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IMPORTANT NOTICE FOR CONNECTICUT STATE AGENCIES
This form is to be used for proposed permanent and technical amendment regulations only and must be completed in full.

AGENCY CERTIFICATION

Department of Social Services

Proposed Regulation Concerning

Issuance of Benefits in the State Supplement Program

eRegulations System Tracking Number **PR2015-158**

I hereby certify the following:

(1) The above-referenced **regulation** is proposed pursuant to the following statutory authority or authorities: **Connecticut General Statutes §§ 17b-3 and 17b-104**

For technical amendment regulations proposed without a comment period, complete #2 below, then skip to #8.

(2) As permitted by Section 4-168(h) of the *Connecticut General Statutes*, the agency elected to proceed without prior notice or hearing and posted the text of the proposed technical amendment regulation on eRegulations System website on **N/A**.

For all other non-emergency proposed regulations, complete #3 - #7 below, then complete #8)

(3) The agency posted notice of intent with a specified comment period of not less than 30 days to the eRegulations System website on **October 20, 2015**.

(4) *(Complete one)* ☒ No public hearing held or was required to be held. **OR** ☐ One or more public hearings were held on: **N/A**.

(5) The agency posted notice of decision to move forward with the proposed regulation to the eRegulations System website on **December 1, 2015**.

(6) *(Complete one)* ☒ No comments were received. **OR** ☐ Comments were received and the agency posted the statements specified in subdivisions (2) and (3) of CGS Section 4-168(e) to the eRegulations System website on **N/A**.

(7) The final wording of the proposed regulation was posted to the eRegulations System website on **December 1, 2015**.

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(8) Subsequent to approval for legal sufficiency by the Attorney General and approval by the Legislative Regulation Review Committee, **the final regulation shall be effective**

(Check one and complete as applicable)

☒ When posted to the eRegulations System website by the Secretary of the State.

OR ☐ On
(Date must be a specific calendar date not less than 11 days after submission to the Secretary of the State)

SIGNED *(Head of Board, Agency or Commission, or duly authorized deputy)*	**Commissioner** OFFICIAL TITLE	**12/1/15** DATE