

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: 235775

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2024, the Department of Social Services (the “Department”) issued a *Notice of Action* to ██████████ (the “Appellant”) terminating his Supplemental Nutrition Assistance Program (“SNAP”) benefits effective ██████████ 2024.

On ██████████, 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) received the Appellant’s hearing request.

On ██████████ 2024, the 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, and Section 273.15 (a) of Title 7 of the Code of Federal Regulations (“C.F.R.”), the OLCRAH held an administrative hearing by telephone conferencing. The following individuals participated:

██████████, Appellant
██████████, Appellant Witness (wife)
Quashondra Thomas, Department Representative
Eva Tar, Hearing Officer

The record closed ██████████, 2024.

STATEMENT OF ISSUE

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

FINDINGS OF FACT

1. The Appellant and the Appellant's witness are [REDACTED] years old and [REDACTED] years old, respectively. (Exhibit 2)
2. The Appellant resides at [REDACTED] (the "address") with the Appellant's witness, his wife. (Appellant Testimony) (Appellant Witness Testimony)
3. In [REDACTED] 2023, the Appellant was halfway through a SNAP certification period. (Exhibit 2)
4. On [REDACTED] 2023, the Department issued a pre-printed *Periodic Report Form* to the Appellant at his address and required that he submit the signed, completed form by [REDACTED] [REDACTED] 2024, or the Department would terminate the Appellant's SNAP benefits effective [REDACTED] [REDACTED] 2024. (Exhibit 2)
5. The preprinted portions of the *Periodic Report Form* identified the Appellant as having earnings of \$115.40 per month; no other income was identified on the form. (Exhibit 2)
6. On [REDACTED] 2023, the Appellant signed the *Periodic Report Form's* first page, and marked the entry on the same page that designated "no changes." (Appellant Witness Testimony)
7. A day or two after [REDACTED], 2023, the Appellant's witness handed the signed *Periodic Report Form* to a postal employee. The Appellant's witness cannot recall whether she handed it to a postal employee who was delivering mail to the Appellant's address or if she handed to a postal employee at the post office. (Appellant Witness Testimony)
8. As of [REDACTED], 2024, the Department had not received the Appellant's signed *Periodic Report Form*. (Exhibit 3)
9. On [REDACTED], 2024, the Department issued a *Warning Notice* to the Appellant at his address noting that the Appellant's SNAP benefits would terminate effective [REDACTED], 2024 if he did not return a completed *Periodic Report Form* by [REDACTED], 2024. (Exhibit 4)
10. On [REDACTED] 2024, the Department issued a *Notice of Action* terminating the Appellant's SNAP benefits effective [REDACTED] 2024. (Exhibit 5)
11. As of [REDACTED] 2024, the Department still had not received the Appellant's signed and completed *Periodic Report Form*. (Exhibits 7 and 8)
12. As of [REDACTED], 2024, the Appellant had not submitted a second or new *Periodic Report Form* to the Department. (Hearing record)

13. 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 ██████████ 2024, the OLCRAH received the Appellant’s hearing request. This hearing decision would have become due by no later than ██████████ 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. “Periodic Report. Exempt households. The State agency must not require the submission of periodic reports by households certified for 12 months or less in which all adult members are elderly or have a disability with no earned income.” 7 C.F.R. § 273.12(a)(5)(iii)(A).

The Appellant’s household is subject to the SNAP’s periodic report requirement, as all members of the household are not elderly or have a disability with no reported earned income in a prior period.

3. Title 7, Code of Federal Regulations (“C.F.R.”) § 273.12 (a)(5)(iii)(B) provides for the submission of periodic reports by non-exempt households. This subsection notes:
Households that are certified for longer than 6 months, except those households described in § 273.12(a)(5)(iii)(A), must file a periodic report between 4 months and 6 months, as required by the State agency. ... In selecting a due date for the periodic report, the State agency must provide itself sufficient time to process reports so that households that have reported changes that will reduce or terminate benefits will receive adequate notice of action on the report in the first month of the new reporting period.
7 C.F.R. § 273.12 (a)(5)(iii)(B).

Federal regulations governing the SNAP required the Appellant to file a periodic report during his certification period as a condition of participation in the SNAP.

4. Title 7, Code of Federal Regulations section 273.12 (a)(5)(iii)(E) provides:
If a household fails to file a complete report by the specified filing date, the State agency shall provide the household with a reminder notice advising the household that it has 10 days from the date the State agency mails the notice to file a complete report. If an eligible household files a complete periodic report during this 10 day period, the State agency shall provide it with an opportunity to participate no later than ten days after its normal issuance date. If the household does not respond to the reminder notice, the household's participation shall be terminated and the State agency must

send an adequate notice of termination described in paragraph (a)(5)(iii)(C) of this section.

7 C.F.R. § 273.12 (a)(5)(iii)(E).

The Department's [REDACTED] 2024 *Warning Notice* met the criteria specified at 7 C.F.R. § 273.12 (a)(5)(iii)(E) for a reminder notice, as it advised the Appellant that he had 10 days to submit a completed *Periodic Report Form* and warned him that failing to do so would cause his SNAP benefits to terminate effective [REDACTED], 2024.

The Department correctly determined that the Appellant's household was ineligible to receive SNAP benefits effective [REDACTED], 2024, as he failed to complete a mandatory eligibility requirement by the Department's deadline.

DECISION

The Appellant's appeal is DENIED.

Eva Tar - electronic signature

Eva Tar

Hearing Officer

Cc: Quashondra Thomas, DSS-Bridgeport
Annjerry Garcia, DSS-Bridgeport
Robert Stewart, DSS-Bridgeport
Jamel Hilliard, DSS-Bridgeport

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.