

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

2019
Signature Confirmation

[REDACTED]

NOTICE OF DECISION

PARTY

[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED] 2019, the Department of Social Services (the "Department") sent [REDACTED] (the "Appellant"), a Notice of Action ("NOA") reducing the Supplemental Nutrition Assistance Program ("SNAP") benefits to \$15.00 effective [REDACTED] 2019.

On [REDACTED] 2019, the Appellant requested an administrative hearing to contest the amount of her SNAP benefits.

On [REDACTED] 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [REDACTED] 2019.

On [REDACTED], 2019, 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 were present at the hearing:

[REDACTED], Appellant
Taneisha Hayes, Department's Representative
Carla Hardy, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly determined the Appellant eligible for a \$15.00 monthly SNAP benefit for [REDACTED] 2019.

FINDINGS OF FACT

1. The Appellant is a household of one. (Appellant's Testimony, Hearing Record)
2. The Appellant is 52 years old (DOB [REDACTED] 67). She is not disabled. (Appellant's Testimony)
3. The Appellant's rent is \$0.00 per month. She pays for the electric and gas bill. (Appellant's Testimony)
4. The Department used the Standard Utility Allowance ("SUA") in the calculation of the Appellant's SNAP benefit. (Department's Testimony)
5. On [REDACTED], 2019, the Appellant began working for [REDACTED] on a temporary assignment with [REDACTED]. (Exhibit 4: Employment letter from [REDACTED], [REDACTED] 19; Appellant's Testimony)
6. The assignment at [REDACTED] lasted two and one-half weeks and ended on [REDACTED] 2019. The Appellant was paid on a weekly basis at \$15.40 per hour. (Exhibit 4; Appellant's Testimony)
7. The Appellant received the following paychecks from [REDACTED]

Pay Date	Hourly Rate	Hours/Week	Weekly Pay
[REDACTED] 19	\$15.40	4.15	\$63.91
[REDACTED] /19	\$15.40	39.72	611.69
[REDACTED] /19	\$15.40	20.10	\$309.54
Total			\$985.14

(Exhibit 3: The Work Number Wage Verifier)

8. The Appellant also received a check for \$30.80 from [REDACTED] on [REDACTED], 2019, for two hours of training. (Exhibit 3; Appellant's Testimony)
9. One hundred thirty percent of the poverty level for a household of one equals \$1,316.00 per month.

10. On [REDACTED] 2019, the Department received the Appellant's Renewal Form. (Exhibit 6: Case Notes)
11. On [REDACTED] 2019, the Appellant received her last paycheck from [REDACTED]. (Exhibit 3)
12. On [REDACTED] 2019, the Department conducted a telephone interview with the Appellant. The Department contacted The Work Number and verified that the Appellant had earnings from [REDACTED]. The Department updated the Appellant's case with income totaling \$1,412.03 [$985.14/3 * 4.3 = \$1,412.03$]. The SNAP benefits were reduced to \$15.00 per month. (Exhibit 6; Department's Testimony)
13. On [REDACTED] 2019, the Appellant informed the Department that her job with [REDACTED] had already ended. The Department did not request proof of that statement. (Appellant's Testimony)
14. On [REDACTED] 2019, the Department issued a notice to the Appellant informing her that her SNAP benefits would be reduced to \$15.00 per month effective [REDACTED] 2019. (Exhibit 2: NOA, [REDACTED]/19)
15. On [REDACTED] 2019, the Appellant contacted the Department to discuss her \$15.00 SNAP benefit. The Department informed her that she needed to provide a letter from [REDACTED] indicating the date she last worked. (Exhibit 6)
16. On [REDACTED] 2019, the Department received verification that the Appellant last worked at [REDACTED] on [REDACTED], 2019. (Exhibit 4; Exhibit 6; Hearing Summary)
17. On [REDACTED] 2019, the Department updated the Appellant's termination date. The Appellant's SNAP benefits increased to \$192.00 per month effective [REDACTED] 2019. (Exhibit 6)
18. The issuance of this decision is timely under the 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] 2019, therefore this decision is due not later than [REDACTED] 2019.

CONCLUSIONS OF LAW

1. The Commissioner of the Department of Social Services is authorized to administer the SNAP program in accordance with federal law. Conn. Gen. Stats. § 17b-2.
2. Section 273.2 of the Code of Federal Regulations ("CFR") provides, in pertinent part, as follows:

The State agency shall provide each household at the time of application for certification and recertification with a notice that informs the household of the

verification requirements the household must meet as part of the application process. The notice shall also inform the household of the State agency's responsibility to assist the household in obtaining required verification provided the household is cooperating with the State agency as specified in (d) (1) of this section. The notice shall be written in clear and simple language and shall meet the bilingual requirements designated in § 272.4 (b) of this chapter. At a minimum, the notice shall contain examples of the types of documents the household should provide and explain the period to time the documents should cover.

7 CFR § 273.2 (c) (5).

"The department's uniform policy manual is the equivalent of a state regulation and, as such, carries the force of law." *Bucchere v. Rowe*, 43 Conn. Supp. 175, 178 (1994) (citing Conn. Gen. Stat. § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Conn. 601, 573 A.2d 712 (1990)).

The Department is required to provide assistance units with timely notification of the required redetermination. Uniform Policy Manual ("UPM") § 1545.15 A. 1.

The Department correctly sent the Appellant a SNAP renewal notice notifying the Appellant of the renewal requirement.

3. Chapter 7, Section 273.2 of the CFR provides, in pertinent part, as follows:

that except for households certified for longer than 12 months, and except as provided in paragraph (e)(2) of this section, households must have a face-to-face interview with an eligibility worker at initial certification and at least once every 12 months thereafter. . . . 7 CFR § 273.2 (e)(1).

Chapter 7, section 273.2 of the CFR provides, in pertinent part, that the State agency may use a telephone interview instead of the face-to-face interview required in paragraph (e)(1) of this section for all applicant households, for specified categories or households, or on a case-by-case basis because of household hardship situations as determined by the State agency. . . . 7 CFR § 273.2(e)(2).

UPM § 1545.20 (A) provides for Redetermination interviews.

1. Except for the following rules, the redetermination interview requirements are the same as the requirements established for the application process. (cross reference: 1505)
2. In-office interviews are required for AFDC assistance units at least once every twelve months, but not for SNAP, AABD, and MA assistance units.

The Department correctly conducted a telephone interview with the Appellant.

4. Chapter 7, section 273.12 of the CFR provides, in pertinent part, as follows:

(a) Household responsibility to report. (1) Monthly reporting households are required to report as provided in §273.21. Quarterly reporting households are subject to the procedures as provided in paragraph (a)(4) of this section. Simplified reporting households are subject to the procedures as provided in paragraph (a)(5) of this section. . . . 7 CFR § 273.12(a)(1).

5. Chapter 7, section 273.12 of the CFR provides, in pertinent part, as follows:
The State agency may establish a simplified reporting system in lieu of the change reporting requirements specified under paragraph (a)(1) of this section. The following requirements are applicable to simplified reporting systems:

. . . .
(v) Reporting when gross income exceeds 130 percent of poverty. A household subject to simplified reporting in accordance with paragraph (a)(5)(i) of this section, whether or not it is required to submit a periodic report, must report when its monthly gross income exceeds the monthly gross income limit for its household size, as defined at §273.9(a)(1). The household shall use the monthly gross income limit for the household size that existed at the time of its most recent certification or recertification, regardless of any subsequent changes in its household size.

7 CFR § 273.12(a)(5)(v).

6. The Appellant's \$936.66 in earnings does not exceed \$1,316.00.
7. The Appellant was not required to report her income from [REDACTED]
- 8. The Department incorrectly counted the income from [REDACTED] in its calculation of the Appellant's SNAP benefits.**
- 9. The Department incorrectly reduced the Appellant's SNAP benefits to \$15.00 per month.**

DISCUSSION

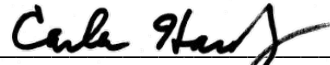
The Department conducted the Appellant's telephone interview on [REDACTED] 2019. The Appellant's temporary assignment with [REDACTED] had already terminated on [REDACTED] 2019, and she had received her last check on [REDACTED] 2019. The Appellant's income had not exceeded 130 percent (\$1,316.00) of the poverty level for a household of one. She was not obligated to report the income from [REDACTED]. The Department was incorrect when they projected the Appellant's earnings for [REDACTED] 2019 and reduced the SNAP benefit to \$15.00.

DECISION

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

ORDER

1. The Department shall recalculate the Appellant's SNAP benefit for [REDACTED] 2019 using \$0.00 earnings from [REDACTED]
2. The Department shall provide compliance with this order to the undersigned no later than [REDACTED] 2019.



Carla Hardy
Hearing Officer

Pc: Musa Mohamud, Department of Social Services, Greater Hartford Office
Judy Williams, Department of Social Services, Greater Hartford Office
Jessica Carroll, Department of Social Services, Greater Hartford Office
Jay Bartolomei, Department of Social Services, Greater Hartford Office
Taneisha Hayes, Department of Social Services, Greater Hartford Office

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.