

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

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

Case ID # ██████████
Client ID # ██████████
Request # 237205

NOTICE OF DECISION

PARTY

██████████
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PROCEDURAL BACKGROUND

On ██████████ 2024, the Department of Social Services (the “Department”) sent ██████████ the “Appellant”) a Notice of Action (“NOA”) discontinuing her Supplemental Nutritional Assistance Program (“SNAP”) benefits.

On ██████████, 2024, the Appellant requested an administrative hearing to contest the Department’s decision to discontinue such 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.

The following individuals were present at the hearing:

██████████, Appellant
Daphne Harris, Department’s Representative
Scott Zuckerman, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department's decision to discontinue the Appellant's SNAP benefits effective [REDACTED] 2024, is correct.

FINDINGS OF FACT

1. On [REDACTED], 2020, the Appellant was interviewed by the Department's investigation unit to determine if the Appellant's children's father, [REDACTED] the legally liable relative ("LLR") was living in the Appellant's home. The LLR's address listed with the DMV was the same as the Appellant's. The Department sent the Appellant a W-1348, verification we need requesting the LLR's income. The Department indicated that if the information was not provided within ten days the case should be discontinued. (Exhibit 1: Case Notes)
2. On [REDACTED], 2020, the Department received a photo ID for [REDACTED], and no action was taken on the case. (Exhibit 1)
3. On [REDACTED] 2024, the Appellant submitted her Periodic Review Form ("PRF") to the Department. The Appellant indicated she is no longer working at [REDACTED]. (Exhibit 1: PRF, [REDACTED]/24)
4. On [REDACTED] 2024, the Department sent the Appellant a W-3018, We Need More Information. The Department requested a copy of her lease, proof of how rent is paid with \$0.00 income, and a letter from [REDACTED] indicating the last date of work and pay date. The Department requested the information no later than [REDACTED], 2024. (Exhibit 2: W-3018, [REDACTED]/24)
5. On [REDACTED] 2024, the Department sent a referral to investigations as the household composition issue from [REDACTED] 2020 was unresolved. The LLR was not added to the Household in 2020. The work number has the LLR living in [REDACTED]. (Hearing Summary and Exhibit 1)
6. On [REDACTED] 2024, the Appellant provided a letter from [REDACTED] indicating she has been out of work due to injury since [REDACTED] 2024, with a return to work date of [REDACTED] 2024. (Exhibit 3: Letter from [REDACTED] dated [REDACTED] 24)
7. On [REDACTED] 2024, the Department sent the Appellant an NOA. The notice stated the Appellant's SNAP benefits would close effective [REDACTED] 2024, because she, "Did not give us the information needed to continue your benefits." (Exhibit 6: NOA, [REDACTED]/24)

8. There is no current Connecticut address listed on the CT DMV interface for [REDACTED]. (Department's testimony)
9. There is no evidence that any letters were sent to the Appellant regarding a DSS investigations home visit. (Department's testimony)
10. There was no evidence provided to substantiate that the LLR resides with the Appellant. (Hearing Record)
11. On [REDACTED] 2024, the Appellant provided a copy of her lease. (Department's representative)
12. On [REDACTED] 2024, the Appellant provided a letter from the her mother verifying she is paying the rent for the Appellant. (Department's testimony)
13. As of the date of the hearing, all verifications have been received. (Department's testimony)
14. 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 fair hearing. The Appellant requested an administrative hearing on [REDACTED] 2024. Therefore, this decision is due not later than [REDACTED] 2024, and is therefore timely. (Hearing Record)

CONCLUSIONS OF LAW

1. Connecticut General Statutes § 17b-2 provides that the Department of Social Services is designated as the state agency for the administration of (7) the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008.

The Department has the authority to periodically review the Appellant's SNAP and determine whether her household meets the program's eligibility requirements.

2. 7 CFR 273.1(a) provides for general household definition and states a household is composed of one of the following individuals or groups of individuals, unless otherwise specified in paragraph (b) of this section:
 - (1) An individual living alone.
 - (2) An individual living with others, but customarily purchasing food and preparing meals for home consumption separate and apart from others; or

(3) A group of individuals who live together and customarily purchase food and prepare meals together for home consumption.

The Appellant's household consists of herself and her two children.

3. 7 CFR 273.1(c) provides for Unregulated situations. For situations that are not clearly addressed by the provisions of paragraphs (a) and (b) of this section, the State agency may apply its own policy for determining when an individual is a separate household or a member of another household if the policy is applied fairly, equitably and consistently throughout the State.

The Department incorrectly required the Appellant to cooperate with an investigation into her household composition as a condition of continued eligibility, due to an incomplete investigation from [REDACTED] 2020.

4. Title 7 of the Code of Federal Regulations ("C.F.R.") § 273.12(a)(5)(iii)(B) provides that submission of periodic reports by non-exempt households. 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. Households in which all adult members are elderly or have a disability with no earned income and are certified for periods lasting between 13 months and 24 months must file a periodic report once a year. 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.

The Department received the Appellant's signed Periodic Report on [REDACTED] 2024.

5. 7 C.F.R. 273.12(a)(5)(iii)(C) provides that the periodic report form must request from the household information on any changes in circumstances in accordance with paragraphs (a)(1)(i) through (a)(1)(vii) of this section and conform to the requirement.
6. 7 CFR 273.12(c)(3)(i)(A) provides that 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.

7. 7 CFR 273.12(c)(3)(i)(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; or

(2) Alternatively, the State agency may elect to issue a notice of adverse action that suspends the household for 1 month before the termination becomes effective, explains the reasons for the action, and advises the household of the need to submit new information if it wishes to continue participating. If the household responds satisfactorily to the RFC during the period of suspension, the State agency must reinstate the household without requiring a new application, issue the allotment for the month of suspension and, if necessary, adjust the household's participation with a new notice of adverse action.

The Department correctly sent the Appellant a We Need More Information form on [REDACTED] 2024, requesting verifications of changes and afforded the Appellant 10 days to respond.

The Department correctly discontinued the Appellant's SNAP effective [REDACTED] 2024, when she did not provide the Department with the information requested by the due date of [REDACTED] 2024.

The Department incorrectly determined that an investigation into the Appellant's household composition was required before the Appellant's SNAP could be reinstated.

DISCUSSION

The Department's decision was correct to discontinue the Appellant's household's SNAP benefits effective [REDACTED] 2024, when she did not verify how she was paying her rent without any income by [REDACTED] 2024.

The Department's representative testified that they did receive a letter from the Appellant's mother as of the date of the hearing, indicating that her mother is paying her rent. The Department testified that all the requested information was provided, but the Appellant's case could not be reinstated due to an outstanding investigation.

The Department testified that as of the date of the hearing, a Department of Motor Vehicle Inquiry was negative for the LLR living at the Appellant's address.

There was no other substantive evidence to support the Department's claim that the LLR resided in the household and this should not be a factor in reinstating her benefits.

DECISION

The Appellant's appeal is **DENIED in part and GRANTED in part.**

ORDER

1. Provided all eligibility factors are met, the Department will reinstate the Appellant's SNAP benefits effective [REDACTED] 2024.
2. The Department will not require an investigation into household composition as a condition of eligibility.
3. Compliance is due to the undersigned no later than, [REDACTED] 2024.

Scott Zuckerman
Scott Zuckerman
Hearing Officer

Pc: Shahar Thadal, Operations Manager, DSS, Stamford Office
Daphne Harris, Fair Hearing Liaison, DSS, Stamford 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 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.