

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 # 242654

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") notifying her of an increase in her benefits under the Supplemental Nutrition Assistance Program ("SNAP") from \$ ██████████ to \$ ██████████ effective ██████████.

On ██████████, the Appellant requested an administrative hearing to contest the ██████████, effective date of an increase in her SNAP benefits as determined by the Department.

On ██████████, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the 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 via teleconference at the Appellant's request.

The following individuals called in for the hearing:

██████████, Appellant  
Valerie Wormley-Radford, Department Representative  
Shawn P. Hardy, Fair Hearing Officer

The record remained open through [REDACTED], for the submission of additional evidence by the Department. On [REDACTED], the record closed.

### **STATEMENT OF THE ISSUE**

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

### **FINDINGS OF FACT**

1. The Appellant receives benefits under the SNAP for a household of three: the Appellant, her daughter [REDACTED] and son [REDACTED] (Stipulated)
2. On [REDACTED], the Department certified the Appellant's household of three under the SNAP for 12 months, [REDACTED], through [REDACTED]. (Department Representative Testimony and Exhibit 6: Federal SNAP – Income Test)
3. On [REDACTED], the Appellant received \$ [REDACTED] under the SNAP for a household of three: herself, daughter, and son. (Exhibit 6: Benefit Issuance Search)
4. On [REDACTED], the Appellant submitted an online Periodic Report Form (PRF) reporting income from [REDACTED]. The Appellant reported no changes on the "PRF". (Hearing Summary, Exhibit 1: Online Periodic Report Form [REDACTED])
5. On [REDACTED], the Appellant telephoned the Department and reported she lost employment with [REDACTED] on [REDACTED]. The Department informed the Appellant she would need to submit a last day of work letter from the employer in order to have the earned income removed and SNAP benefit recalculated. (Hearing Summary)
6. On [REDACTED] the Appellant submitted a document (Separation Document) from [REDACTED] [REDACTED] [REDACTED] [REDACTED] titled "Regarding Your Separation from Employment with [REDACTED] [REDACTED] [REDACTED]" (Hearing Summary, Department's Testimony)
7. On [REDACTED], the Department reviewed the document and deemed it was insufficient. (Hearing Summary, Exhibit 7: Case Notes)

8. The "Separation document" listed three (3) different email addresses [REDACTED] and [REDACTED] in the event Verification of employment needed to be verified or if someone had general questions, or benefit related questions. (Exhibit 3: [REDACTED] [REDACTED] from Employment document)
9. On [REDACTED], the Appellant contacted the Department regarding her SNAP benefits and the document that was previously provided on [REDACTED] [REDACTED]. The Department informed the Appellant that the separation document was insufficient because it lacked her name and last date of employment. (Hearing Summary, Exhibit 7)
10. On [REDACTED], the Appellant submitted a last day work letter from her previous employer [REDACTED]. The Department reviewed the "LDW", and end dated the income. The SNAP benefit increased to [REDACTED]. (Hearing Summary, Exhibit 5: Notice of Action [REDACTED])
11. The Appellant disagrees with the Department's effective date for increased benefits. The Appellant seeks an increase in SNAP effective [REDACTED], because she reported on [REDACTED], to the Department, she was unemployed as of [REDACTED], and provided documentation on [REDACTED]. The Appellant felt she reported the termination of employment timely, and The Department should have contacted her if the documentation was insufficient. (Appellant's Testimony)
12. The issuance of this decision is timely under Title 7 Section 273.15(c) of the Code of Federal Regulations, which requires that a decision be issued within 60 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED]. The Hearing record remained open to allow the Department to submit additional documents not included with the original hearing summary. Due to this 7-day delay, this final decision is not due until [REDACTED], and therefore timely.

### **CONCLUSIONS OF LAW**

1. Section 17b-2(7) of the Connecticut General Statutes provides as follows:

The Department of Social Services is designated as the state agency for the administration of the supplemental nutrition assistance program pursuant to the food and Nutrition Act of 2008.

2. Title 7 Section 273.12(a)(5) of the Code of Federal Regulations (“C.F.R.”) provides in pertinent part:

The State agency may establish a simplified reporting system in lieu of the change reporting requirement specified under paragraph (a)(1) of this section.

“A State agency that chooses to use simplified reporting procedures in accordance with this section must state in its State plan of operation that it has implemented simplified reporting and specify the types of households to whom the reporting requirement applies.”<sup>1</sup> 7 C.F.R. § 273.12(a)(5)(vii)

3. Federal regulation provides as follows:

The State agency must act when the household reports that its gross monthly income exceeds the gross monthly income limit for its household size. For other changes, the State agency need not act if the household reports a change for another public assistance program in which it is participating, and the change does not trigger action in that other program but results in a decrease in the household’s SNAP benefit. The State agency must act on all other changes reported by a household outside of a periodic report in accordance with one of the following two methods: The State agency must act on any change in household circumstances in accordance with paragraph (c) of this section.

7 C.F.R. § 273.12(a)(5)(vi)(A)

4. Federal regulation provides as follows:

The State agency shall take prompt action on all changes to determine if the change affects the household's eligibility or allotment. However, the State agency has the option to disregard a reported change to an established deduction in accordance with paragraph (c)(4) of this section. If a household reports a change in income, and the new circumstance is expected to continue for at least one month beyond the month in which the change is reported, the State agency may act on the change in accordance with paragraphs (c)(1) and (c)(2) of this section. The time frames in paragraphs (c)(1) and (c)(2) of this section apply to these actions. During the certification period, the State agency shall not act on changes in the medical expenses of households eligible for the medical expense deduction which it learns of from a source other than the household and which, in order to take action, require the State agency to contact the household for verification. The State agency shall only act on

---

<sup>1</sup> Connecticut’s State Plan of Operation provides that all SNAP EDGs follow simplified reporting policy. EDG: Eligibility Determination Groups are groups of individuals in a case who are included when determining eligibility and benefits for each requested program. CT SNAP Policy Manual

those changes in medical expenses that it learns about from a source other than the household if those changes are verified upon receipt and do not necessitate contact with the household. Even if there is no change in the allotment, the State agency shall document the reported change in the casefile, provide another change report form to the household, and notify the household of the receipt of the change report. If the reported change affects the household's eligibility or level of benefits, the adjustment shall also be reported to the household. The State agency shall also advise the household of additional verification requirements, if any, and state that failure to provide verification shall result in increased benefits reverting to the original allotment. The State agency shall document the date a change is reported, which shall be the date the State agency receives a report form or is advised of the change over the telephone or by a personal visit. Restoration of lost benefits shall be provided to any household if the State agency fails to take action on a change which increases benefits within the time limits specified in paragraph (c)(1) of this section.\_

7 C.F.R. § 273.12(c)

**The Department correctly determined the date the Appellant reported the termination of earned income as [REDACTED], the date the Department received a call from the Appellant to inform she lost employment with [REDACTED].**

5. Federal regulation provides as follows:

For changes which result in an increase in a household's benefits due to the addition of a new household member who is not a member of another certified household, or due to a decrease of \$50 or more in the household's gross monthly income, the State agency shall make the change effective not later than the first allotment issued 10 days after the date the change was reported. However, in no event shall these changes take effect any later than the month following the month in which the change is reported. Therefore, if the change is reported after the 20th of a month and it is too late for the State agency to adjust the following month's allotment, the State agency shall issue a supplementary ATP or otherwise provide an opportunity for the household to obtain the increase in benefits by the 10th day of the following month, or the household's normal issuance cycle in that month, whichever is later. For example, a household reporting a \$100 decrease in income at any time during May would have its June allotment increased. If the household reported the change after the 20th of May and it was too late for the State agency to adjust the ATP normally issued on June 1, the State agency would issue a supplementary ATP for the amount of the increase by June 10.

7 C.F.R. § 273.12(c)(1)(ii)

6. Federal regulation provides as follows:

The State agency may elect to verify changes which result in an increase in a household's benefits in accordance with the verification requirements of § 273.2(f)(8)(ii), prior to taking action on these changes. If the State agency elects this option, it must allow the household 10 days from the date the change is reported to provide verification required by § 273.2(f)(8)(ii). If the household provides verification within this period, the State shall take action on the changes within the timeframes specified in paragraphs (c)(1) (i) and (ii) of this section. The timeframes shall run from the date the change was reported, not from the date of verification. If, however, the household fails to provide the required verification within 10 days after the change is reported but does provide the verification at a later date, then the timeframes specified in paragraphs (c)(1) (i) and (ii) of this section for taking action on changes shall run from the date verification is provided rather than from the date the change is reported. If the State agency does not elect this option, verification required by § 273.2(f)(8)(ii) must be obtained prior to the issuance of the second normal monthly allotment after the change is reported. If in these circumstances the household does not provide verification, the household's benefits will revert to the original benefit level. Whenever a State agency increases a household's benefits to reflect a reported change and subsequent verification shows that the household was actually eligible for fewer benefits, the State agency shall establish a claim for the overissuance in accordance with § 273.18. In cases where the State agency has determined that a household has refused to cooperate as defined in § 273.2(d), the State agency shall terminate the household's eligibility following the notice of adverse action.<sup>2</sup>

7 C.F.R. § 273.12(c)(1)(iii)

7. Federal regulation provides as follows:

Changes reported during the certification period shall be subject to the same verification procedures as apply at initial certification, except that the State agency shall not verify changes in income if the source has not changed and if the amount has changed by \$50 or less, unless the information is incomplete, inaccurate, inconsistent, or outdated. The State agency shall also not verify total medical expenses or actual utility expenses which are unchanged or have changed by \$25 or less, unless the information is incomplete, inaccurate, inconsistent, or outdated.

---

<sup>2</sup> CT State Plan of Operation provides as follows: EDGs must provide required verifications when the change increases benefits. Increase the benefit amount the month after the month the change becomes known if required verification was timely provided. Connecticut SNAP Policy Manual

7 C.F.R. § 273.2(f)(8)(ii)

**The Department correctly determined verification of any changes to a decrease in household's gross monthly income of \$50.00 or more is required prior to any benefit adjustment and such verification must be provided within 10-days of the reported change to qualify for a benefit adjustment the month following the reported change.**

8. Federal regulation provides as follows:

Documentary evidence. State agencies shall use documentary evidence as the primary source of verification for all items except residency and household size. These items may be verified either through readily available documentary evidence or through a collateral contact, without a requirement being imposed that documentary evidence must be the primary source of verification. Documentary evidence consists of a written confirmation of a household's circumstances. Examples of documentary evidence include wage stubs, rent receipts, and utility bills. Although documentary evidence shall be the primary source of verification, acceptable verification shall not be limited to any single type of document and may be obtained through the household or other source. Whenever documentary evidence cannot be obtained or is insufficient to make a firm determination of eligibility or benefit level, the eligibility worker may require collateral contacts or home visits. For example, documentary evidence may be considered insufficient when the household presents pay stubs which do not represent an accurate picture of the household's income (such as out-dated pay stubs) or identification papers that appear to be falsified.

7 C.F.R. § 273.2(4)(i)

**On [REDACTED], the Department received a document from the Appellant's former employer titled "Regarding Your Separation from Employment with [REDACTED]"**

9. Federal regulation provides as follows:

Whenever documentary evidence is insufficient to make a firm determination of eligibility or benefit level, or cannot be obtained, the State agency may require a collateral contact or a home visit in accordance with paragraph (f)(4) of this section. The State agency, generally, shall rely on the household to provide the name of any collateral contact. The household may request assistance in designating a collateral contact. The State agency is not required to use a collateral contact designated by the household if the collateral contact cannot be expected to provide an accurate third-party verification. When the collateral contact designated by

the household is unacceptable, the State agency shall either designate another collateral contact, ask the household to designate another collateral contact or to provide an alternative form of verification, or substitute a home visit. The State agency is responsible for obtaining verification from acceptable collateral contacts.

7 CFR 273.2(f)(5)(ii)

10. Federal regulation provides as follows:

***Collateral contacts.*** A collateral contact is an oral confirmation of a household's circumstances by a person outside of the household. The collateral contact may be made either in person or over the telephone. The State agency may select a collateral contact if the household fails to designate one or designates one which is unacceptable to the State agency. Examples of acceptable collateral contacts may include employers, landlords, social service agencies, migrant service agencies, and neighbors of the household who can be expected to provide accurate third-party verification. When talking with collateral contacts, State agencies should disclose only the information that is absolutely necessary to get the information being sought. State agencies should avoid disclosing that the household has applied for SNAP benefits, nor should they disclose any information supplied by the household, especially information that is protected by [§ 273.1\(c\)](#), or suggest that the household is suspected of any wrong doing.

7 C.F.R. § 273.2(4)(ii)

On [REDACTED], the Department received a document from the Appellant's former employer titled "Regarding Your Separation from Employment with [REDACTED] [REDACTED] [REDACTED] [REDACTED]". The "Separation document" listed three (3) different email addresses [REDACTED] and [REDACTED] in the event verification of employment needed to be verified or if someone had general questions, or benefit related questions.

The Department failed to contact the Appellant regarding the document and seek to get further information to verify last day of employment.

On [REDACTED] [REDACTED] [REDACTED], the Department reviewed the documentary evidence and deemed it insufficient. The Department failed to obtain confirmation through the means of collateral contact. The Department had numerous ways to obtain and or clarify the Appellant's employment status with [REDACTED] The



**Department failed to contact the Appellant directly or contact the employer through the various emails listed on the document.**

11. Federal regulation provides as follows:

The State agency shall verify, prior to certification of the household, all other factors of eligibility which the State agency determines are questionable and affect the household's eligibility and benefit level. The State agency shall establish guidelines to be followed in determining what shall be considered questionable information. These guidelines shall not prescribe verification based on race, religion, ethnic background, or national origin. These guidelines shall not target groups such as migrant farmworkers or American Indians for more intensive verification under this provision.

7 C.F.R. § 273.2(f)(2)(i)

12. Federal regulation provides as follows:

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. Paragraph (i)(4) of this section contains verification procedures for expedited service cases.

7 C.F.R. § 273.2(f)

**The Department incorrectly increased the Appellant's SNAP benefit beginning [REDACTED]. The Appellant reported the change on [REDACTED] [REDACTED] [REDACTED], submitted documentary proof of termination of employment on [REDACTED]. The Department's failure to act caused an incorrect application of the changes effective [REDACTED] [REDACTED]. The change should have been effective [REDACTED] the first allotment issued 10 days after the change was reported.**

### **DECISION**

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

**ORDER**

1. The Department is ordered to remove the earned income from [REDACTED] [REDACTED] [REDACTED] effective [REDACTED] [REDACTED] [REDACTED] and recalculate the Appellant's SNAP benefits for [REDACTED].
2. The compliance with this is order is due no later than [REDACTED].

*Shawn P. Hardy*

Shawn P. Hardy  
Hearing Officer

Cc: Sarah Chmielecki, Operations Manager, DSS, New Haven, CT, Resource Center  
Tim Latifi, Operations Manager, DSS, New Haven, CT, Resource Center  
Ralph Filek, Operations Manager, DSS, New Haven, CT, Resource Center  
Shannon Shlash, Fair Hearing Liaison, DSS, New Haven, 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, law, and 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 requested 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 the Department of Social Services, Director, Office of Administrative Hearings and Appeals, 55 Farmington Avenue, Hartford, CT 06105-3725.

### **RIGHT TO APPEAL**

The appellant has the right to appeal this decision to the 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 if 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 to 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 per §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.