State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

INITIAL DECISION
OAL DKT. NO. HMA 04180-26
AGENCY DKT. NO. N/A

N.T.,
Petitioner,
v.
GLOUCESTER COUNTY
DIVISION OF SOCIAL SERVICES,
Respondent.

Michael Heinemann, Esq., for petitioner (Michael Heinemann, P.C., attorney)

Carla Maggio, Fair Hearing Liaison, appearing for respondent under N.J.A.C. 1:1-5.4(a)(3)

Record Closed: May 19, 2026 Decided: June 9, 2026

BEFORE **TAMA B. HUGHES**, ALJ:

STATEMENT OF THE CASE

Petitioner N.T. appeals the denial of Medicaid eligibility by respondent Gloucester County Division of Social Services ("County") for failure to provide documentation and for being over resourced.

PROCEDURAL HISTORY

By letter, dated January 6, 2026, petitioner's Medicaid application was denied. Petitioner timely appealed, and the Division of Medical Assistance and Health Services (DMAHS) transmitted the case to the Office of Administrative Law, where it was filed on March 12, 2026, for determination as a contested case under N.J.S.A. 52:14B-1 to -15 and N.J.S.A. 52:14F-1 to -13. I heard the case on May 6, 2026, after which the record remained open to allow the parties the opportunity to submit summation briefs. Upon receipt of the briefs, I closed the record on May 19, 2026.

DISCUSSION AND FINDINGS OF FACT

Paul Watkins, a human services specialist 3 in the Medicaid Unit, testified on behalf of the County. An application for New Jersey Family Care—Aged, Blind, Disabled Programs ("Application") was filed on petitioner's behalf by his designated authorized representative, Riki Wallach, on February 15, 2024. (P-1 at 3–20.) At the time of his Application, petitioner was residing at the United Methodist Communities in Pitman, New Jersey, where he had been since September 3, 2025. (P-1 at. 15.)

On November 19, 2025, a request for information (RFI) was sent to petitioner requesting financial documentation for both petitioner and his wife (S.K.T.) which included, among other things, checking and savings account information, certificates of deposit information, and life insurance policy information. The RFI specifically requested that petitioner provide account documentation for the months of October 2025 and November 2025 from TD Bank accounts #0164 and #1761. All documentation was required to be provided by December 3, 2025.

On December 3, 2025, Wallach sent the County, through the dedicated Medicaid portal, a series of documents that had been requested by the County to process the Application. Wallach specifically noted in her cover letter:

> TD Bank 0614 1761: The bank has only provided the October statement for account ending in 0614. Per MedCom guidelines, can you please provide an extension while we wait for these statements.
>
> [P-1.]

According to Watkins, the County can grant extensions, and if they do, it is done formally in writing. The extensions are typically for ten days. While he was not the caseworker in this matter, he did review the file and did not see a formal approval of an extension. Having said that, up until a decision is made on an application, which in this case was January 5. 2026, the portal remains open and documents will be accepted. In this case, no additional documentation was provided after December 3, 2025, and no additional extensions were requested.

The Application was denied on January 5, 2026, for failure to provide documentation—specifically, the TD Bank account information for account #0614—and for being over resourced. (R-1 at 22–23, 27; R-2.)

With regard to being over the resource limit, Watkins cited to N.J.A.C. 10:71-4.1(e) and the Medicaid Eligibility Worksheet. A copy of the worksheet was provided to the DAR/petitioner with the denial letter. (R-1 at 27.) The worksheet was prepared based upon the financial documentation provided to the County by the DAR/petitioner and the value of petitioner's financial accounts as of November 1, 2025. It was not a complete accounting because the County was still missing the TD Bank statements for account #0614 but based upon the rough estimate it was clear that the petitioner was over resourced. According to Watkins, the worksheet is provided to the applicant regardless of whether an application is approved or denied. He elaborated that for an applicant, the worksheet provides guidance as to what resources needed to be spent down. For the agency, it shows the caseworker the applicant's financial status at the time of denial.

On cross-examination, Watkins was asked where on the worksheet the resource limit for petitioner was reflected. In response, he stated that the worksheet did not identify the resource limit for a couple. The sheet just reflected the resource limit for a single applicant. He went on to state that for an applicant who is married, the minimum

($31,584) and maximum ($157,920) cap. (R-1 at 76.) N.J.A.C. 10:71-4.8 provides the guidelines for how the County determines the allowable minimum and maximum amounts. When asked how the County determined that petitioner was over the resource limit for a single person, Watkins stated that petitioner was over resourced regardless of whether he was assessed as a single or married person. This determination was based upon the budget that was provided.

When questioned further on this point, Watkins again stated that they applied the regulation in this case. The resources that petitioner had at the time of application were above both the minimum and maximum amounts allowed for community spouse resources. (R-1 at 76.) In further elaborating how the County determined that petitioner was above the $157,920 cap, Watkins stated that it was based upon petitioner's financial status/resources as of November 1, 2025. This information was broken down in the worksheet. (R-1at 27; R-2.) Typically, the County only fills out column "A" on the worksheet, which is "Month of Admission." This calculation did not include the monies held in TD Bank account #0614 because the statement reflecting the November 1, 2025, balance was never provided.

He was also asked about the TD Bank Account #1761 statement for October 4, 2025, to November 3, 2025—specifically, the account balance as of November 1, 2025. In response, he stated that the balance was $173,987.01, which was the last activity on the account as of November 1, 2025. (P-2.) He went on to explain that the County could not consider the November 3, 2025, balance of $22,987.01 because it was after the November 1, 2025, deadline. When asked if they could have considered the November 3, 2025, balance for a December 1, 2025, approval, he stated that they could not, even though the Application was not denied until January 5, 2026.

In going through the November 19, 2025, RFI, Watkins was asked about the requested bank statements for the month of November 2025 and how the County expected petitioner to produce them if the statements had not yet been generated by the bank. In response, he stated that the documentation was not required until December 3, 2025, and petitioner could have provided a partial statement. He acquiesced that by having a December 3, 2025, deadline, the petitioner effectively only had three days to

provide the November 2025 bank statements. He went on to add that the applicant can always ask for an extension, which appears to have occurred in this case. (P-1.) Watkins went on to state that typically extensions are formally granted—in other words, there is a formal acknowledgement. In this case there did not appear to be a formal acknowledgement, but, regardless, the Application was not closed out until January 5, 2026. No action was taken by the County for an additional thirty days after the extension was requested, nor was any additional information provided by the DAR/petitioner throughout that time period.

When asked if a second request for information was sent out seeking outstanding information, Watkins stated that the County does not send out reminders. The only time a second request for information is sent is if the documentation that had been requested in the RFI was received and, upon review, additional questions arose and there was a need for additional information. That was not the case here.

Rebecca Ehren is employed by Senior Planning Services, an entity that assists families in filling out Medicaid applications. She has worked for the company for over thirteen years and has handled hundreds of Medicaid applications. She is familiar with N.T. because the family retained Senior Planning Services to assist in the preparation of N.T.'s Application. The worker from her agency, Riki Wallach, was assigned as the DAR for the filing. She was Wallach's supervisor.

Ehren is familiar with N.T.'s Application, having reviewed the file and correspondence associated with the Application. According to Ehren, the RFI was not received until November 24, 2025. When they received the RIF, the November 2025 bank statements that had been requested were not available from the bank. The earliest the statements would have been available would have been after November 25, 2025.

When the RIF was received, bank statements were requested from the various banks. It takes TD Bank ten to fifteen days to process a request. They could also contact the family to get the statements directly. She could not say whether that occurred in this case, nor could she say whether N.T. had online access to his bank accounts. While Wallach received some of the TD Bank statements she did not receive all of them—

specifically, the #0164 statement—despite regular requests for updates from the bank. Ehren went on to state that there was some difficulty with the #0164 statements for a couple of reasons, one of which was the fact that the statement had not been generated by the bank as of December 3, 2025, and second, the primary account holder was K.T. Therefore, the request for the statement took longer. Ehren wasn't sure whether K.T. was related to N.T.

According to Ehren, Wallach did not receive the November 2025 TD Bank statement for #0164 prior to the return date for the RFI she requested an extension from the County. (P-1.) No response was received from the County on the extension request, nor did the County inform them that the due date would be extended for the required information. Typically, the County responds to extension requests. They also had no idea of when the County was going render a decision. Despite this, they continued to try to obtain the outstanding documentation, which they ultimately received on December 31, 2025. She believes that Wallach attempted to upload bank information to the portal when she received it, but was unable to do so because it was locked out. In her experience, the portal gets closed when a decision is made on the file or when the caseworker is done with their determination and the file has gone to their supervisor.

There was no communication from the County between the time the extension was requested and the time the case was denied. If an extension had been granted and the outstanding documentation was still missing, it was her agency's practice to request another extension or reach out to the caseworker and/or upload an explanation to the portal. She went on to add that her agency and the County typically have an open line of communication.

Regarding N.T.'s resources, based upon the documentation that was provided to the County it was clear that as of November 3, 2025, which is when the big checks had cleared, N.T. was well below the resource limit. The County had account information for some of the accounts that encompassed the beginning of November 2025, citing to the TD Bank statement for account #1761, which reflected a November 3, 2025, balance of $22,987.01. Had the County considered the November 3, 2025, statement, they would

have seen that N.T. was well below the resource limit and N.T. would have been resource eligible for Medicaid approval effective December 1, 2025, if not November 1, 2025.

On cross-examination, Ehren acknowledged that no additional documentation was uploaded to the portal after December 3, 2025, adding that most of the documents had previously been provided. When Wallach attempted to upload the TD Bank information on the portal on December 31, 2025, the portal was locked out. She further acknowledged that no attempts were made to contact the County via email, phone, fax, or otherwise to provide the documentation.

Ehren also acknowledged that she had been involved in a good amount of applications through the County. When asked, given her experience, why she wasn't familiar with ways to submit documentation other than through the portal, Ehren claimed that that was typically how documentation was submitted. When they tried to upload the bank information into the portal, the portal was closed, leading them to believe that the application had been processed already.

Ehren was also questioned whether the TD Bank information for account #0614 was ever provided to the County. She said that they did not receive the information until December 31, 2025. She could not say whether a family member could have gotten a bank printout sooner.

In going through the TD Bank statement for account #1761, Ehren was asked about check #104 in the amount of $51,000 dated November 3, 2025, and if a copy of the check had ever been provided to the County. In response, she stated that she did not believe so.

When asked whether anyone from her agency attempted to reach out to the County between December 3, 2025, and December 31, 2025, which was when Wallach attempted to upload the bank documentation, Ehren talked around the question, ultimately stating that they assumed that the caseworker would get back to them if they had any questions or required additional information. She believed that the burden was on both of them to ensure that all of the documentation was provided. When asked how

the County was supposed to know that N.T.'s resources had been spent down if they did not have all of the documentation, Ehren stated that with the statements that they did have they could determine that N.T. was well below the resource limit.

After hearing the testimony presented and upon review of the documentation submitted into evidence, I **FIND** the following as **FACT**:

N.T. transferred into a United Methodist Communities nursing facility on September 3, 2025. At the time of admission, his DAR was Riki Wallach, an employee of Senior Planning Services. N.T. is married to S.T.

Senior Planning Services is in the business of assisting individuals who file for Medicaid assistance. Based upon Ehren's testimony, who alone has handled over 900 Medicaid applications during her extensive career, the entity and its workers are experienced in working with the various counties, understand the filing processes, and know how to navigate the Medicaid filing process.

On November 17, 2025, Wallach filed the Application on N.T.'s behalf.

On November 19, 2025, the County sent Wallach an RFI seeking, among other things, all financial documentation, including documentation for TD Bank account ending #0614. The RFI specifically requested all financial statements for the months of October and November 2025. All information was required to be returned by December 3, 2025.

On December 3, 2025, Wallach sent a letter with attachments to the County outlining the documents that were enclosed that were responsive to the RFI. Item #6 in the letter related to TD Bank account ending #0614, stating:

> The bank has only provided the October statement for account ending in 0614. Per MedCom guidelines, can you please provide an extension while we wait for these statements.
>
> [P-1.]

Typically the County provides a formal response if an extension is granted; however, in this case no formal response was provided.

Based upon the financial documentation provided as of November 1, 2025—the relevant date for purposes of determining eligibly—N.T. had $173,854.95 in liquid resources. The resources that petitioner had at the time of the Application were above both the minimum and maximum amounts allowed for community spouse resources.

While it appears that as of November 3, 2025, N.T.'s liquid resources may have been significantly less, documentation (i.e., the checks) of the reduction was not provided to the County.

From December 3, 2025, to the date of denial, neither Wallach nor anyone else from Senior Planning Services sought a verification that an extension had or had not been granted, sought a second extension, reached out to the County to see what the Application status was, or informed the County that they were having difficulty obtaining the bank records for TD Bank account #0614.

The Medicaid portal typically closes on the date that action is taken on a file. The County will accept and consider documents up until the date a determination is made. In this case, N.T.'s Application was denied on November 5, 2025. The basis for the denial was primarily due to N.T.'s failure to provide the requested documentation, specifically, for TD Bank account #0614, for the month of November 2025. The denial was also due to being in excess of the resource limits as of November 1, 2025.

While there was testimony that Wallach received the TD Bank documentation for account #0614 on December 31, 2025, and tried to submit it to the portal, no credible evidence was presented that such action was taken or that the portal was closed. There is no evidence that Wallach attempted to reach out to the County, despite the fact that her agency and the County had a working relationship, to see what the status of the Application was, whether additional documentation would be considered, or whether an extension had been granted.

The County does not send out a second RFI for outstanding documentation that they have already requested. A second RFI is typically sent if a review of the documentation that has been received raises additional questions that require additional documentation.

LEGAL DISCUSSION

The Medicaid program is a cooperative federal-state venture, established by Title XIX of the Social Security Act. 42 U.S.C.A. §§1396, et seq. It "'is designed to provide medical assistance to persons whose income and resources are insufficient to meet the costs of necessary care and services.'" L.M. v. Div. of Med. Assistance and Health Servs., 140 N.J. 480, 484 (1995) (quoting Atkins v. Rivera, 477 U.S. 154, 156 (1986)); see Mistrick v. Div. of Med. Assistance and Health Servs., 154 N.J. 158, 165 (1998).

Eligibility for Medicaid is governed by regulations adopted in accordance with the authority granted to the DMAHS and the Commissioner of the Department of Human Services. N.J.S.A. 30:4D-7. The DMAHS and Commissioner are required to establish a policy and procedures for the Medicaid application process and shall supervise the operation of, and compliance with, the policy and procedures. N.J.A.C. 10:71-2.2(b).

Medicaid applicants must satisfy certain income and resource eligibility standards. N.J.A.C. 10:71-4.1 to -4.11; N.J.A.C. 10:71-5.1 to -5.9. As part of the application process, an applicant must "[a]ssist the [county social service agency] in securing evidence that corroborates his or her statements," including information about the applicant's income and resources." N.J.A.C. 10:71-2.2(e)(2). In this regard, "[d]ocumentary sources of evidence present factual information recorded at some previous date by a disinterested party," including "certificates, legal papers, insurance policies, licenses, bills, receipts, notices of RSDI benefits, and so forth." N.J.A.C. 10:71-3.1(b)(1). Importantly, "[e]ligibility must be established in relation to each legal requirement to provide a valid basis for granting or denying medical assistance." N.J.A.C. 10:71-3.1(a).

An applicant whose Medicaid application is denied by a county social service agency (CSSA) for failure to provide verification of eligibility in accordance with N.J.A.C.

10:71-2.2(e)(2) may request a fair hearing before the OAL to challenge the agency's decision. N.J.A.C. 10:49-10.3(b). In such appeals, the main issue is whether the applicant timely provided the agency with sufficient documentation to determine their financial eligibility for Medicaid. However, a review of administrative decisions shows that in cases in which an applicant made a good-faith effort to cooperate with the CSSA's document requests but ultimately failed to do so due to "exceptional circumstances," such failure may be excused, and the CSSA may be ordered to give the applicant more time to provide verifications.

However, in the absence of "exceptional circumstances," a denial for failure to provide verifications will be upheld even if the applicant or his representative cooperated with the CSSA during the application period, especially when the CSSA extended the application period. Thus, in J.B. v. Cape May County Board of Social Services, HMA 06942-14, Initial Decision (August 22, 2014), adopted, Dir. (September 9, 2014), https://njlaw.rutgers.edu/OAL/index.php, the administrative law judge (ALJ) affirmed the denial of the applicant's application because the CSSA had given her attorneys almost six months to provide all of the necessary documents, but in response to each of the agency's numerous notices the attorneys inexcusably managed to provide only some of the requested documents. In J.D. v. DMAHS, 2014 N.J. AGEN LEXIS 381 (June 26, 2014), adopted, Dir. (July 29, 2014), the ALJ found that a public guardian's difficulty in obtaining requested documents due to a lack of cooperation from the applicant's family and financial institutions did not constitute extraordinary circumstances in light of the fact that the CSSA had provided the public guardian an additional two months to obtain the necessary documents, and the agency had still not received all of the outstanding information.

Here, citing to a litany of cases, petitioner contends that the County's actions in failing to respond to the DAR who was acting in good faith when she requested an extension, and failing to communicate with the DAR to let her know what was outstanding or the status of the Application, violated their responsibilities under the regulations and case law.

Respondent contends that notice was provided to the petitioner that outlined the exact documentation that was needed and when it needed to be submitted. In order to assess qualification for Medicaid benefits, all sources of income and resources must be reviewed. In the absence of credible verification of all eligibility factors, eligibility for the Medicaid program may not be established. N.J.A.C. 10:72-2.3(e).

As part of the application process, both the applicant and the agency have responsibilities related to the application process. The agency exercises direct responsibility in the application process to:

1. Inform the applicants about the purpose and eligibility requirements for Medicaid Only, inform them of their rights and responsibilities under its provisions and inform applicants of their right to a fair hearing;

2. Receive applications;

3. Assist the applicants in exploring their eligibility for assistance;

4. Make known to the applicants the appropriate resources and services both within the agency and the community, and, if necessary, assist in their use;

5. Assure the prompt and accurate submission of eligibility data to the Medicaid status files for eligible persons and prompt notification to ineligible persons of the reason(s) for their ineligibility.

[N.J.A.C. 10:71-2.2(c).]

As a participant in the application process, an applicant is required to:

1. Complete, with assistance from the CSSA if needed, any forms required by the CSSA as a part of the application process;

2. Assist the CSSA in securing evidence that corroborates his or her statements;

3. Report promptly any change affecting his or her circumstances.

[N.J.A.C. 10:71-2.2(e).]

Cursory review of the cases cited by petitioner's counsel finds clear factual distinctions between this case and the cases cited.

As examples: In J.P. v. Atlantic County Department of Family and Community Development, HMA 02735-24, Final Agency Decision (September 23, 2024), https://www.nj.gov/humanservices/dmahs/providers-stakeholders/overview/fads.shtml, the ALJ found the CSSA's actions unreasonable for several reasons, which included that the CSSA failed to take into consideration the applicant's medical condition; the applicant had throughout the application process provided the multitude of documents that had been requested in response to two RFIs; the applicant had in fact provided the outstanding documentation at the time to a different agency, which was not discovered until after the application had been denied, but before the ninety-day review period was up; and the CSSA made its determination before the ninety-day review period. Had the CSSA taken the ninety days, the documentation in question would have been timely.

In K.O. v. DMAHS, 2023 N.J. Super. Unpub. LEXIS 1587 (App. Div. September 26, 2023), the court reversed and remanded the applicant's case to the DMAHS for further consideration and reinstatement of the applicant's Medicaid application after finding, among other things, that the documentation provided was responsive to what was actually requested in the RFI, and that if the CSSA required further documentation and/or verification it was incumbent upon them to let the applicant know, further stating that "it is arbitrary to assume [the applicant] would know the specific potential financial interests sought, such as an elective share or appeal of the termination of VA benefits." 2023 N.J. Super. Unpub. LEXIS 1587 at *15.

Similarly, in M.L. v. Essex County Division of Family Assistance & Benefits, 2025 N.J. Super. Unpub. LEXIS 407 (App Div. March 18, 2025), in reversing the CSSA denial, the appellate court found that the applicant had submitted all the documentation (Wells Fargo statements) requested by the CSSA; however, additional financial information from Citizens Bank was required, a fact that was never conveyed to the applicant before his first application was denied. The court went on to note:

> After [the applicant] received the April 4 request for follow-up information from Lewis, he promptly submitted the Wells Fargo documents. Upon Lewis' receipt, her duty was to review the pending application and notify [the applicant] concerning what, if any, additional information was required to make an eligibility determination. The record shows Lewis failed to do so. Instead, she denied the March 31 application, and only then informed [the applicant] his application was deficient. It follows that DMAHS' final administrative decision adopting DFAB's improper denial of the March 31 application was arbitrary, capricious and unreasonable.
>
> [2025 N.J. Super. Unpub. LEXIS 407 at *10.]

The common theme in the cases cited above is that the CSSA failed to notify the applicant that in addition to the documentation submitted that was responsive to the RFI, additional documentation was required.

As succinctly stated in M.L.:

> The applicant is responsible for cooperating fully with the verification process if the case worker must contact a third-party to verify an applicant's resources. N.J.A.C. 10:71-4.1(d)(3)(i). The agency may perform a collateral investigation to "verify, supplement or clarify essential information." N.J.A.C. 10:71-2.10(b). Under N.J.A.C. 10:71-2.2, the case worker must communicate with the applicant regarding the claimed deficiencies and then, under N.J.A.C. 10:71-2.10(b), provide an opportunity for the applicant to verify, supplement or clarify the information before denying an application.
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> [Id. at *8.]

What is distinguishable in the instant matter from those cited above is the fact that the documentation specifically requested in the RFI—the TD Bank account #0614 information—was never provided to begin with. When the DAR submitted the other financial documents that were responsive to the RFI, she specifically requested an extension to obtain the TD Bank information. Whether the County formally acknowledged the request for the extension or not was not going to change that the documentation was specifically requested from the outset and that the County could not obtain the information

themselves. Again, unlike the cases cited above, where the CSSA failed to communicate to the applicant that additional documentation was required in addition to what was provided, this documentation was requested from the start. The DAR was aware of this, hence her request for an extension.

With regard to the claim that the County failed to communicate or respond to the request for an extension, neither the DAR nor the County's caseworker testified in this matter, therefore it cannot be definitively said that the County did not respond verbally to the extension request. Even assuming, arguendo, that the County was unresponsive, a determination was not made on the application for almost a month after the return date of the RFI. Given the DAR's and her supervisor's level of experience and the nature of the business that they are in, they would or should have known that an extension, even if granted, would have been for ten additional days. At no time did the DAR reach out to the County to see if they had received the extension request; explain the difficulty that they were experiencing in obtaining the outstanding documentation; follow up to see the status of the application; or ask for a second extension.

While the petitioner would like to shift the burden to the County in this matter by arguing that the County failed to communicate with the DAR in violation of the regulations, it is not the County's responsibility to reach out to each and every applicant to remind them to provide the necessary or missing documentation to process their application, particularly since it had already been requested. As previously stated, that is the responsibility of the applicant. The petitioner was told what documentation was required and when it was due. Unfortunately, what was provided was not completely responsive to the RFI, nor were any exceptional circumstances presented by the petitioner at any time prior to the Application denial, to explain why the TD Bank information for account #0614 was missing.

The Application was also denied due to the petitioner being over the resource limit as of November 1, 2025. Petitioner asserts that the County's determination on this point was because they did not have the updated bank statements, and had there been communication and a response to the extension request this issue could have been worked out.

It is undisputed that based upon the financial documentation provided as of November 1, 2025—the relevant date for purposes of determining eligibility—petitioner had $173,854.95 in liquid resources. The resources that petitioner had at the time of the Application were above both the minimum and maximum amounts allowed for community spouse resources.

For all of the foregoing reasons, I **CONCLUDE** that as of the date of the Application petitioner was ineligible for Medicaid for failure to provide documentation and for being over resourced.

ORDER

I **ORDER** that petitioner's appeal is **DISMISSED**.

I **FILE** this initial decision with the **ASSISTANT COMMISSIONER OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**. This recommended decision is deemed adopted as the final agency decision under 42 U.S.C. § 1396a(e)(14)(A) and N.J.S.A. 52:14B-10(f). The **ASSISTANT COMMISSIONER OF THE DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES** cannot reject or modify this decision.

If you disagree with this decision, you have the right to seek judicial review under New Jersey Court Rule 2:2-3 by the Appellate Division, Superior Court of New Jersey, Richard J. Hughes Complex, PO Box 006, Trenton, New Jersey 08625. A request for judicial review must be made within 45 days from the date you receive this decision. If you have any questions about an appeal to the Appellate Division, you may call (609) 815-2950.

June 9, 2026
DATE

TAMA B. HUGHES, ALJ

Date Received at Agency: _____

Date Mailed to Parties: _____

TBH/dc

APPENDIX

Witnesses

For petitioner:

Rebecca Ehren

For respondent:

Paul Watkins, Human Services Specialist 3

Exhibits

For petitioner:

P-1 December 3, 2025, letter from Riki Wallach to the Gloucester County Board of Social Services

P-2 TD Bank statements

For respondent:

R-1 Fair hearing packet

R-2 Asset Summary Sheet