

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

HEARING REQUEST #147182

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

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

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2019, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action stating that his monthly benefits under the Supplemental Nutrition Assistance Program ("SNAP") would be \$16.00, effective ██████████ 2019.

On ██████████ 2019, the Appellant requested an administrative hearing because he disagrees with the monthly amount of his 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 @ 11:00 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
Christine Faucher, Representative for the Department
Sybil Hardy, Hearing Officer

The hearing record was closed on [REDACTED] 2019.

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. On [REDACTED] 2019, the Department received the Appellant application for SNAP benefits. (Hearing Summary; Dept.'s Exhibit #1: W-1EDD)
2. The Appellant reported that he received SNAP benefits in [REDACTED] he lives with a friend, and is not paying for rent or utilities. (Hearing Summary; Dept.'s Exhibit #1; Dept.'s Exhibit #5: Case Notes)
3. The Department determined that the Appellant's assistance unit is ineligible for SNAP benefits for the months of [REDACTED] 2019 and [REDACTED] 2019 due to his receipt of benefits in [REDACTED] (Appellant's testimony; Hearing Summary; Dept.'s Exhibit #8: [REDACTED] 19 Notice of Action)
4. On [REDACTED] 2019, the Department sent the Appellant a Notice of Action stating that the Appellant is ineligible for SNAP benefits for [REDACTED] 2019 through [REDACTED] 2019, but is eligible for \$16.00 per month in SNAP benefits, effective [REDACTED] 2019. (Appellant's testimony; Hearing Summary; Dept.'s Exhibit #5)
5. The Appellant has a SNAP assistance unit consisting of one (1) member. (Appellant's testimony; Hearing Summary)
6. On [REDACTED] [REDACTED] 2019, the Appellant's SNAP benefits in [REDACTED] were discontinued, effective [REDACTED] 2019. (Dept.'s Exhibit #6: [REDACTED] 19 [REDACTED] Notice of Transitional Assistance)
7. The Appellant is eligible to receive \$844.00 per month in gross Social Security benefits ("SSDI") as a disabled individual, but he only receives \$774.00 per month, as the Social Security Administration is deducting \$70.00 per month as a recoupment to recover a prior overpayment. (Appellant's testimony; Hearing Summary; Dept.'s Exhibit #2: SNAP Income Test)
8. The Department determined that the Appellant's assistance unit has monthly countable unearned income of \$774.00, as the Department reflected the Appellant's net SSDI amount after allowing for the recoupment. (Hearing Summary)
9. The Appellant's household includes an elderly disabled member (DOB [REDACTED]). (Appellant's testimony)

10. The Appellant did not provide verification of out of pocket monthly medical expenses in excess of the \$35.00 deductible. (Appellant's testimony; Hearing Summary)
11. The Appellant reported at the time of his application that he is not obligated to pay for rent or utilities. (Dept.'s Exhibit #1; Dept.'s Exhibit #5: Case Notes)
12. At the [REDACTED] 2019 hearing, the Appellant testified that he is obligated to pay \$500.00 per month for rent and \$100.00 per month for utilities. (Appellant's testimony)
13. Pursuant to this administrative hearing, the Department updated the Appellant's SNAP budget to reflect his reported shelter obligations, effective [REDACTED] 2019.
14. The Appellant did not provide verification of his rental obligation for [REDACTED] 2019. (Dept.'s Exhibit #6: W-1EDD)
15. The Appellant did not provide verification of his heating or cooling costs for [REDACTED] 2019. (Hearing Summary; Dept.'s Exhibit #5)

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 countable unearned income for the Appellant's assistance unit as \$774.00.
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 \$167.00 per month; { effective [REDACTED] 19}
 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, there is no allowance in policy for a deduction from income for past incurred medical expenses. [7 CFR 273.9(d)(3)]
 7. The Department correctly disallowed the Appellant a deduction for out of pocket medical expenses in excess of \$35.00.
 8. The Department correctly applied the standard deduction of \$167.00 to the Appellant's total monthly countable income of \$774.00 to determine the amount of the Appellant's monthly Adjusted Gross Income as \$607.00 (\$774.00, total countable unearned income; minus \$167.00, standard deduction for 1).
 9. The Appellant's assistance unit includes an elderly and disabled individual.
 10. The Appellant's calculated monthly adjusted gross income is \$607.00.

11. 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;

12. 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.

13. The Appellant failed to provide verification of his shelter, heating and cooling costs. Consequently, the Department correctly disallowed shelter and utility expenses as deductions.

14. 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 \$569.00 as of [REDACTED] 19)

15. The Appellant's calculated shelter hardship is \$0.00 for [REDACTED] 2019 as a result of his failure to report his obligation and to provide verification of his shelter and utility costs.

16. The Appellant's calculated applied income is \$607.00 (\$607.00, adjusted gross income; minus \$0.00, shelter hardship), effective [REDACTED] 2019.

17. The Appellant's on going monthly amount of SNAP benefits is computed as follows:

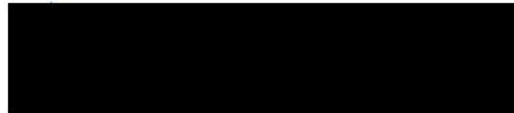
INCOME	[REDACTED] 19	[REDACTED]/19
Earned Income	\$0.00	\$0.00
Less 20%	\$0.00	\$0.00
Net Earned Income	\$0.00	\$0.00
Appellant's Gross SSDI	\$844.00	\$844.00
Less Recoupment	\$70.00	\$70.00
Net SSDI	\$774.00	\$774.00
Total Countable Income	\$774.00	\$774.00
Less standard deduction	\$167.00	\$167.00
	\$607.00	\$607.00
Less Medical Deduction	\$0.00	\$0.00
Adjusted Gross Income	\$607.00	\$607.00
SHELTER COSTS		
Rent	\$0.00	\$500.00
SUA	\$0.00	\$736.00
Total shelter costs	\$0.00	\$1,236.00
SHELTER HARDSHIP		
Shelter costs	\$0.00	\$1,236.00
Less 50% of adjusted gross income	\$303.50	\$303.50
Total shelter hardship (Cannot exceed \$569.00 unless elderly or disabled)	\$0.00	\$932.50
ADJUSTED NET INCOME		
Adjusted gross income	\$607.00	607.00
Less shelter hardship	\$0.00	\$932.50
Net Adjusted Income (NAI)	\$607.00	-\$325.50
BENEFIT CALCULATION		
Thirty Food Plan for One (1) Person	\$194.00	\$194.00
Less 30% of the NAI	\$183.00	\$0.00
SNAP Award	\$16.00	\$194.00

18. The Appellant's assistance unit is eligible for \$16.00 per month in SNAP benefits, effective [REDACTED] 2019.

19. The Department correctly calculated the Appellant's monthly amount of SNAP benefits as \$16.00, effective [REDACTED] 2019.

DECISION

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



Hernold C. Linton
Hearing Officer for Sybil Hardy

Pc: **Tricia Morelli**, Social Service Operations Manager,
DSS, R.O. #11, Manchester

Fair Hearing Liaisons, DSS, R.O. #11, Manchester

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.