

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

[REDACTED], 2019
Signature Confirmation

[REDACTED]
Hearing Request # 146014

NOTICE OF DECISION

PARTY

[REDACTED]

PROCEDURAL BACKGROUND

[REDACTED] 2019, the Department of Social Services (the "Department") issued a Notice of Action ("NOA") to [REDACTED] (the "Appellant") advising her that her Supplemental Nutrition Assistance Program ("SNAP") benefits would be \$15.00 per month, effective [REDACTED] 2019.

[REDACTED], 2019, the Appellant requested an administrative hearing because she disagrees with the amount of her SNAP benefits.

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

[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], the Appellant
Garfield White, Department's Representative
Veronica King, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly calculated the Appellant's [REDACTED] 2019 and ongoing SNAP benefits.

FINDINGS OF FACT

1. The Appellant is a recipient of the SNAP program. She receives SNAP benefits for herself and her minor child. (Appellant's Testimony and Hearing Record)
2. The Appellant's household does not contain an elderly or disabled household member. (Appellant's Testimony)
3. The Appellant receives \$91.00 per week in child support. (Appellant's Testimony and Exhibit 3: NOA, [REDACTED]/19)
4. [REDACTED] 2019, the Appellant notified the Department that she started receiving \$360.00 per week in Unemployment Compensation Benefits ("UCB"). (Appellant's Testimony and Exhibit 1: Case Notes)
5. The Department calculated the Appellant's total unearned income as \$1,939.30 per month (child support \$91 * 4.3 = \$391.30/per month + UCB \$360 * 4.3 = \$1,548.00/per month). (Appellant's Testimony, Exhibit 2: SNAP Computation sheet and Hearing Record)
6. The Appellant is responsible for \$842.00 per month for rent and is responsible for cooling expenses. (Appellant's Testimony and Hearing Record)
7. [REDACTED], 2019, the Department sent the Appellant an NOA informing her that her SNAP benefits were changing and that she will receive \$15.00 per month in SNAP benefits effective [REDACTED] 2019. (Exhibit 3)
7. 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 ("UPM") 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*, 2017 Conn. 601, 573 A.2d 712 (1990)).
3. Title 7 of the Code of Federal Regulations ("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.

UPM § 5005(A)(1) provides in relevant part the Department counts the assistance units available income, and that income is considered available if it is received directly by the assistance unit.

The Department correctly determined that the Appellant's unearned income must be included when calculating the SNAP benefits for the assistance unit.

The Department correctly included the Appellant's child support and UCB benefits unearned income when calculating the amount of the SNAP benefits.

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

UPM § 5025.05(A)(2) provides for converting income to monthly amounts and states for current and future months, the Department uses the best estimate of the amount of income the unit will have, if the exact amount is unknown. This estimate is based upon (b) a reasonable anticipation of what circumstances will exist to affect the receipt of income in future months.

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.

The Department correctly determined that the Appellant's total monthly unearned income is \$1,939.30 (child support \$91 * 4.3 = \$391.30/per month + UCB \$360 * 4.3 = \$1,548.00/per month).

5. Title 7 of CFR § 273.9(d)(1)&(3) provides for standard deductions and excess medical deductions.

UPM § 5000.01 provides the definition of elderly person-Food Stamp program and states that an elderly person, in the context used by the Food Stamp program, means a person who is sixty or more years of age.

UPM § 5035.15 (E) provides that members of the assistance unit who are elderly or disabled are allowed medical expenses as deductions. An elderly or disabled assistance unit member who provides an estimate of the medical expenses he or she expects to incur over a certification period that does not exceed twelve months can choose to have medical expenses averaged over the certification period.

The Department correctly determined that the Appellant's household does not contain an elderly or disabled household member.

6. 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 October 1, 2018}
 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.

The Department correctly applied the \$164.00 standard deduction to the Appellant's total unearned income and determine the adjusted gross income as \$1,775. 30 (\$1,939.30 – \$164.00).

7. 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;

8. 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 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.

The Department correctly applied the Standard Utility Allowance ("SUA") of \$736.00.

The Department correctly determined the Appellant's shelter costs was \$1,578.00 (\$842 rent + \$736.00 SUA).

The Department correctly determined the Appellant's shelter hardship cost was \$690.35 (\$ 1,578.00 - \$887.65 (50% of the Adjusted Gross Income \$1775.30 *.5)

Shelter hardship cannot exceed \$552 unless SNAP household has a member 60 or older, or disabled.

The Department correctly determined the Appellant's shelter hardship was \$552.00.

The Department correctly determined the Appellant's net adjusted income was \$1,223.30 (\$1, 775.30 adj. gross - \$552.00 capped shelter hardship).

9. Title 7 of CFR § 273.10(e)(2)(ii)(A)(1) provides for the monthly SNAP benefit calculation.

UPM § 6005(C) provides that in the SNAP, the amount of benefits is calculated by: (1) multiplying the assistance unit's applied income by 30%; and (2) rounding the product up to the next whole dollar if it ends in 1-99 cents; and (3) subtracting the rounded product from the Food Stamp standard of assistance for the appropriate unit size.

30% of the Appellant's net adjusted income, rounded up, is \$367.00. (\$1,223.30 * .30)

10. Effective [REDACTED] of 2019, the Appellant's SNAP benefits are computed as follows:

SNAP BENEFIT CALCULATION - [REDACTED]	
INCOME	
Earned Income	\$0.00
Total Unearned Income	<u>\$1,939.30</u>
Less standard deduction	<u>-\$164.00</u>
Adjusted gross income	\$1,775.30
SHELTER COSTS	
Rent	\$842.00
SUA	<u>+\$736.00</u>
Total shelter costs	\$1,578.00
SHELTER HARDSHIP	
Shelter costs	\$1411.00
Less 50% of adjusted gross income	<u>-\$887.65</u>
Total shelter hardship	**\$690.35 (Can not exceed \$552 unless elderly or disabled)
ADJUSTED NET INCOME	
Adjusted gross income	\$1,775.30
Less shelter hardship	<u>-\$552.00</u>
Net Adjusted Income (NAI)	\$1,223.30
BENEFIT CALCULATION	
Thrifty Food Plan for 2 Person	\$353
Less 30% of NAI	<u>-\$367</u>

SNAP award	\$0
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11. Title 7 CFR § 273.10 (e)(2)(ii)(c) provides that except during an initial month, all eligible one –person and two-person households shall receive minimum monthly allotments equal to the minimum benefit. The minimum benefit is 8 percent of the maximum allotment for a household of one, rounded to the nearest whole dollar.
12. UPM § 6020.15 (C)(2)(a) provides that in all months except the initial month of eligibility, 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 2007, 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.

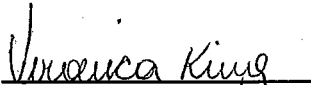
The Thrifty Food Plan for one person is \$192.00. Eight percent of \$192 is \$15.36 (\$192.00 x .08). This figure rounded to the nearest whole dollar is \$15.00.

The Department correctly calculated the SNAP benefits.

The Department correctly approved \$15.00 per month in SNAP benefits effective [REDACTED] 2019.

DECISION

The Appellant's appeal is DENIED.


Veronica King
Hearing Officer

cc: Musa Mohamud, Judy Williams, Jessica Carroll, DSS Operations Manager, RO #10 Hartford.
Garfield White, Department's Representative, Fair Hearing Liaison RO#10, Hartford.

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 06105-3725.

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 his 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.