June 2, 2026

[redacted]

RE: [redacted] v. WV DoHS/BFA
ACTION NO.: 26-BOR-1923

Dear [redacted]:

Enclosed is a copy of the decision resulting from the hearing held in the above-referenced matter.

In arriving at a decision, the State Hearing Officer is governed by the Public Welfare Laws of West Virginia and the rules and regulations established by the DEPARTMENT OF HUMAN SERVICES (DoHS). These same laws and regulations are used in all cases to ensure that all persons are treated alike.

You will find attached an explanation of possible actions you may take if you disagree with the decision reached in this matter.

Sincerely,

Tara B. Thompson, MLS
Certified State Hearing Officer
Member, State Board of Review

Encl: Recourse to Hearing Decision
Form IG-BR-29

cc: Leslie Riddle, DoHS

WEST VIRGINIA OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW

[redacted],

Appellant,

v. **Action Number: 26-BOR-1923**

WEST VIRGINIA DEPARTMENT OF
HUMAN SERVICES
BUREAU FOR FAMILY ASSISTANCE,

Respondent.

DECISION OF STATE HEARING OFFICER

INTRODUCTION

This is the decision of the State Hearing Officer resulting from a fair hearing for [redacted]. This hearing was held in accordance with the provisions found in Chapter 700 of the Office of Inspector General Common Chapters Manual. This fair hearing was convened on May 26, 2026.

The matter before the Hearing Officer arises from the Respondent's decision on April 17, 2026, to terminate the Appellant's eligibility for Supplemental Nutrition Assistance Program benefits.

At the hearing, the Respondent appeared by Leslie Riddle, DoHS. The Appellant appeared and was self-represented. All witnesses were placed under oath, and the following documents were admitted into evidence.

Department's Exhibits:
D-1 DoHS SNAP Work Rules, dated February 5, 2026
D-2 DoHS Notice, dated February 5, 2026
D-3 DoHS Notice, dated April 27, 2026
D-4 West Virginia Income Maintenance Manual (WVIMM) Chapter 3 excerpts
D-5 WVIMM Chapter 3 excerpts
D-6 WVIMM Chapter 3 excerpts
D-7 WV DoHS Disability/Incapacity Medical Assessment

Appellant's Exhibits:
None

After a review of the record, including testimony, exhibits, and stipulations admitted into evidence at the hearing, and after assessing the credibility of all witnesses and weighing the evidence in consideration of the same, the Hearing Officer sets forth the following Findings of Fact.

FINDINGS OF FACT

1) On February 5, 2026, the Respondent issued *SNAP Work Rules* advising the Appellant that he must follow the rules to receive SNAP benefits. The *Rules* stipulate the Appellant must follow the Basic Work Rules and the Able-Bodied Adults Without Dependents (ABAWD) Time Limit Rules (Exhibit D-1).

2) The *Rules* advised that the Appellant may not have to follow the ABAWD Time Limit Rules if certain circumstances applied, including "not working because of a physical or mental health reason," and instructed the Appellant to call DoHS Customer Service at 1-877-716-1212 if he felt the listed reasons applied to him (Exhibit D-1).

3) The *Rules* instructed that pursuant to the ABAWD Time Limit Rules, the Appellant could only receive SNAP benefits for three months unless he spends 80 hours each month working, participating in a job program or similar activities through DoHS, or volunteering. The *Rules* instructed that if the Appellant's hours dropped below 80 hours per month, he must call 1-877-716-1212 or his local DoHS office within 10 days (Exhibit D-1).

4) On February 5, 2026, the Respondent issued a notice advising the Appellant that he is considered an ABAWD and must meet certain requirements to receive SNAP benefits for more than 3 months out of a 36-month time span (Exhibit D-2). The 36-month time span reflected on the notice was January 2026 through December 2027 (Exhibit D-1).

5) On April 17, 2026, the Respondent issued a notice advising the Appellant he was ineligible for SNAP benefits after April 30, 2026, because his assets exceeded the eligibility limit and because he received three months of SNAP benefits as an ABAWD without meeting the work requirement or being exempt (Exhibit D-3).

6) When making the decision on April 17, 2026, the Respondent considered $300 in liquid assets and $571,063.51 in lump sum assets, for a combined countable asset total of $571,363.51. The Respondent compared the Appellant's assets to a $3,000 asset limit (Exhibit D-3).

7) On May 5, 2026, the Respondent received a *Disability/Incapacity Medical Assessment* (Form DFA-DIMA-1) for the Appellant, completed by the Appellant's physician (Exhibit D-7).

8) Significant portions of the *Disability/Incapacity Medical Assessment* form instructions provided by the Respondent are illegible, including the bullet point related to employment limitations. The form instructed to contact the local DoHS office or the Customer Service Center at 1-877-716-1212 with questions (Exhibit D-7).

9) The Appellant attempted to contact the Respondent at the local office and number provided to obtain clarification for completing the *Disability/Incapacity Medical Assessment* form but was unable to obtain guidance.

10) Under WV WORKS ONLY, the Appellant's physician marked *yes* to the inquiry regarding his ability to participate in work or educational activity at least 5 hours per week (Exhibit D-7).

APPLICABLE POLICY

Code of Federal Regulations 7 CFR § 273.2(f)(6) *Documentation* provides that case files must be documented to support eligibility, ineligibility, and benefit level determinations. Documentation shall be in sufficient detail to permit a reviewer to determine the reasonableness and accuracy of the determination.

Code of Federal Regulations 7 CFR § 273.24 *Time limit for able-bodied adults* provides in the relevant sections:

(a) *Definitions* …
  (1) *Fulfilling the work requirement* means:
    (i) Working 20 hours per week, averaged monthly …
    (ii) Participating in and complying with the requirements of a work program 20 hours per week …
    (iii) Any combination of working and participating in a work program for a total of 20 hours per week …
    (iv) Participating in and complying with a workfare program …

(b) *General Rule*. Individuals are not eligible to participate in SNAP as a member of any household if the individual received SNAP benefits for more than three countable months during any three-year period, except that individual may be eligible for up to three additional countable months in accordance with paragraph (e) of this section.
  (1) *Countable months.* Countable months are months during which an individual receives SNAP benefits for the full benefit month while not:
    (i) Exempt under paragraph (c) of this section:
    (ii) Covered by a waiver under paragraph (f) of this section;
    (iii) Fulfilling the work requirement as defined in paragraph (a)(1) of this section;
    (iv) Receiving benefits that are prorated in accordance with § 273.10; or
    (v) In the month of notification from the State agency of a provider determination …

  (6) Verification shall be in accordance with § 273.2(f)(1) and (f)(8).

Code of Federal Regulations 7 CFR § 273.9(c)(8) *Deductions, Income Exclusions* provides that money received in the form of a non-recurring lump-sum payment may be excluded from household income … These payments shall be counted as a resource in the month received, in

accordance with § 273.8(c) unless specifically excluded from consideration as a resource by other federal laws.

Code of Federal Regulations 7 CFR § 273.8(c)(1) ***Definition of Resource*** provides that in determining the resource of a household, liquid resources, such as cash on hand, money in checking and savings accounts, saving certificates, stocks or bonds, and lump sum payments as specified in § 273.9(c)(8) shall be included and documented by the State agency in sufficient detail to permit verification.

Code of Federal Regulations 7 CFR § 273.2(f)(1) and (2) ***Verification of questionable information*** provides that verification is the use of documentation or a contact with a third party to confirm accuracy of statements or information. The State agency must give households at least 10 days to provide required verification. State agencies shall verify before certification of the household, all 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.

Code of Federal Regulations 7 CFR § 273.2(f)(4) ***Sources of verification*** include:
(i) *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 …. 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 a home visit.

(iv) *Discrepancies*: Where unverified information from a source other than the household contradicts statements made by the household, the household shall be afforded a reasonable opportunity to resolve the discrepancy prior to a determination of eligibility or benefits [emphasis added]. The State agency may, if it chooses, verify the information directly and contact the household only if such direct verification efforts are unsuccessful.

Code of Federal Regulations 7 CFR § 273.2(f)(8)(ii) ***Changes*** provides that changes reported during the certification period shall be subject to the same verification procedures as apply at initial certification

West Virginia Income Maintenance Manual (WVIMM) § 3.2.1.D.1 ***Definitions for ABAWD Purposes Only*** **and § 3.2.1.D.2** ***ABAWD Eligibility*** provides that any individual who meets the definition of an ABAWD and who is normally required to be included in the AG can only receive benefits when he is otherwise eligible and:

- Meets the work requirements outlined below or meets an exemption listed below;
- Is in his first three-month period while not meeting the ABAWD work requirement or being exempt within the 36-month period; or

- Regains eligibility after meeting the ABAWD work requirement and is in his additional three-month period, which must be consecutive months.

§ 3.2.1.D.3 ***ABAWD Work Requirement*** provides that ABAWD is a population of individuals aged 18 or older but not yet age 65. An ABAWD must meet ABAWD work requirements in addition to the SNAP work requirements in Chapter 14, to be eligible. All work hours must be verified … As long as an ABAWD is exempt as found in the exemptions below or meets any of the requirements below, he may receive SNAP benefits, if otherwise eligible. Otherwise, he is ineligible once he has received SNAP benefits for three months without being exempt or meeting the ABAWD work requirement … The ABAWD work requirement is met by either:

- Working at least 20 hours per week or 80 hours per month;
- Participating in a work program such as, but not limited to: WorkForce Innovation and Opportunity Action (WIOA) Title I programs or a refugee resettlement program, at least 20 hours per week or 80 hours per month; or
- Participation n a SNAP E&T program for the required number of hours …

An ABAWD cannot be assigned any countable month(s) prior to being screened for exemptions. If an ABAWD experiences a change of circumstances during the certification period that results in the loss of their exemption, a worker must address the change at the next redetermination.

WVIMM § 3.2.1.D.4 ***Exemptions from ABAWD Time Limits and ABAWD Work Requirements*** provides that SNAP benefits received while exempt do not count toward the three-month limit. Eligibility workers must use all available information to verify exemption status, including household attestation. Workers are not required to verify exemption status, unless the situation is questionable. Questionable ABAWD exemption information must be decided on a case-by-case basis. State agencies must apply updated exemptions at certification and recertification. Exemptions cannot be removed unless an individual has been screened.

An individual is exempt if he: … is certified as physically or mentally unfit for employment according to the provisions in Section 13.15 …. These exemptions qualify the individual to participate immediately, if otherwise eligible. These exemptions are only applicable to the ABAWD time limit and ABAWD work requirement and do not automatically exempt the individual from the SNAP work requirements in Chapter 14. While the individual is exempt, he is not required to regain eligibility by completing any work hours.

WVIMM § 3.2.1.D.7 ***Regaining Eligibility*** provides that an individual whose benefits are denied or terminated under the ABAWD policy can become eligible again when he becomes exempt as specified above. Individuals who regain eligibility by becoming exempt mut maintain eligibility monthly by continuing to meet those standards.

WVIMM § 13.15.1 ***Establishing Disability and Fitness for Employment for the SNAP Program, Introduction*** **and § 13.15.3** ***Establishing a Client as Unfit for employment*** provides that *disabled* means the individual is unfit to engage in full-time employment due to a physical and/or mental disability. For ABAWD:

- A client who meets the definition of disability is considered to be unfit for employment. No other verification is needed.

- A client who does not meet the definition of disability should be evaluated for fitness for employment. If it is clearly obvious to the worker that the client is unfit for employment, the worker must seek supervisory approval before providing the unfit exemption. The supervisor or senior worker must provide the approval. If approved by a supervisor or senior worker, no further verification is needed, but through case comments from the supervisor or senior worker must be entered explaining why the client is obviously unfit for employment.
- A client who does not meet the definition of disability and is not obviously unfit for employment will be requested to provide written verification from a licensed medical professional that the client is unfit for employment.

  Unfit for Employment Example 1: During the interview with the client, the worker notices that the client has few or no teeth and a lack of access to regular personal hygiene, which would prevent the individual from being able to find employment. The worker could exempt the client due to being unfit for employment, if the supervisor or senior worker agrees an unfit designation is necessary.

  Unfit for Employment Example 2: During the interview with the client, the worker notices that the client's thoughts and attention seem to be very scattered and the individual is unable to focus or complete basic fundamental tasks or answer questions. The worker could exempt the client due to being unfit for employment, if the supervisor or senior worker agrees an unfit designation is necessary.

WVIMM § 7.3(38) ***Verification Requirements- Illness, Impairment, or Unfit for Work*** provides that for SNAP, the Worker must verify a client is unfit for work before exempting an individual from work or ABAWD requirements when the illness, impairment, or unfit for work is not clearly obvious to a supervisor or senior worker. Unfit for work may be verified by a joint decision by a worker and supervisor when supported by definitive medical information. The DFA-DIMA-1 may be utilized for SNAP and is the preferred method of verification.

WVIMM § 5.3.2 ***When Income Becomes an Asset*** provides that money counted as income when received becomes an asset if retained within the month after the month of receipt.

WVIMM § 5.5.30 ***Lump-Sum Payments*** provides that lump-sum payments are not counted as an asset when counted as income. When a lump-sum payment is received before the month of application, the amount remaining during the month of application is an asset. When a lump-sum payment is received by someone being added to an active AG, the amount retained during his month of application is an asset. For SNAP, non-recurring lump-sum payments are counted as assets. For recurring lump-sum payments, see section 4.4.4.

WVIMM §§ 1.2.3.A and 1.2.4 provides that the worker must obtain all pertinent, necessary information through verification, when appropriate. The client's responsibility is to provide complete and accurate information about her circumstances so that the Worker is able to make a correct determination about her eligibility.

WVIMM §§ 10.2.1 and 10.4.2 provides that the client must report changes related to eligibility and benefit amount at application and redetermination. All changes reported directly by an AG member must be acted on. When reported information results in a change in benefits and additional or clarifying information is needed, the Worker must first request the information by using the DFA-6 or verification checklist.

WVIMM § 7.2.1 ***When Verification is Required*** provides that verification of a client's statement is required when the information provided is questionable. To be questionable, it must be:

- inconsistent with other information provided; or
- inconsistent with the information in the case file; or
- inconsistent with information received by the DoHS from other sources; or
- incomplete; or
- obviously inaccurate; or
- outdated

WVIMM §§ 7.2.3, 7.2.4, 7.3, 7.3.42, 9.2, and 9.2.A provide in part:

> All income used in calculating eligibility and the amount of the benefit must be verified. For SNAP only, the change in income amount must be more than $100 for verification to be required. Possible sources of verification may include an award letter, computer matches, written statement from the source, written statement from contributor, or eligibility system data exchanges. Use the best source of verification available. When there is absolutely no other source of verification, the client's statement must be used.
>
> Verification of a client's statement is required when information is inconsistent with other information provided, inconsistent with the information in the case file, inconsistent with information received by the agency from other sources, incomplete, obviously inaccurate, or outdated.
>
> The Worker has the responsibility at redetermination and any time the Worker receives information about the SNAP AG during the certification period that requires additional clarification or verification, to issue a DFA-6, Notice of Information Needed. The date of entered in the DFA-6 must be 10 days from the date of issuance. The Worker must list all required verification known at the time, accept any reasonable documentary evidence, and must not require a specific kind or source of verification. The Worker must not request verification if the case record shows that verification has previously been supplied. Verification may be submitted in person, by mail, by fax, or electronically.
>
> The primary responsibility for providing verification rests with the client. It is an eligibility requirement that the client cooperate in obtaining necessary verifications. The client is expected to provide information to which he has access and to sign authorizations needed to obtain other information. Failure of the client to provide

necessary information or to sign authorizations for release of information results in denial of the application or closure of the active case.

DISCUSSION

The Respondent contended that the Appellant's SNAP benefits were correctly terminated because he received SNAP for three months without following the ABAWD work requirements or meeting an exemption. Further, the Respondent argued that the Appellant's assets exceeded the eligibility limit. During the hearing, the Appellant contended that he made efforts to establish an exemption to the ABAWD work requirements but was unable to get clarification regarding the needed verification. The Appellant further argued that he withdrew a lump-sum payment from his retirement account to pay off his housing and other debts while he was unable to work. The Appellant argued that before withdrawing the funds, the Respondent advised him that his SNAP eligibility would be unaffected.

The Code of Federal Regulations and WVIMM provide guidelines for administering the SNAP program. The Board of Review is required to follow the procedures outlined within the regulating authorities, cannot pass judgment on the policy, cannot grant exceptions to the policy, and may only determine if the Respondent correctly followed the procedures when ending the Appellant's SNAP benefit eligibility.

The policy provides that an ABAWD can only receive benefits when he is otherwise eligible and is within the first three-month period while not meeting the ABAWD work requirement or being exempt. To prove that the Respondent correctly terminated the Appellant's SNAP benefits, the Respondent had to prove by a preponderance of evidence that the Appellant received SNAP benefits for three months without meeting the ABAWD work requirements or being exempt. No evidence was given to verify what months the Appellant received SNAP benefits; however, the Appellant did not dispute that he had received SNAP for three months.

Federal regulations stipulate that case files must be documented to support eligibility, ineligibility, and benefit level determinations. Pursuant to the regulations, documentation must be in sufficient detail to permit the reviewer to determine the reasonableness and accuracy of the determination.

To prove that the Respondent correctly relied on the Appellant's statement about his assets, the preponderance of evidence had to demonstrate that the information relied upon was sufficient to determine the Appellant's ongoing SNAP eligibility. To prove that the Respondent correctly relied on the information supplied on the DFA-DIMA-1 form, the Respondent had to prove that the Appellant was properly notified of the verification being requested and the date the verification was due.

ABAWD

The evidence revealed the Appellant was notified of his responsibility to comply with the *SNAP Work Rules*. The *SNAP Work Rules* instructed the Appellant to contact the Respondent if he was unable to comply with the *Rules* or believed he met an exemption. The preponderance of evidence

established that the Appellant timely reported a change in his ability to work and tried to complete the form requested by the Respondent.

According to the policy, a client who does not meet the definition of disability and is not obviously unfit for employment will be requested to provide written verification from a licensed medical professional establishing that the client is unfit for employment. During the hearing, the Appellant testified that he was emailed a scanned copy of the DFA-DIMA-1 form for his physician to complete. The Respondent's representative testified during the hearing that the Appellant should have each of his providers complete the form to establish his employment incapacity. During the hearing, the Appellant argued that he was not previously advised that each physician should complete a separate form.

Testimony by the Respondent's representative revealed that the Appellant's physician checked *yes*, that he was able to participate in a work or educational activity at least 5 hours per week with accommodation. The Respondent's representative argued that therefore, the Appellant was capable of meeting ABAWD work requirements. However, that section of the form was marked, "WV WORKS ONLY," and therefore not applicable for determining whether the Appellant was able to meet the ABAWD work requirements for 20 hours per week.

The Appellant argued that he attempted to call the Respondent at the telephone number provided on the form to obtain information about how to appropriately complete the form but was unable to receive clear instructions. During the hearing, the Appellant argued that the provided form was unclear about what information the Respondent was seeking. Specifically, the Appellant argued that the form did not ask relevant questions to establish that he was unable to work as stipulated in the ABAWD policy requirements. The Respondent's worker argued that it was the Appellant's responsibility to look at the *SNAP Work Rules* and communicate the required information to his provider when completing the form. This procedure is contrary to the policy for verifying questionable information.

Assets

In the case of non-recurring lump-sum payments, the federal regulations stipulate that payments may be excluded from household income and shall be counted as a resource in the month received. According to the federal regulations, determinations of the resource of a household's lump-sum payment shall be included and documented by the State agency in sufficient detail to permit verification. State agency rules narrow the application of the federal rules by stipulating that money counted as income when received becomes an asset if retained within the month after the month of receipt.

The Respondent's representative testified that the termination of the Appellant's SNAP eligibility was based on the Appellant's self-report of withdrawal of a lump-sum from his 401K. However, the Respondent's representative could not report when the money was withdrawn, what amount was withdrawn, or whether the lump-sum was counted as income or a resource in the month it was received. The Respondent's representative testified that it appeared the lump-sum was counted as a resource when determining the Appellant's SNAP ineligibility, but no information was available to establish how the Respondent's worker verified the amount of resource that was considered.

During the hearing, the Appellant testified that he withdrew a lump-sum of approximately $50,000 from his 401K to pay off his house and other financial responsibilities while he was unemployed; however, the amount reflected on the Respondent's termination notice far exceeded $50,000. As the preponderance of evidence failed to prove the amount of the Appellant's considered assets or how the Respondent verified the date and amount of assets received, the Respondent's decision to terminate the Appellant's SNAP eligibility based on assets cannot be affirmed.

The Respondent's representative testified that the Respondent was unable to make an accurate initial eligibility decision for the Appellant because his 401K was not disclosed on his SNAP application and that the Respondent worker was unaware that the Appellant had access to his retirement funds; however, the Appellant's SNAP application and relevant case comments were not supplied to corroborate what the Appellant reported during his eligibility determination. According to the regulations, when the Appellant reported withdrawing a lump-sum, the Respondent was required to seek verification of the information.

Verification

When a SNAP recipient reports unclear information, such as information that is incomplete or outdated, the policy instructs the Respondent to seek verification of the client's statement to determine eligibility. Pursuant to the policy, unclear information is any information received with which the Worker cannot readily determine the effect of the reported information on the household's benefit eligibility. To be questionable, the information must be inconsistent with other information provided, inconsistent with information in the case file, or outdated.

The regulations provide that when the Respondent determined the information provided by the Appellant was questionable and affected the household's eligibility, the Respondent should have verified the information by issuing a request to the Appellant that listed all known information to be submitted, and the date the information was due. Federal regulations require that the household be afforded a reasonable opportunity to resolve the information discrepancy before a determination of eligibility is made.

Pursuant to the agency's policy, when reported information results in a change in benefits and additional information is needed, the Worker must request information by using a verification checklist. The regulations and policy require the Respondent to give households at least 10 days to provide requested verification. The submitted evidence did not establish that the Respondent issued a request for verification to the Appellant to verify his inability to work or establish information regarding his lump-sum retirement payment.

Because the Appellant timely reported changes in his assets, that he was physically unable to work, and the information submitted by the Appellant was unclear, the Respondent was required to issue a request for verification of the Appellant's statement. The responsibility of supplying the verification rests on the Appellant; however, the federal regulations require the Respondent to issue a request for verification if the information supplied by the Appellant is questionable.

According to the policy, the DFA-DIMA-1 is the Respondent's preferred method of verifying that a client is unfit for work. Pursuant to the ABAWD policy, when a client does not meet the definition of disability and is not obviously unfit for employment, the client will be requested to

provide written verification from a licensed medical professional that the client is unfit for employment. While the Respondent provided the Appellant with an illegible DFA-DIMA-1 form, the Respondent did not follow the verification process stipulated by the policy.

Because the verification process was not followed to corroborate the Appellant's statements about his exemption status and lump-sum retirement payment, the Hearing Officer cannot affirm that the Appellant failed to meet an exemption to the ABAWD requirements or had access to resources that exceeded the SNAP asset limit. Therefore, the Respondent's termination of the Appellant's SNAP benefits cannot be confirmed, and the matter must be remanded for reinstatement of the Appellant's SNAP benefits and verification of the Appellant's statements. Pursuant to the policy, the Respondent must list all required verification known at the time and accept any reasonably documentary evidence.

CONCLUSIONS OF LAW

1) An ABAWD can only receive SNAP benefits when otherwise eligible and within the first three-month period while not meeting the ABAWD work requirements or being exempt.

2) When a change is reported in circumstances which affect a client's SNAP eligibility, the Respondent must act. Federal regulations require the State agency to verify all factors of eligibility determined to be questionable, which affect the household's eligibility and benefit level. The Respondent must request verification using the DFA-6 or Notice of Information Needed. The due date for submitting the requested verification must be 10 days from the date of issuance.

3) Federal regulations require that the household be afforded a reasonable opportunity to resolve information discrepancies before determining SNAP eligibility.

4) The preponderance of evidence failed to prove that the Respondent provided the Appellant with a written request for verification which indicated the date for which the verification was due, and stated all known verification needed to verify his employment incapacity and change in resources.

5) Because the Appellant reported withdrawing a lump sum and that he is physically unable to work, the Respondent must issue a written request for verification of the Appellant's statements and make a new determination regarding his asset eligibility and ABAWD work requirement eligibility.

DECISION

It is the decision of the State Hearing Officer to **REVERSE** the Respondent's decision to terminate the Appellant's SNAP benefits because he received three months of SNAP benefits without complying with the ABAWD work requirements or meeting an exemption and exceeded the SNAP asset eligibility limit. It is hereby **ORDERED** that any lost benefits be restored and made retroactive to the date of termination. The matter is **REMANDED** for the issuance of a proper verification request pertaining to the Appellant's statement regarding his assets and physical inability to work, and a new determination by the Respondent of the Appellant's ongoing SNAP eligibility.

ENTERED this 2nd day of June 2026.

_____

Tara B. Thompson, MLS
Certified State Hearing Officer