

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

HEARING REQUEST #145065

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

CASE ID ██████████
████████████████████

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2019, the Department of Social Services (the "Department") sent ██████████ ██████████ (the "Appellant") a Notice of Action stating that her monthly benefits under the Supplemental Nutrition Assistance Program ("SNAP") would be \$15.00, effective ██████████ 2019.

On ██████████ 2019, the Appellant requested an administrative hearing because she disagrees with the monthly amount of her SNAP benefits as determined by the Department.

On ██████████ 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling a hearing for ██████████ 2019 @ 9:00 AM.

On ██████████ 2019, in accordance with Connecticut General Statutes § 17b-60, 17b-61 and § 4-176e to § 4-184, inclusive, OLCRAH held an administrative hearing to address the Appellant's monthly amount of SNAP benefits as determined by the Department.

The following individuals were present at the hearing:

████████████████████, Appellant
████████████████████, Witness for the 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 receiving the correct monthly amount in SNAP benefits, as determined by the Department.

FINDINGS OF FACT

1. The Department received the Appellant's completed Periodic Report Form ("PRF, W-1054") reporting a change in her income and living arrangements. (Hearing Summary; Dept.'s Exhibit #1: PRF)
2. On ██████ 2019, the Department determined that the Appellant's assistance unit as eligible for \$15.00 per month in SNAP benefits, effective ██████ 2019. (Appellant's testimony; Hearing Summary; Dept.'s Exhibit #5: SNAP Computation Sheet)
3. The Appellant has a SNAP assistance unit consisting of one (1) member. (Appellant's testimony; Hearing Summary)
4. The Appellant receives \$771.00 per month in gross Supplemental Security Income ("SSI") benefits as a disabled individual. (Appellant's testimony; Hearing Summary; Dept.'s Exhibit #4 SNAP Income Test)
5. The Department determined the Appellant's assistance unit as categorically eligible for SNAP benefits. (Hearing Summary; Dept.'s Exhibit #4: SNAP Income Test)
6. The Appellant does not have out of pocket monthly medical expenses in excess of the \$35.00 deductible. (Appellant's testimony; Dept.'s Exhibit #5: SNAP Computation Sheet)
7. The Appellant is homeless and does not incur any monthly shelter costs as she resides in her car. (Appellant's testimony; Hearing Summary)
8. The Appellant would like to claim her car payment of \$212.00 per month as a shelter cost because she is homeless and living in the vehicle. (Appellant's testimony; Appellant's Exhibit A: ██████ 19 Email from USDA)
9. The Appellant's assistance unit is not eligible for the Standard Utility Allowance ("SUA") of \$736.00 per month as of ██████ 2018, as a deduction. (Dept.'s Exhibit #5: SNAP Computation Sheet)

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 of the Code of Federal Regulations ("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.

3. The Department correctly determined the monthly projected gross countable unearned income for the Appellant's assistance unit as \$771.00 in SSI benefits.
4. Title 7 CFR § 273.9(d)(1)&(2) provides for standard deductions and earned income deductions.
5. UPM § 5045.15 provides that the amount of applied income upon which the level of SNAP benefits is based is calculated in the following way:
 - A. The monthly net earned income amount is calculated by reducing monthly earnings by:
 1. the actual amount of self-employment expenses, if applicable; and
 2. any earned income deductions approved by the Social Security Administration in regards to individual self-support plans (Cross reference: 5035.15); and
 3. a deduction of 20% of the gross earnings for personal employment expenses.
 - B. The monthly net earned income is added to the monthly gross unearned income amount and the total of the income deemed to the unit.
 - C. The amount of applied income is calculated by reducing the combined total of net earnings, gross unearned income and deemed income by the following in the order presented:
 1. a deduction for farming losses, if any;
 2. a disregard of \$164.00 per month; { effective [REDACTED]/18}
 3. a deduction for unearned income to be used to fulfill a bona-fide plan to achieve self-support (PASS); Cross reference: 5035.15
 4. the appropriate deduction for work related dependent care expenses;
 5. deduction for allowable medical expenses for those assistance unit members who qualify;
 6. a deduction for legally obligated child support when it is paid for a child who is not a member of the assistance unit;
 7. a deduction for shelter hardship, if applicable.
(Cross References: 5030 - "Income Disregards" and 5035 "Income Deductions")

- D. The remaining amount after the disregards and deductions are subtracted is the amount of the unit's applied income.
6. In the SNAP program, expenses for a special diet are not an allowable deduction from income. [7 CFR 273.9(d)(3)]
 7. The Department correctly applied the standard deduction of \$164.00 to the Appellant's total monthly projected gross countable income of \$771.00 to determine the amount of the Appellant's monthly Adjusted Gross Income as \$607.00 (\$771.00, unearned income; minus \$164.00, standard deduction for 1).
 8. The Appellant's assistance unit includes a disabled individual.
 9. Title 7 CFR § 273.9(d)(6)(i) provides that a State agency may provide a standard homeless shelter deduction to households in which all members are homeless individuals but are not receiving free shelter throughout the month. The deduction must be subtracted from net income in determining eligibility and allotments for the households. The State agency may make a household with extremely low shelter costs ineligible for the deduction. A household receiving the homeless shelter deduction cannot have its shelter expenses considered under paragraphs (d)(6)(ii) or (d)(6)(iii) of this section. However, a homeless household may choose to claim actual costs under paragraph (d)(6)(ii) of this section instead of the homeless shelter deduction if actual costs are higher and verified. A State agency that chooses to provide a homeless household shelter deduction must specify in its State plan of operation that it has selected this option.

Title 7 CFR § 273.9(d)(6)(ii) provides for excess shelter deduction.

UPM § 5035.15(F)(1) provides for the calculation of the shelter hardship for the SNAP and states in part that the amount of shelter expenses which exceeds 50% of that portion of the assistance unit's income which remains after all other deductions have been subtracted is allowed as an additional deduction. Shelter expenses are limited to the following:

- a. rent, mortgage payments, and any continuing charges leading to ownership of the property occupied by the assistance unit excluding any portions allowed as self-employment deductions in multiple-family dwellings;

Title 7 CFR § 273.9(d)(6)(iii) provides for the standard utility allowances.

UPM § 5035.15(F)(6) provides that a standard utility allowance ("SUA") determined annually by the agency to reflect changes in utility costs is used to represent the total monthly utility expenses of the assistance unit if:

- a. the assistance unit incurs heating fuel or cooling costs separately from rent or mortgage payments; and

- b. the bill is established on the basis of individualized metering of service to the unit; or
 - c. the costs are paid:
 - (1) totally or partially by the unit; or
 - (2) partially from a federal means-tested energy program directly to the service provider or to the recipient when these payments are less than the unit's total monthly heating or cooling costs; or
 - (3) totally by CEAP regardless of whether the payment is made to the unit or directly to the service provider.
10. The approved State plan of operation does not provide for the Appellant's monthly car payment to be allowed as a shelter cost.
11. The Department correctly determined the Appellant's monthly shelter costs as \$0.00 as the Appellant does incur any allowable shelter costs as a homeless individual.
12. Title 7 CFR § 271.2 provides for the maximum shelter deduction.
- UPM § 5035.15 (F)(10) provides that for those units, which do not have any members who are elderly or disabled, a maximum shelter hardship deduction, which is established by the USDA, is allowed. The maximum shelter hardship is revised annually effective October 1. (Maximum of \$552.00 as of [REDACTED] 18)
13. The Department correctly determined the Appellant's shelter hardship as \$0.00 per month, based on her reported income and no allowable shelter costs.
14. The Department correctly determined the Appellant's monthly applied income as \$607.00 (\$607.00, adjusted gross income; minus \$0.00, shelter hardship).
15. UPM § 6020.15(C) provides that benefit payments to SNAP units are issued subject to the following guidelines:
- 1. In the initial month of eligibility, no benefits are issued to any assistance unit for which a benefit payment of less than the minimum amount established by the USDA has been calculated.
 - 2. In all months except the initial month of eligibility:
 - a. assistance units consisting of 1 or 2 members which have a calculated benefit amount of less than the minimum amount established by the Food and Nutrition Act of 2008, which is equal to 8 percent of the cost of the thrifty food plan for a household containing one member, rounded to the nearest whole dollar increment;
16. UPM § P-6020.15(2) provides that issue no benefits to a SNAP unit in the initial month of eligibility when the amount of benefits is less than \$15.00.

17. UPM § P-6020.15(3) provides that in a month except the initial month of eligibility, issue benefits in the following amounts:

- minimum allotments of \$15.00 to assistance units of 1 or 2 members which have a calculated benefit amount of less than \$15.00.

18. The minimum allotment for the Appellant's assistance unit is \$15.00 per month in SNAP benefits.

19. The Appellant's monthly amount of SNAP benefits is computed as follows:

INCOME	
Earned Income	\$0.00
Less 20%	\$0.00
Net Earned Income	\$0.00
Appellant's SSI	\$771.00
Total Countable Income	\$771.00
Less standard deduction (1)	\$164.00
	\$607.00
Adjusted Gross Income	\$607.00
SHELTER COSTS	
Rent	\$0.00
SUA	\$0.00
Total shelter costs	\$0.00
SHELTER HARDSHIP	
Shelter costs	\$0.00
Less 50% of adjusted gross income	\$303.50
Total shelter hardship (Cannot exceed \$552.00 unless elderly or disabled)	\$0.00
ADJUSTED NET INCOME	
Adjusted gross income	\$607.00
Less shelter hardship	\$0.00
Net Adjusted Income (NAI)	\$607.00
BENEFIT CALCULATION	
Thirty Food Plan for One (1) Person	\$192.00
Less 30% of the NAI	\$183.00
	\$9.00
SNAP Minimum Allotment	\$15.00

20. The Appellant's assistance unit is eligible for \$15.00 per month in SNAP benefits, effective [REDACTED] 2019.

21. The Department correctly calculated the Appellant's monthly amount of SNAP benefits as \$15.00, effective [REDACTED] 2019.

DISCUSSION

The monthly SNAP benefit amount that the Appellant's assistance unit is receiving, as determined by the Department, is correct. The Appellant's assistance unit is eligible for \$15.00 per month in SNAP benefits, giving her household's income, size, and allowable shelter costs. The Department allowed the Appellant all appropriate deductions that her assistance unit is eligible to receive. The Appellant is advised to report any changes in her income, household size, or shelter costs to the Department for a recalculation of her eligibility.

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 Legal Counsel, Regulations and Administrative Hearings, 55 Farmington Avenue, Hartford, CT 06105.

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. 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 his/her 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.