

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

██████████ 2019  
Signature Confirmation

Client ID # ██████████  
Case # ██████████  
Request # 145122

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████, 2019, the Department of Social Services (the "Department") issued a Notice of Action ("NOA") to ██████████ (the "Appellant") which stated that she is eligible for \$82.00 in Supplemental Nutrition Assistance Program ("SNAP") benefits.

On ██████████ 2019, the Appellant requested an administrative hearing to contest the amount of her benefits under the Supplemental Nutrition Assistance Program.

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:

██████████, Appellant  
██████████, Appellant's Spouse

Glenn Guerrero, Department Representative  
Dashaun Thomas, DSS, Observer  
Shelley Starr, Fair Hearing Officer

A separate hearing decision will be issued regarding the State Supplement cash denial of benefits issue.

### **STATEMENT OF THE ISSUE**

The issue is whether the Department correctly calculated the Appellant's [REDACTED] 2019, SNAP benefits.

### **FINDINGS OF FACT**

1. On [REDACTED], 2019, the Appellant applied for SNAP benefits for a household consisting of two members; herself and her spouse. (Hearing Summary; Exhibit 1: W-1EDD dated [REDACTED], 2019)
2. The Appellant is [REDACTED] years old [REDACTED] and her spouse is [REDACTED] years old [REDACTED]. (Exhibit 1: W-1EDD; Spouse's Testimony; Hearing Record)
3. The Appellant receives gross Social Security Disability ("SSD") benefits of \$473.00 per month and SSI of \$318.00 per month. (Hearing Summary; Appellant's Testimony; Hearing Record)
4. The Appellant is Medicare A & B enrolled. She receives the QMB program, which pays for the Medicare Part B premium. (Hearing Record; Appellant's Testimony)
5. The Appellant's spouse has no sources of income and is pending disability. (Spouse's Testimony; Hearing Record)
6. In [REDACTED] of 2019, the Appellant incurred shelter costs at the [REDACTED] located in [REDACTED] where she currently resides. (Appellant's Testimony; Spouse's Testimony; Exhibit 1: W-1EDD dated [REDACTED], 2019)
7. The Department reflected that the Appellant did not have any shelter costs in the calculation of the SNAP benefits as the time of application. (Hearing Record; Department's Testimony; Exhibit 3: SNAP Computation sheet)
8. The Department did not request verification of the Appellant's reported monthly shelter costs at the time of application. (Exhibit 1: W-1EDD dated [REDACTED], 2019)

██████████, 2019; Exhibit 8: Post Hearing Exhibit Case Note from ██████████  
 ██████████ 2019; Appellant's Testimony; Hearing Record)

9. On ██████████, 2019, the Department determined that the Appellant and her Spouse are eligible for SNAP and issued a Notice of Action to the Appellant approving the SNAP and informing that the assistance unit is eligible for \$82.00 for the month of ██████████ of 2019 and \$164.00 ongoing. (Exhibit 4 & 5 Notice of Action dated ██████████, 2019; Department's Testimony; Hearing Record)
10. 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 ██████████, 2019. This decision is due not later than ██████████ 2019, and is therefore timely.

### CONCLUSIONS OF LAW

1. Connecticut General Statute § 17b-2(7) provides that the Department of Social Services is designated as the state agency for the administration of the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008.
2. "The department's uniform policy manual is the equivalent of 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. Uniform Policy Manual ("UPM") 1505.10 (A) provides for processing applications and states prior to making an eligibility determination the Department conducts a thorough investigation of all circumstances relating to eligibility and the amount of benefits.
4. Title 7 of the Code of Federal Regulations ("CFR") § 273.1(a)(2) provides that a household is composed of one of the following individuals or groups of individuals, unless otherwise specified in paragraph (b) of this section: an individual living with others, but customarily purchasing food and preparing meals for home consumption separate and apart from others.

**The Department correctly determined a household consisting of two members, the Appellant, and her spouse.**

5. 7 CFR § 273.9(b) provides that household income shall mean all income from whatever source excluding only items specified in paragraph (c) of this section.

7 CFR § 273.9(b)(2)(ii) provides that unearned income shall include, but not be limited to: annuities; pensions; retirement, veteran's, or disability benefits; worker's or unemployment compensation including any amounts deducted to repay claims for intentional program violations as provided in §272.12; old-age, survivors, or social security benefits; strike benefits; foster care payments for children or adults who are considered members of the household; gross income minus the cost of doing business derived from rental property in which a household member is not actively engaged in the management of the property at least 20 hours a week.

**The Department correctly included the Appellant's SSD and SSI income when calculating the Appellant's SNAP allotment.**

6. 7 CFR § 273.9(d) provides that deductions shall be allowed only for the following household expenses:

7 CFR § 273.9(d)(6)(ii) provides that monthly shelter expenses in excess of 50 percent of the household's income after all other deductions in paragraphs (d)(1) through (d)(5) of this section have been allowed. If the household does not contain an elderly or disabled member, as defined in §271.2 of this chapter, the shelter deduction cannot exceed the maximum shelter deduction limit established for the area. For fiscal year 2001, effective March 1, 2001, the maximum monthly excess shelter expense deduction limits are \$340 for the 48 contiguous States and the District of Columbia, \$543 for Alaska, \$458 for Hawaii, \$399 for Guam, and \$268 for the Virgin Islands. FNS will set the maximum monthly excess shelter expense deduction limits for fiscal year 2002 and future years by adjusting the previous year's limits to reflect changes in the shelter component and the fuels and utilities component of the Consumer Price Index for All Urban Consumers for the 12 month period ending the previous November 30. FNS will notify State agencies of the amount of the limit. Only the following expenses are allowable shelter expenses:

- A. Continuing charges for the shelter occupied by the household, including rent, mortgage, condo and association fees, or other continuing charges leading to the ownership of the shelter such as loan repayments for the purchase of a mobile home, including interest on such payments.
- B. Property taxes, State and local assessments, and insurance on the structure itself, but not separate costs for insuring furniture or personal belongings.

- C. The cost of fuel for heating; cooling (i.e., the operation of air conditioning systems or room air conditioners); electricity or fuel used for purposes other than heating or cooling; water; sewerage; well installation and maintenance; septic tank system installation and maintenance; garbage and trash collection; all service fees required to provide service for one telephone, including, but not limited to, basic service fees, wire maintenance fees, subscriber line charges, relay center surcharges, 911 fees, and taxes; and fees charged by the utility provider for initial installation of the utility. One-time deposits cannot be included.
- D. The shelter costs for the home if temporarily not occupied by the household because of employment or training away from home, illness, or abandonment caused by a natural disaster or casualty loss. For costs of a home vacated by the household to be included in the household's shelter costs, the household must intend to return to the home; the current occupants of the home, if any, must not be claiming the shelter costs for SNAP purposes; and the home must not be leased or rented during the absence of the household.
- E. Charges for the repair of the home which was substantially damaged or destroyed due to a natural disaster such as a fire or flood. Shelter costs shall not include charges for repair of the home that have been or will be reimbursed by private or public relief agencies, insurance companies, or from any other source

**The Department did not request verification at the time of application to determine if the Appellant has applicable continuous monthly shelter costs.**

**The accuracy of the [REDACTED] 2019, SNAP allotment cannot be determined without further review of the Appellant's verified shelter costs.**

### **DISCUSSION**

Based on the testimony and evidence presented, I find the Department's calculation of the Appellant's SNAP benefits may be incorrect because of the inaccurate recording of the Appellant's shelter costs. While the Appellant has been homeless in the past and utilizes her sister's address to receive mail, at the time of application it was noted by the Department that the Appellant and her spouse resided at hotels and paid to sleep in a lot. In addition, the W-1EDD document signed and dated [REDACTED], 2019, references that the Appellant has shelter expenses.

The Appellant and her spouse testified that at the time of their [REDACTED] 2019, SNAP application they reported to the worker that they were responsible for

monthly shelter costs and resided at the [REDACTED] in [REDACTED]  
[REDACTED]  
\$875.00 monthly shelter costs. There is no evidence that the Department requested verification to further explore the shelter cost obligations, only noting that the client was advised to provide a lease once they start to pay rent.

The Appellant should have the opportunity to provide verification of the monthly shelter cost obligation that the evidence and testimony demonstrates as being reported at the time of the [REDACTED] 2019, application for possible SNAP modification.

### DECISION

The Appellant's appeal is UPHELD.

### ORDER

1. The Department shall reopen the Appellant's [REDACTED], 2019, SNAP application.
2. The Department shall issue to the Appellant a written request for verification of her shelter cost obligation and continue to determine eligibility.
3. Proof of Compliance shall be submitted to the undersigned no later than [REDACTED], 2019.

  
Shelley Starr  
Fair Hearing Officer

Pc: Alejandro Arbelaez, DSS, Torrington  
Glenn Guerrero, DSS, Torrington

### **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.

### **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.

