-184 inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing at the Manchester Regional Office. The following individuals were present at the hearing:

, the Appellant , the Appellant's Mother and Witness , the Appellant's Authorized Representative, Javier Rivera, the Department's Representative Sara Hart, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether the Department's decision to deny the Appellant's SNAP application was correct.

FINDINGS OF FACT

- 1. On **Example 1**, the Appellant submitted a completed online SNAP application ("ONAP"). *(Exhibit 4: ONAP)*
- 2. The Appellant appointed **Constant as** her Authorized Representative ("AREP") on the ONAP. *(Exhibit 4)*
- 3. Under the *Programs Applying* section of the ONAP, the Appellant listed Food Assistance for **Exhibit**, **Exhibit**
- 4. The Appellant is years old (DOB _____). She resides with her mother, father _____ and ____year-old brother, _____ (*Exhibit 4, Appellant's Testimony*)
- 5. On **Example to the Department reviewed the Appellant's ONAP and** completed a telephone interview with the Appellant and her AREP. (Hearing Record, AREP's Testimony, Department's Testimony)
- 6. During the interview, the Department informed the Appellant that, because of her age, her parents and <u>■</u>-year-old sibling must be included in the SNAP eligibility determination. (*Exhibit 6: Case Notes, Department Testimony*)
- 7. The Appellant verbally withdrew her SNAP application during the SNAP telephone interview. *(Exhibit 6)*

- 8. On **Sector 1**, the Department issued a NOA to the Appellant denying her SNAP benefits for the following reasons: You asked to have your benefits stopped or to have your application withdrawn, no household members are eligible for this program, and does not meet program requirements. (Exhibit 5: NOA **Sector**)
- 9. The Appellant is not obligated to pay rent at her residence but is expected to provide her own separate meals. (Appellant's Testimony, Testimony)
- 10. The Appellant's parents do not wish to apply for SNAP benefits for their household. (Testimony)
- 11. The issuance of this decision is timely under Title 7 of Code of Federal Regulations § 273.15, which states that the Department must reach a decision and notify the household within 60 days of receipt of a request for a fair hearing. The Appellant requested an administrative hearing on ______, with this decision due ______, with this decision due ______, with this decision due _______. The administrative hearing was rescheduled at the Appellant's request, resulting in a twenty-one (21) day delay, therefore, this decision is due no later than ______.

CONCLUSIONS OF LAW

- 1. Section 17b-2(7) of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the SNAP program in accordance with federal law.
- 2. 7 C.F.R. § 273.2(c)(1)(iv) provides for recording the filing date. The date of application is the date the application is received by the State agency. State agencies must document the application date on the application. If the application is received outside normal business hours the State agency will consider the date of application the next business day. For online applications, the date of application is the date the application is submitted, or the next business day if it is submitted after business hours.

The Department correctly determined a SNAP application date of

3. 7 C.F.R. § 273.2(e)(1) provides in relevant part for interviews and states that except for households certified for longer than 12 months, and except as provided in paragraph (e)(2) of this section, households must have a face-to-face interview with an eligibility worker at initial certification and at least once every 12 months thereafter. The interviewer must not simply review the information that appears on the application, but must explore and resolve with the household unclear and incomplete information.

7 C.F.R. § 273.2(e)(2) provides the State agency may use a telephone interview instead of the face-to-face interview required in paragraph (e)(1) of this section for all applicant households, for specified categories of households, or on a case-by-case basis because of household hardship situations as determined by the State agency.

The Department correctly interviewed the Appellant on

4. 7 C.F.R. § 273.1(b)(1) provides for required household combinations. The following individuals who live with others must be considered as customarily purchasing food and preparing meals with the others, even if they do not do so, and thus must be included in the same household, unless otherwise specified. (i) Spouses; (ii) A person under 22 years of age who is living with his or her natural or adoptive parent(s)

Although the Appellant is responsible for providing her own separate meals while residing in her parent's home, because she is under 22 years of age, her parents must also be included in the SNAP eligibility determination. The Department correctly informed the Appellant of the required mandatory SNAP household composition during the SNAP interview on **Exercise**.

5. 7 C.F.R. § 273.2(c)(6) provides for application withdrawal. The household may voluntarily withdraw its application at any time prior to the determination of eligibility. The State agency shall document in the case file the reason for withdrawal, if any was stated by the household, and that contact was made with the household to confirm the withdrawal. The household shall be advised of its right to reapply at any time subsequent to a withdrawal.

The Appellant voluntarily withdrew her **examples of the second se**

6. 7 C.F.R. § 273.2(g)(1) provides for the normal processing standard. The State agency shall provide eligible households that complete the initial application process an opportunity to participate as soon as possible, but no later than 30 calendar days following the date the application was filed.

7 C.F.R. § 273.2(g)(3) provides for denying the application and states households that are found to be ineligible shall be sent a notice of denial as soon as possible but not later than 30 days following the date the application was filed.

The Department correctly issued a NOA to the Appellant on informing her of her ineligibility for the SNAP.

DECISION

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

Sara

Sara Hart Hearing Officer

CC:	

Javier Rivera, Department Representative, Manchester Regional Office Angelica Branfalt, Operations Manager, Manchester Regional Office

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 <u>specific</u> grounds for the request: for example, indicate <u>what</u> error of fact or law, <u>what</u> new evidence, or <u>what</u> 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.