

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 #148527

NOTICE OF DECISION

PARTY

██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2019, the Department of Social Services (the "Department") sent ██████████ (the "Appellant"), a Notice of Action ("NOA") reducing her Supplemental Nutritional Assistance Program ("SNAP") benefits effective ██████████ 2019, to \$17.00.

On ██████████ 2019, the Appellant requested an administrative hearing to contest the reduction of her 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 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

Garfield White, Department's Representative
Swati Sehgal, Hearing Officer

The hearing record was left open for the submission of additional information. On [REDACTED], 2019, the hearing record was closed.

STATEMENT OF THE ISSUE

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

FINDINGS OF FACT

1. The Appellant is a recipient of SNAP. Her household consist of one member. (Appellant's Testimony, Department's Summary)
2. The Appellant receives two checks per month in Social Security Disability Income ("SSDI") from the Social Security Administration ("SSA"). (Exhibit 2: Notice of Action, [REDACTED], Department's Summary, Appellant's Testimony)
3. In [REDACTED] 2019, the Appellant received \$301.00 and \$713.00 in SSDI. (Appellant's Testimony and Department's Summary)
4. The Appellant pays \$554.00 a month in shelter expenses and she is also responsible for utilities. She receives the Standard Utility Allowance ("SUA"). (Exhibit 1: SNAP Computation Sheet, Appellant's Testimony, Department's Summary)
5. The Appellant has no reported out of pocket medical expenses, dependent care or child support deductions. (Exhibit 1, Appellant's Testimony, Department's Summary)
6. In [REDACTED] 2019, the SSA reported to the Department that the Appellant's SSDI amount increased from \$773.00 to \$1118.00 per month effective [REDACTED] 2019. (Hearing Summary, Department's Testimony)
7. On [REDACTED] 2019, the Department issued a Notice of Action to the Appellant reducing the SNAP benefits from \$193.00 per month to \$17.00 per month for [REDACTED] 2019 and ongoing. (Exhibit 2)
8. 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 requested for a fair hearing. The Appellant requested an administrative hearing on [REDACTED] 2019. Therefore, this decision was due not later than [REDACTED] 2019. However, the close of the hearing record, which had been anticipated to close on [REDACTED], 2019, did not close for the admission of evidence until [REDACTED], 2019, at the Appellant's request. Because this seven-day delay in the close of the hearing record arose from the Appellant's request, this final decision was not due until [REDACTED] 2020, 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 program in accordance with federal law.
2. Title 7 of the Code of Federal Regulations (“CFR”) §273.1 provides for the household concept. (a) General household definition. A household is composed of one of the following individuals or groups of individuals, unless otherwise specified in paragraph (b) of this section: (1) An individual living alone; (2) An individual living with others, but customarily purchasing food and preparing meals for home consumption separate and apart from others; or (3) A group of individuals who live together and customarily purchase food and prepare meals together for home consumption. (b) Special household requirement (1) Required household combinations. The following individuals who live with others must be considered as customarily purchasing food and preparing meals with the others, even if they do not do so, and thus must be included in the same household, unless otherwise specified. (i) Spouses; (ii) A person under 22 years of age who is living with his or her natural or adoptive parent(s) or step-parent(s).
3. Title 7 CFR § 271.2 provides for the definition of *elderly or disabled members* to include individuals who are 60 years of age or older.
4. The Appellant is considered a disabled member for purposes of the SNAP program because she gets SSDI.
5. “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)).
6. Uniform Policy Manual (“UPM”) § 2020.10 provides the assistance unit must include certain individuals who are in the home, if they are not specifically excluded or ineligible to participate in the Food Stamp program (A) Those who are related as follows must be included in the assistance unit, except when the child or adult is a foster child or foster adult: 1. a child under age 18 under the parental control of a member of the assistance unit; 2. a spouse of a member of the assistance unit including any who presents himself or herself as a spouse; 3. children ages 18 through 21 living with their parents.
7. The Department correctly determined that the Appellant’s SNAP assistance unit consists of one person.
8. Title 7 CFR § 273.9(b)(2)(ii) provides for counting pensions and social security benefits as unearned income.

9. 10. UPM 5050.13(A) (1) provides income from Social Security and Veterans' Benefits is treated as unearned income in all programs.
10. UPM 5050.13(A)(6) provides income received from these sources by any members of a Food Stamp assistance unit is counted in the calculation of eligibility and benefits for the entire unit is counted in the calculation of eligibility and benefits for the entire unit.
11. The Department correctly calculated the Appellant's household's gross income as \$1419.00 (\$301.00+\$1118.00) per month.
12. Title 7 CFR § 273.9(d)(1)&(2) provides for standard deductions and earned income deductions.
13. 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 October 1, 2019}
 3. a deduction for unearned income to be used to fulfill a bonafide 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.
14. The Appellant's adjusted gross income equals \$1252.00 (\$1419.00 - \$167.00).
15. Title 7 CFR § 273.9(d)(6)(ii) provides for excess shelter deduction.
16. 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;

17. Title 7 CFR § 273.9(d)(6)(iii) provides for the standard utility allowances.

18. 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.

19. The Standard Utility Allowance is \$736.00 effective October 1, 2018.

20. Title 7 CFR § 271.2 provides for the maximum shelter deduction.

21. 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 is revised annually effective October 1. (Maximum shelter hardship effective October 1, 2019, is \$569.00).

22. The Appellant's shelter costs totaled \$1290.00 (\$554.00 + \$736.00).

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

24. 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.

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

<u>SNAP BENEFIT CALCULATION</u>	
<u>INCOME</u>	
Earned Income	\$0.00
Less 20 percent	-\$0.00
= Adjusted earned income	\$0.00
+ Unearned income	\$1419.00
= Total income	<u>\$1419.00</u>
- Standard deduction	-\$167.00
- Medical expenses	\$0.00
-Dependent care expenses	\$0.00
=Adjusted gross income	\$1252.00
<u>SHELTER COSTS</u>	
Rent	\$554.00
+ SUA	<u>\$736.00</u>
Total shelter costs	\$1290.00
<u>SHELTER HARDSHIP</u>	
Shelter costs	\$1290.00
Less 50% of adjusted gross income	<u>-\$626.00</u>
= Total shelter hardship (max \$552 if not disabled or elderly)	\$664.00
<u>ADJUSTED NET INCOME</u>	
Adjusted gross income	\$1252.00
Less shelter hardship	<u>-\$664.00</u>
Net Adjusted Income (NAI)	\$588.00
<u>BENEFIT CALCULATION</u>	
Thrifty Food Plan for one person	\$194.00
Less 30% of NAI (rounded up to nearest whole dollar)	<u>\$177.00</u>
SNAP award	\$17.00

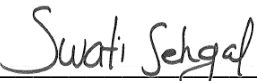
26. The Department correctly determined the Appellant's [REDACTED] 2019 and ongoing benefit equals \$17.00.

DISCUSSION

The Appellant disputed the increase in the amount of her SSDI benefits, taken into consideration by the Department in order to calculate her SNAP benefits for [REDACTED] 2019. The Appellant claimed she did not receive any notification from SSA regarding the increase in her SSDI benefits; however she failed to provide any evidence to support her statement. The Department correctly determined the Appellant's SNAP benefit amount based on the verified information. The Department advised her to contact SSA office in order to get a clarification.

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 Managers, 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 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 060105-3725.

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 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.