

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

HEARING REQUEST #144905

██████████ 2019  
SIGNATURE CONFIRMATION

CASE ID ██████████  
CLIENT ID # ██████████

NOTICE OF DECISION

PARTY

██████████  
██████████  
████████████████████

PROCEDURAL BACKGROUND

On ██████████ 2019, the Department of Social Services (the "Department") issued a Notice of Action to ██████████ (the "Appellant") denying the Appellant's ██████████, 2019 application for benefits under the Supplemental Nutrition Assistance Program ("SNAP"), because the monthly gross income for her household exceeded the monthly income limit for the program.

On ██████████ 2019, the Appellant requested an administrative hearing to contest the Department's denial of her request for SNAP benefits.

On ██████████, 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice of Administrative Hearing scheduling an administrative hearing for ██████████ 2019 @ 9:30 AM.

On ██████████ 2019, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-184, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing to address the Department's denial of the Appellant's request for SNAP benefits.

The following individuals were present at the hearing:

██████████, Appellant  
Sara Hart, Representative for the Department  
Hernold C. Linton, Hearing Officer

## STATEMENT OF THE ISSUE

The issue to be decided is whether the Appellant's assistance unit is ineligible to receive SNAP benefits, due to excess income.

## FINDINGS OF FACT

1. On [REDACTED] 2019, the Department received the Appellant's application for SNAP benefits. (Appellant's testimony; Hearing Summary)
2. The Appellant completed her application interview and reported a household of three (3) with earned income. (Hearing Summary; Dept.'s Exhibit #1: Case Notes)
3. The Department determined the total gross monthly projected earned income for the Appellant's assistance unit as \$4,007.53. (Hearing Summary; Dept.'s Exhibit #4: Earned Income Worksheet)
4. On [REDACTED] 2019, the Department sent the Appellant a Notice of Action denying her application for SNAP benefits, because the Department determined that the monthly gross income for her household exceeded the income limit for the program. (Hearing Summary; Dept.'s Exhibit #3: [REDACTED] 19 Notice of Action)
5. The Appellant's assistance unit consists of three (3) eligible members. (Appellant's testimony; Hearing Summary)
6. The Appellant's assistance unit does not include an elderly or disabled member. (Appellant's testimony)
7. The Appellant is employed at [REDACTED] Supermarket and the [REDACTED] Laundry, and receives combined monthly projected gross earned of \$1,881.43 (\$1,302.41, from [REDACTED]; plus \$579.02, from [REDACTED] Laundry). (Appellant's testimony; Hearing Summary)
8. The Appellant's adult son is employed at [REDACTED], and receives monthly projected gross earned of \$2,126.10. (Appellant's testimony; Hearing Summary)
9. The Appellant's assistance unit has combined total average monthly projected gross earned income of \$4,007.53. (Hearing Summary; Dept.'s Exhibit #6: Pay Stubs)
10. The gross income limit for an assistance unit consisting of three (3) members is \$3,204.00 per month, or 185% of the Federal Poverty Level ("FPL") for 3. (Dept.'s Exhibit #5: Income Limits & Standards)
11. The net income limit for an assistance unit consisting of three (3) members is \$1,732.00 per month, or 100% of the FPL for 3. (Dept.'s Exhibit #5)
12. The Appellant's rental obligation is \$900.00 per month. (Appellant's testimony; Dept.'s Exhibit #1: W-1EDD)

13. The Appellant's assistance unit is eligible for the Standard Utility Allowance ("SUA") of \$736.00 per month as of [REDACTED] 2018, as a deduction. (Dept.'s Exhibit #1)

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

Uniform Policy Manual ("UPM") § 5025.05(B)(2)(a) 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: (a) if income is the same each week, the regular weekly income is the representative weekly amount.

UPM § 5025.05P provides that If the client is paid biweekly, add the last 2 consecutive periods, divide by 2, then multiply by 2.15 to arrive at the monthly gross.

Program Information Bulletin No: 03-02 provides that prospective budgeting is the process of using information from the budget month to "anticipate" circumstances in the current and on-going payment months. Because we issue benefits at the beginning of the month for the same budget month, we must use income received in the previous month, if no changes are expected, as an indicator of current or future income.

3. The Department correctly determined the combined total monthly projected gross earned income for the Appellant's assistance unit as \$4,007.53, (\$1,302.41 for [REDACTED] plus \$579.02, for [REDACTED], and \$2,126.10 for son from [REDACTED]).
4. Income eligibility for the SNAP program is determined either through the use of SNAP gross and applied income tests or through meeting the eligibility requirements for TFA (including diversion assistance) AFDC, AABD, GA, SAGA, refugee assistance or SSI. [UPM § 5520.40]
5. The Gross Income Eligibility test is used for all units except those, which include one or more persons who are elderly or disabled, or are categorically eligible for SNAP benefits. [UPM § 5520.40A.1]
6. When the Gross Income Test is used, the assistance unit's gross monthly income is compared to a limit which is equal to 185% of the Federal Poverty Level ("FPL") for the number of persons in the needs group. Effective [REDACTED] 2019, the gross income limit is 185% of the FPL for 3 or \$3,204.00 per month.

- a. If the unit's total gross income exceeds the standard, the unit is not eligible for Food Stamps benefits.
  - b. If the unit's gross income equals or is less than the limit, the unit's applied income is then subjected to the Applied Income Test. [UPM § 5520.40A.2]
7. The Department correctly determined that the Appellant's assistance unit includes three (3) eligible members, and does not include an elderly or disabled individual.
  8. Because the Appellant's assistance unit does not include an elderly or disabled member and is not categorically eligible for SNAP benefits, her assistance unit is subject to the gross income test.
  9. Income eligibility is determined on the basis of the assistance unit's total monthly projected gross income.
  10. The unit's total monthly gross income is compared to an amount equivalent to the SNAP Gross Income Limit for the respective unit size.
  11. The gross income limit is 185% of the Federal Poverty Level for 3, which is \$3,204.00 per month for an assistance unit consisting of three (3) members.
  12. The Appellant's combined total monthly projected gross income of \$4,007.53 exceeds the Gross Income Limit for the SNAP program for 3 eligible members of \$3,204.00 per month.
  13. The Appellant's on going eligibility for SNAP benefits is computed as follows:

<b>INCOME</b>	
Combined Earned Income	\$4,007.53
185% of the FPL for 3	\$3,204.00
Less 20%	\$801.51
Net Earned Income	\$3,206.02
<b>Total Countable Income</b>	\$3,206.02
Less standard deduction	\$164.00
	\$3,042.02
<b>Adjusted Gross Income</b>	\$3,042.02
<b>SHELTER COSTS</b>	
Rent	\$900.00
SUA	\$736.00
<b>Total Shelter Costs</b>	\$1,636.00
<b>SHELTER HARDSHIP</b>	
Shelter costs	\$1,636.00
Less 50% of adjusted gross income	\$1,521.01
<b>Total shelter hardship</b>	\$114.99

(Can not exceed \$552 unless elderly or disabled)	
<b>ADJUSTED NET INCOME</b>	
Adjusted gross income	\$3,042.02
Less shelter hardship	\$114.99
<b>Net Adjusted Income (NAI)</b>	<b>\$2,927.03</b>
100% of the FPL for 3	\$1,732.00
<b>BENEFIT CALCULATION</b>	
Thirty Food Plan for three (3) Persons	\$505.00
Less 30% of the NAI	\$878.00
<b>SNAP Award</b>	<b>-\$373.00</b>
<b>SNAP Amount</b>	<b>\$0.00</b>

14. The Appellant's assistance unit is ineligible for SNAP benefits, due to excess income.
15. The Department correctly denied the Appellant's application for SNAP benefits due to excess income, as the Appellant's total combined monthly projected gross income exceeded the program's corresponding Gross and Net Income Limits for her assistance unit size.

**DECISION**

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



Hernold C. Linton  
Hearing Officer

Pc: **Tonya Cook-Beckford**, Social Service Operations Manager,  
DSS, R.O. #42, Willimantic

**Fair Hearing Liaisons**, DSS, R.O. #42, Willimantic

### **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.