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

Case ID # Client ID # Request ID #

NOTICE OF DECISION

PARTY



, Appellant

Swati Sehgal, Hearing Officer

, Appellant's sister Garfield White, Department's Representative

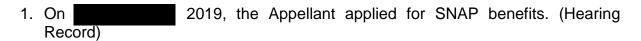
PROCEDURAL BACKGROUND

On 2019, the Department of Social Services (the "Department") issued a Notice of Action ("NOA") stating that (the "Appellant") was entitled to \$15.00 in Supplemental Nutrition Assistance Program ("SNAP") benefits effective 2019.
On2019, the Appellant requested an administrative hearing because he disagrees with the amount of 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, 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 participated with the telephone hearing:

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly calculated the Appellant's monthly SNAP benefits.

FINDINGS OF FACT



- 2. The Appellant is a household of one. (Hearing Record, Department's Summary)
- 3. The Appellant is disabled. (Hearing Record)
- 4. The Appellant works part-time at \$1517.33. (Appellant's Testimony, Hearing Record)
- 5. The Appellant receives \$78.50 a month in Supplement Security Income ("SSI") from Social Security Administration. (Hearing Record)
- 6. The Appellant has no rental obligation or utility expenses. (Hearing Record, Appellant's Testimony)
- 7. The Appellant has no out of pocket medical expenses. (Department's Summary)
- 8. The Department calculated SNAP benefits of \$15.00 for a household of one effective 2019. (Exhibit 5: Notice of Action, 2019)
- 9. 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], 2019. Therefore, this decision is due not later than [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. Title 7 C.F.R. § 273.9(b)(2)(ii) provides in part 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.

- 3. "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 Maintenance, 214 Conn. 601, 573 A.2d (1990)).
- 4. Uniform Policy Manual "UPM" § 5050.13(A)(6) provides that benefits received from Social Security and Veterans' Benefits by any member of a Food Stamp (SNAP) unit is counted in the calculation of eligibility and benefits for the entire unit.
 UPM § 5005(A) provides that the Department counts the assistance unit's available income, and that income is considered available if it is:
 - 1. received directly by the assistance unit,
 - 2. received by someone else on behalf of the assistance unit and the unit fails to prove that it is inaccessible; or
 - 3. deemed by the Department to benefit the assistance unit.
- 5. The Department correctly included the Appellant's \$78.50 SSI benefits in the calculation for SNAP benefits.
- 6. Title 7 of the Code of Federal Regulations (CFR) § 273.10(c)(1)(ii) & (c)(2)(i) provide for converting income into monthly amounts.
- 7. UPM 5025.05(b) provides:
 - 1. If income is received on a monthly basis, a representative monthly amount is used as the estimate of income.
 - 2. 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;
 - b. If income varies from week to week, a representative period of at least four consecutive weeks is averaged to determine the representative weekly amount;
 - c. If there has been a recent change or if there is an anticipated future change, the amount expected to represent future income is the representative weekly amount;
 - d. If income is received on other than a weekly or monthly basis, the income is converted to a representative weekly amount by dividing the income by the number of weeks covered.
- 8. The Department correctly determined that the Appellant's monthly gross earned income was \$1,517.33 (\$352.87 x 4.3)
- 9. Title 7 CFR § 273.9(d)(1)&(2) provides for standard deductions and earned income

deductions.

- 10. UPM § 5045.15 provides that the amount of applied income upon which the level of SNAP benefit 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 10-1-18}
 - 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.
- 11. The Department correctly applied the 20% earned income deduction to the total earned income of \$1517.33 to determine the amount of the Appellant's household adjusted earned income of \$1,213.86 (1517.33-303.47 20% of monthly gross earned income).

- 12. The Department correctly applied the \$164.00 standard deduction to the total income of \$1,292.36 (\$1,213.86 + \$78.50) to determine the amount of the Appellant's household adjusted gross income of \$1,128.36 (\$1292.36-\$164.00).
- 13. Title 7 CFR § 273.9(d)(6)(ii) provides for excess shelter deduction.
- 14. 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:
 - 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;
 - b. taxes, state and local assessments, and insurance on real property;
 - c. the entire amount paid as a condominium fee;
- 15. Title 7 CFR § 273.9(d)(6)(iii) provides for the standard utility allowances.
- 16. 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.
- 17. The Department correctly determined the Appellant's shelter costs total \$0.00 (\$0.00 Rent + \$0.00 Utilities = \$0.00).
- 18. Title 7 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.

- 19. The Department correctly determined that 30% of the Appellant's net adjusted income, rounded up, was \$339.00.
- 20. The Appellant's SNAP benefits are computed as follows:

SNAP BENEFIT CALCULATION

ONAL BENEFIT GALGGEATION		
INCOME		
Earned Income	\$1517.33	
Less 20%	\$303.47	
Total	\$1213.86	
Plus Unearned Income	\$78.50	
(Total		
	\$1,292.36	
Less standard deduction	\$164.00	
(\$164.00) for one person		
Medical Expenses in	\$0.00	
excess of \$35.00 (\$92.00 -	Ψ0.00	
\$35.00)		
Adjusted gross income	\$1,128.36	
SHELTER COSTS	¥ ,	
Property taxes + Home	\$0.00	
Insurance	,	
SUA	\$0.00	
Total shelter costs	\$0.00	
SHELTER HARDSHIP		
Shelter costs	\$0.00	
Less 50% of adjusted gross	-\$564.18	
income		
Total shelter hardship	\$0.00	
	(Cannot exceed	
	\$552 (unless elderly or disabled)	
ADJUSTED NET INCOME	, ,	
Adjusted gross income	\$1,128.36	
Less shelter hardship	-\$0.00	
Net Adjusted Income (NAI)	\$1,128.36	
BENEFIT CALCULATION		
Thrifty Food Plan for One	\$192.00	
Persons		

Less 30% of NAI	-\$339.00
SNAP award	\$0.00

- 21. Title 7 CFR § 273.9 (a) provides that participation in the Program shall be limited to those households whose income incomes are determined to be a substantial limiting factor in permitting them to obtain a more nutritious diet. Households which contain an elderly or disabled member shall meet the net income eligibility standards for the Food Stamp Program. Households which do not contain an elderly or disabled member shall meet both the net income eligibility standards and the gross income eligibility standards for the Food Stamp Program. Households which are categorically eligible as defined in §273.2 (j) (2) or 273.2 (j) (4) do not have to meet either the gross or net income eligibility standards. The net and gross income eligibility standards shall be based on the levels established in Section 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2).
- 22. 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.
- 23. 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.
- 24. The Department correctly calculated the SNAP benefits.
- 25. The Department correctly denied SNAP benefits for 2019.
- 26. The Department correctly approved \$15.00 per month in SNAP benefits effective 2019.

DISCUSSION

The Department correctly determined the Appellant's SNAP benefit amount based on the reported information. The Appellant reported at the hearing that he no longer receives SSI and he has started paying for some utility expenses. The Appellant was advised to submit the information to the Department so the Department can make appropriate changes and determine the new SNAP benefit amount.

DECISION

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

Swati Sehgal Hearing Officer

CC: Musa Mohamud, Operations Manager, DSS, R.O. #10 Judy Williams, Operations Manager, DSS, R.O. #10 Jessica Carroll, Operations Manager, DSS, R.O. #10 Garfield White, Fair Hearing Liaison, DSS, R.O. #10

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 <u>specific</u> 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.