

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

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

Client ID # ██████████
Case ID # ██████████
Hearing Request # 147986

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2019, the Department of Social Services (the "Department") issued a Notice of Action ("NOA") to ██████████, (the "Appellant"), discontinuing his Supplemental Nutrition Assistance Program ("SNAP") benefits effective ██████████ 2019.

On ██████████, 2019, the Appellant requested an administrative hearing to contest the Department's decision to discontinue SNAP benefits.

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 Connecticut General Statutes § 17b-60, 17b-61 and § 4-176e to 4-184, inclusive, the Department held an administrative hearing.

The following individuals were present at the hearing:

██████████, Appellant
Christopher Filek, Department's Representative
Shelley Starr, Hearing Officer

The Hearing record remained open for the submission of additional documentation from the Department. The documentation was received. On [REDACTED] 2019, the hearing record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly discontinued the Appellant's Supplemental Nutritional Assistance Program ("SNAP") assistance unit of one and added him to the mother of his children's assistance unit.

FINDINGS OF FACT

1. The Appellant received SNAP benefits for a household of one at [REDACTED]. (Hearing Record; Appellant's Testimony)
2. The Appellant is [REDACTED] years old [REDACTED], disabled, and not married. (Appellant's Testimony; Hearing record)
3. On [REDACTED], 2019, the Department reviewed a Periodic Review Form and determined that the Appellant is living at the same address as the legally liable relative and their two common children. (Hearing Summary; Department's Testimony)
4. On [REDACTED], 2019, the Department conducted an unannounced home visit at [REDACTED]. The Appellant was home and located in a room upstairs from the basement at the time of the visit. The Appellant confirmed he resided at the address and advised that he lived in the basement and pays rent. (Hearing Summary; Exhibit 3: Case Note [REDACTED]/19)
5. On [REDACTED] 2019, the Department viewed the basement of [REDACTED]. The Department viewed an unfinished basement, with the mattress that the Appellant is alleged to use to sleep on covered in plastic and standing upright. The mattress did not have room to lay on the floor due to clutter. The basement has no kitchenette or place to prepare food. At the time of the home visit, the Appellant could not advise how much he pays in rent or produce a copy of his lease. (Hearing record, Exhibit 16: Case narratives)
6. On [REDACTED], 2019, the Department determined that the Appellant was residing with his children and their legally liable relative as an intact family, in a single family dwelling. (Hearing Summary; Hearing Record)
7. On [REDACTED], 2019, the Department sent the Appellant a Notice of Action closing his SNAP benefits effective [REDACTED] 2019, because he did not meet the program requirements to receive SNAP benefits on his own. (Exhibit 2: Notice of Action dated [REDACTED], 2019; Hearing Summary)

8. On [REDACTED] 2019, the Department added the Appellant to the SNAP assistance unit that includes his children and their mother. (Exhibit 4: Notice of Action dated [REDACTED], 2019)
9. The Appellant sees his children daily. He advised that he pays child support; however could not testify to the average monthly amount of support that he pays. (Appellant's Testimony)
10. The Appellant resides in a single family dwelling, in a household consisting of six people, the Appellant, the mother of his two children, their two children ages [REDACTED] and [REDACTED] and their maternal grandparents. (Appellant's Testimony; Hearing Record)
11. 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, and is therefore timely.

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 in accordance with federal law.
2. "The department's uniform policy manual 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*, 214 Conn. 601, 573 A.2d 712 (1990)).
3. Uniform Policy Manual ("UPM") § 2000.01 provides the definition of a household and provides that a household is used to designate all of the individuals who are living together in one dwelling unit.
4. Title 7 Code of Federal Regulations ("CFR") § 273.1(b)(ii) provides that the following individuals who live with others must be considered as customarily purchasing and preparing meals with others, even if they do not do so, and thus be included in the same household, unless otherwise specified. A person under 22 years of age who is living with his or her natural or adoptive parent(s) or step parents.

Uniform Policy Manual provides ("UPM") § 2020.10 provides that the assistance unit must include certain individuals who are in the home: a child under 18 under the parental control of a member of the assistance unit, a spouse of a member of the assistance unit including any who presents himself or herself as a spouse, children ages 18 through 21 living with their parents.

UPM § 2020.15 provides that certain types of individuals may choose to be included in the same assistance unit with others, or may choose to be considered a separate assistance unit. The following types of individuals have the separate assistance unit option: (A) Individuals residing with others who are not their spouses, children, parents or siblings, and who buy food and prepare meals separately.

The Department correctly determined that the Appellant resides with his children, ages [REDACTED] and [REDACTED], and their mother, and must be included in one SNAP assistance unit.

5. 7 CFR §273.12 provides for reporting requirements.

UPM § 1555.15 provides that changes affecting eligibility must be reported. Included in what must be reported is a change in household composition.

6. 7 CFR § 273.13 provides for Notice of adverse actions. Prior to any action to reduce or terminate a household's benefits within the certification period, the State agency shall, except as provided in paragraph (b) of this section, provide the household timely and adequate advance notice before the adverse action is taken.

UPM § 1555.25 provides that assistance units incurring a change in circumstances are notified of actions taken by the Department which affect eligibility or benefit level.

UPM § 1555.35 provides that changes that cause ineligibility are taken into consideration: no earlier than the month of the change; and no later than the month following the month in which the notice of adverse action would expire if the change had been timely reported.

The Department correctly determined that the Appellant is not eligible as a household of one because he lives with his children and the children's mother.

The Department correctly sent the Appellant an adverse action notice regarding the discontinuance of his SNAP benefits.

The Department correctly closed the Appellant's SNAP benefits effective [REDACTED], 2019.

DISCUSSION

Although the Appellant provided a copy of his lease which is signed by his landlord, who is the grandfather of his children, based on the Department's provided credible evidence, the Appellant lives at [REDACTED] with his children, their mother and grandparents. Based on the preponderance of evidence, the Appellant is residing as an intact family in the single family dwelling. The Department is correct to discontinue the Appellant's SNAP assistance as a household of one and add him to the SNAP assistance unit with his children and their mother.

DECISION

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


Shelley Starr
Hearing Officer

pc: Brian Sexton, Middletown DSS Regional Office
Christopher Filek, Middletown DSS Regional Office

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, 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.