

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

██████████
Signature Confirmation

Case ID # ██████████
CL ID # ██████████
Hearing Request # 242025

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying benefits under the Supplemental Nutrition Assistance Program effective ██████████

On ██████████ the Appellant requested an administrative hearing to contest the Departments’ decision to deny such benefits.

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

On ██████████ 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 participated in the hearing:

██████████ the Appellant
Robyn Hudson – Shehu, Department’s Representative
Carmen Ferrer, Department’s Representative (Telephonically)
Shawn P. Hardy, Hearing Officer

The Appellant declined the use of Spanish translation services.

STATEMENT OF THE ISSUE

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

FINDINGS OF FACT

1. On [REDACTED] the Department received a W-1ES application from the Appellant requesting benefits under the SNAP for an assistance unit of one. (Hearing Record, Exhibit 2: W-1ES)
2. The Appellant is [REDACTED] years old (D.O.B. [REDACTED]). (Exhibit 2: W-1ES, Appellant's Testimony)
3. The Appellant entered the United States from the country of [REDACTED] on [REDACTED] (Hearing record, Appellant's Testimony)
4. The Appellant indicated her Citizenship Status as "Other Non – Citizen" on the W-1ES. (Hearing Record, Exhibit 2)
5. On [REDACTED] the Department sent the Appellant a W-1348 Proofs We Need requesting proof of income, citizenship status, last day work and or proof of loss of employment. The requested information was due by [REDACTED] (Hearing Summary, Exhibit 3: W-1348 Proofs We Need [REDACTED])
6. The Appellant does not have a sponsor. (Appellant's Testimony)
7. The Appellant was not admitted to the United States as an asylee, refugee, or as a victim of trafficking, extreme cruelty or battery by a spouse or parent, or a member of the spouse's or parent's family. (Appellant's Testimony)
8. On [REDACTED] the Appellant provided a copy of her passport, B2 Visa card, social security card, and immigration card valid until [REDACTED] (Hearing Summary)
9. The Social Security card reflects "Valid for work only with DHS authorization." (Exhibit: 1 Demographic information)
10. The B2 Visa is temporary, it allows the Appellant to be admitted to the United States for tourism, medical treatment, or visiting friends or relative. (Hearing Summary, Department's Testimony)
11. The Appellant provided a copy of a United States of America Employment Authorization card which is valid from [REDACTED] (Exhibit 7: Employment Authorization card)

12. On [REDACTED] the Department sent the Appellant a notice denying the [REDACTED] application for SNAP benefits because “No household members are eligible for this program.” “Does not meet program requirements” “Does not meet the requirements to qualify as an eligible non-citizen”. (Exhibit 6: Notice of Action)
13. The issuance of this decision is timely under Title 7 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 hearing. The Appellant requested an administrative hearing on [REDACTED]. Therefore, this decision is due not later than [REDACTED] and is therefore timely.

CONCLUSIONS OF LAW

1. Section 17b-2 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. Title 7 CFR § 273.4 provides for household members meeting citizenship or alien status requirements.
3. Title 7 CFR § 273.4 (a)(6) provides that no person is eligible to participate in the Program unless that person is: An individual who is both a qualified alien as defined in paragraph (a)(6)(i) and an eligible alien as defined in paragraph (a)(6)(ii) or (a)(6)(iii).
4. Title 7 CFR § 273.4 (a)(6) provides for individuals who are both qualified aliens and eligible aliens.
5. Title 7 CFR § 273.4(a)(6)(iii) provides that the following qualified aliens, as defined in paragraph (a)(6)(i) of this section, must be in a qualified status for 5 years before being eligible to receive food stamps. The 5 years in qualified status may be either consecutive or nonconsecutive. Temporary absences of less than 6 months from the United States with no intention of abandoning U.S. residency do not terminate or interrupt the individual’s period of U.S. residency. If the resident is absent for more than 6 months, the agency shall presume that U.S. residency was interrupted unless the alien presents evidence of his or her intent to resume U.S. residency. In determining whether an alien with an interrupted period of U.S. residency has resided in the United States for 5 years, the agency shall consider all months of residency in the United States, including any month of residency before the interruption:

The Appellant did not file a Green Card application with United States Citizenship and Immigration Services to become a Legal Permanent Resident.

The Department correctly denied the Appellant's application for SNAP because the Appellant does not meet the qualified non-citizenship criteria under SNAP regulations. Although the Appellant has authorization for employment from DHS, this does not meet the stringent immigration status outlined under Title 7 section 273.4 of the Code of Federal Regulations.

DISCUSSION

The Appellant was admitted to the United States in [REDACTED] on a B2 Visa. This allowed the Appellant entry to the US on a temporary basis. The Appellant received employment authorization from the Department of Homeland Security and was issued a Social Security Card valid for employment only. The Appellant acknowledged that she is not a US Citizen or a Legal Permanent Resident and has not attempted to seek either status since her arrival to the United States in [REDACTED]

DECISION

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

Shawn P. Hardy

Shawn P. Hardy
Hearing Officer

Cc: Shahar Thadal, Operations Manager, Stamford, CT, Resource Center
Carmen Ferrer, Hearing Liaison, Stamford, CT, Resource Center

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 060105-3725.

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, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105-3725. 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.