

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

CL ID # [REDACTED]
Request # [REDACTED]

[REDACTED] 2020
Signature Confirmation

NOTICE OF DECISION

PARTY

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED], 2019, the Department of Social Services (the "Department") re-granted Supplemental Nutrition Assistance Program ("SNAP") benefits for [REDACTED] (the "Appellant") effective [REDACTED], 2019, in the amount of \$109.00.

On [REDACTED] 2019, the Appellant requested an administrative hearing to contest the amount of SNAP benefits issued by the Department.

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

On [REDACTED] 2019, the Appellant requested to reschedule the administrative hearing.

On [REDACTED], 2019, the OLCRAH issued a notice scheduling the administrative hearing for [REDACTED], 2020.

On [REDACTED], 2020, the Appellant requested to reschedule the administrative hearing.

On [REDACTED], 2020, the OLCRAH issued a notice scheduling the administrative hearing for [REDACTED], 2020.

On [REDACTED], 2020, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative telephone hearing. The following individuals were present at the hearing:

██████████, the Appellant
Javier Rivera, Eligibility Services Worker, Department's representative
Roberta Gould, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department issued the correct amount of SNAP benefits for ██████████ of 2019.

FINDINGS OF FACT

1. The Appellant receives SNAP benefits for himself. (Hearing record)
2. On ██████████, 2019, the Department processed the Appellant's SNAP renewal. The Appellant reported that he is employed with ██████████ and ██████████ ██████████. (Exhibit 1: Case notes and Hearing summary)
3. On ██████████, 2019, the Department issued a W-1348 Proofs We Need form to the Appellant requesting documentation of his income. The information was due back no later than ██████████ 2019. (Exhibit 2: W-1348 dated ██████████ and Hearing summary)
4. The Appellant pays \$600.00 per month for rent and pays for utilities. (Exhibit 1)
5. On ██████████ 2019, the Appellant called the Department regarding his SNAP benefits. (Exhibit 1)
6. On ██████████ 2019, the Department received the Appellant's wage verification. (Exhibit 1, Exhibit 4: connect worker portal screen and Hearing summary)
7. The Appellant earns \$38.02 gross per week from ██████████ and \$107.26 gross per week from ██████████. (Exhibit 1)
8. On ██████████ 2019, the Department processed the Appellant's information and re-granted his SNAP benefits effective ██████████ 2019. (Exhibit 1 and Hearing summary)
9. On ██████████ 2019, the Department sent the Appellant a notice of action indicating that his SNAP benefits were approved in the amount of \$109.00 for ██████████ of 2019, and \$194.00 per month ongoing. (Exhibit 3: Notice of action dated ██████████ and Hearing summary)

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 CFR § 273.9(a) provides that participation in the program shall be limited to those households whose 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 Federal income poverty levels established as provided in section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).

Uniform Policy Manual (“UPM”) § 5520.40(A)(1) provides that the gross income test is used for all units except those which:

- a. Include one or more persons who are elderly or disabled; or
- b. Are categorically eligible for food stamp benefits.

The Department correctly determined the assistance unit is subject to the gross income test, as the household does not contain a member that is elderly or disabled.

3. Title 7 of the CFR § 273.1(a) provides that 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.

The Department correctly determined that the Appellant is considered a household of one person because he lives alone.

4. UPM § 5025.05(B)(1) provides that if income is received on a monthly basis, a representative monthly amount is used as the estimate of income.
5. UPM § 5025.05(B)(2)(b) 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;
 - 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.

The Department correctly determined that the Appellant's gross monthly earnings from [REDACTED] was \$163.49 and from [REDACTED] was \$461.22 per month.

6. 7 CFR § 273.9(d)(1)&(2) provides for standard deductions and earned income deductions.

UPM § 5045.15(A) provides that the monthly net earned income 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.

UPM § 5045.15(B) provides that the monthly net earned income is added to the monthly gross unearned income amount and the total of the income deemed to the unit.

UPM § 5045.15(C) provides that 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 \$160.00 per month; {\$167.00 effective October 1, 2019}
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 a 20% deduction to the Appellant's gross earnings, to determine a net earnings amount of \$499.77.

The Department correctly applied the \$167 standard deduction (for a household of 1 person) to the total income of \$499.77 to determine the amount of the Appellant's household adjusted gross income of \$332.77 per month.

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;
- b. taxes, state and local assessments, and insurance on real property;
- c. the entire amount paid as a condominium fee;
- d. utility costs including the following:
 - (1) heat;
 - (2) cooking fuel;
 - (3) electricity;
 - (4) water;
 - (5) sewer charges;

- (6) garbage collection;
- (7) basic monthly charge including taxes for a telephone;
- (8) installation charges for a utility.

8. 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 determined the Appellant's shelter costs were \$1,336.00 (\$600 rent + 736 standard utility allowance).

9. 7 CFR § 271.2 provides for the maximum shelter deduction.

UPM § 5035.15(F)(10) provides that for those units which do not include 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. (\$569.00 effective October 1, 2019)

UPM § 5035.15(F)(11) provides that for those units which include elderly or disabled members, or units whose only elderly or disabled member has been disqualified, a shelter hardship deduction is allowed with no maximum limit.

The Department correctly determined the Appellant's shelter hardship was \$569.00 because he is not elderly or disabled.

The Department correctly determined the Appellant's net adjusted income was

\$0.00.

10. 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.

The Department correctly determined that 30% of the Appellant's net adjusted income was \$0.00 per month.

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

SNAP BENEFIT CALCULATION

<u>INCOME</u>	
Earned Income	\$624.71
Less 20%	\$124.94
Total	\$499.77
Plus Unearned Income	\$0.00
Total	\$499.77
Less standard deduction	\$167.00
Less medical expenses in excess of \$35 if age 60 and older, or disabled	<u>\$0.00</u>
Adjusted gross income	\$332.77
<u>SHELTER COSTS</u>	
Rent	\$600.00
SUA	<u>\$736.00</u>
Total shelter costs	\$1,336.00
<u>SHELTER HARDSHIP</u>	
Shelter costs	\$1,336.00
Less 50% of adjusted gross income	<u>\$166.39</u>
Total shelter hardship	\$1,169.61 (Cannot exceed \$569 unless elderly or disabled)
<u>ADJUSTED NET INCOME</u>	
Adjusted gross income	\$332.77
Less shelter hardship	<u>-\$569.00</u>
Net Adjusted Income)	\$0.00

<u>BENEFIT CALCULATION</u>	
Thrifty Food Plan for 1 Person/s	\$194.00
Less 30% of NAI	<u>-\$0.00</u>
SNAP award	\$194.00

12. UPM § 1545.40(B)(2) provides that *a.* eligibility for the SNAP is discontinued at the end of the redetermination period in all situations where the redetermination is incomplete and the assistance unit has not been recertified; *b.* discontinuance is automatic, regardless of the reason for the incomplete redetermination; and *c.* good cause is not a consideration in the SNAP.
13. UPM 1560.15(A) provides that for assistance units which fully cooperate in providing eligibility information, the beginning date of Food Stamp assistance is the date the Department receives a signed application, or the first day of a subsequent month in which all eligibility factors are met, if eligibility does not exist in the month of application, except for prerelease applicants.

The Department correctly re-granted SNAP assistance for the Appellant effective the date all eligibility factors were met, [REDACTED] 2019.

14. UPM § 6020.05(A) provides for prorated benefits:

1. Benefits are prorated when the assistance unit becomes eligible to receive benefits on any day after the first day of the month.
2. Payment is issued for a prorated share of needs which exist from the initial day of eligibility through the last day of the month.
3. The reduced amount of payment is calculated by prorating the full amount of benefits which would have been paid if the unit was eligible for the entire month.
4. The formula used to calculate the amount of reduced benefits is the following:
 - a. subtract the number of the day of the month on which eligibility initially exists from the number 31;
 - b. multiply the full amount of monthly benefits by the result of "a";
 - c. divide the result of "b" by 30;
 - d. the result is the amount of pre-rounded prorated benefits.

On [REDACTED] 2019, the Department correctly re-granted the Appellant's SNAP benefits effective [REDACTED] 2019, in the amount of \$109.00 (31- 14 = 17 x \$194.00 = \$3,298/30 = \$109.93)

DECISION

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

Roberta Gould

Roberta Gould
Hearing Officer

Pc: Tricia Morelli, Social Services Operations Manager, DSS Manchester
Javier Rivera, Eligibility Services Worker, DSS 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 Administrative Hearings and Appeals, 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. 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.