

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

CL ID # ██████████
Case ID# ██████████
Request # 144206

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2019, the Department of Social Services (the "Department") issued to ██████████ (the "Appellant") a Notice of Action, discontinuing his Supplemental Nutrition Assistance Program ("SNAP") benefits.

On ██████████, 2019, the Appellant requested an administrative hearing because he disagrees with the discontinuance of his SNAP benefits.

On ██████████ 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for ██████████ 2019.

On ██████████, 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:

██████████, the Appellant
Sara Hart, Department's Representative
Scott Zuckerman, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly discontinued the Appellant's SNAP benefits.

FINDINGS OF FACT

1. The Appellant received SNAP benefits for a household of one and was certified through [REDACTED], 2019. (Hearing Summary)
2. On [REDACTED] 2019, the Department received the Appellant's W1ER, Notice of Renewal of Eligibility. (Hearing Summary, Exhibit 1: W-1ER, Exhibit 2: Case note, [REDACTED]/19)
3. On [REDACTED], 2019, the Appellant completed his SNAP telephone interview. The Appellant informed the Department that he resides with his mother, [REDACTED]. The Appellant indicated his mother is employed. (Appellant's testimony, Exhibit 2: Case Notes, [REDACTED]/19)
4. The Appellant is twenty – one-years old (DOB [REDACTED]). (Appellant's testimony, Ex. 1: W-1ER)
5. On [REDACTED], 2019, the Department discovered the following bi-weekly wages for the Appellant's mother at [REDACTED]: [REDACTED]/19 \$461.96; [REDACTED]/19 \$236.39. (Exhibit 6: Equifax Verification Services, the work number, [REDACTED]/19 and Ex. 8: Earned Income Worksheet)
6. On [REDACTED], 2019, the Department discovered the following weekly wages for the Appellant's mother at [REDACTED]: [REDACTED]/19 \$924.95; [REDACTED]/19 \$924.95; [REDACTED]/19 \$924.95 and [REDACTED] 19 \$924.95. (Exhibit 6: Equifax Verification Services, the work number, [REDACTED]/19)
7. On [REDACTED] [REDACTED], 2019, the Department sent the Appellant a Notice of Action discontinuing his SNAP benefits effective [REDACTED], 2019. The notice stated, "The monthly gross income of your household is more than the limit for this program." (Exhibit 3: Notice of Action, [REDACTED] 19)
8. 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 fair hearing. The Appellant requested an administrative hearing on [REDACTED] 2019. Therefore, this decision is due not later than [REDACTED] 2019.

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes, authorizes the Commissioner of the Department of Social Services to administer the SNAP program in accordance with federal law.
2. “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)).
3. Title 7 of the Code of Federal Regulations (CFR) § 273.1(a)(3) provides for general household definition and states that a household is composed of one of the following individuals or groups of individuals unless otherwise specified in paragraph (b) of this section: A group of individuals who live together and customarily purchase food and prepare meals together for home consumption.
4. Title 7 CFR § 273.1(b)(1)(i) & (c)(1)(ii) provides for Required household combinations and states in part that the following individuals who live with others must be considered as customarily purchasing food and preparing meals with the others, even if they do not do so, and thus must be included in the same household, unless otherwise specified: Spouses; a person under 22 years of age who is living with his or her natural or adoptive parent(s) or step-parent(s)

Uniform Policy Manual (“UPM”) § 2020.10 provides that the assistance unit must include certain individuals who are in the home if they are not specifically excluded or ineligible to participate in the Food Stamp program.

- A. Those who are related as follows must be included in the assistance unit, except when the child or adult is a foster child or foster adult:
 1. a child under age 18 under the parental control of a member of the assistance unit;
 2. a spouse of a member of the assistance unit including any who presents himself or herself as a spouse;
 3. children ages 18 through 21 living with their parents.

The Department correctly included the Appellant’s mother in the household composition.

6. Title 7 CFR § 273.10(c)(1)(ii) & (c)(2)(i) provides for converting income into monthly amounts.

UPM § 5025.05(A)(1) provides for converting income to monthly amounts and states for past months the Department uses the exact amount of the unit's available income received or deemed in the month.

Or

UPM § 5025.05(B)(2) provides that if income is received on other than a monthly basis, the estimate of income is calculated by multiplying 4.3 by a representative weekly amount that is determined as follows: if income is the same each week, the regular weekly income is the representative weekly amount; if income varies from week to week, a representative period of at least four consecutive weeks is averaged to determine the representative weekly amount.

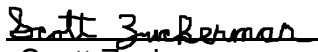
The Department correctly determined that the Appellant's household monthly gross income was \$4728.00 (\$461.96 + \$236.39 = \$698.35 / 4 = \$174.58 x 4.3 weeks = \$750.72 wages from [REDACTED] and \$924.95 x 4.3 weeks = \$3977.28 wages from [REDACTED]. \$750.72 + 3977.38 = \$4728.00).

4. Title 7 CFR S 273.9 (a) provides for income eligibility standards and states that participation in the Program shall be limited to those households whose incomes are determined to be a substantial limiting factor in permitting them to obtain a more nutritious diet. Households which contain an elderly or disabled member shall meet the net income eligibility standards for SNAP. Households which do not contain an elderly or disabled member shall meet both the net income eligibility standards and the gross income eligibility standards for SNAP.
7. The Department correctly determined that the Appellant's household must pass the gross income and net (applied) income tests because there are no elderly or disabled household members.
8. Under expanded eligibility, the SNAP gross income limit equals 185 percent of the federal poverty level, (FPL).
5. The FPL for a household of two is \$1372 monthly. (USDA SNAP 2019 Income Eligibility Standards).
9. The gross income limit for an assistance unit of two people as of January 2019 is \$2538.00 (185% FPL)

The Department correctly discontinued the Appellant's SNAP benefits because the household gross income of \$4728.00 exceeds the SNAP gross income limit of \$2538.00 for a household of two persons.

DECISION

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


Scott Zuckerman
Hearing Officer

Pc: Tonya Cook-Beckford, Operations Manager, Willimantic Regional Office
Sara Hart, Fair Hearing Liaison, Willimantic Regional 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 06105-3725.

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. 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.