

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT06105-3725

██████████, 2020
Signature Confirmation

CL ID # ██████████
Hearing Request # ██████████

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2019, the Department of Social Services (the “Department”) issued a Notice of Action to ██████████ ██████████ (the “Appellant”) proposing to reduce his Supplemental Nutrition Assistance Program (“SNAP”) benefits effective ██████████ 2020.

On ██████████, 2019, the Appellant requested an administrative hearing to contest the Department’s decision to reduce his SNAP benefits.

On ██████████, 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2020.

On ██████████, 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 hearing. The following individuals were present at the hearing:

██████████, the Appellant
██████████, Appellant’s mother and AREP
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's reduction of the Appellant's SNAP benefits effective [REDACTED] 2020, due to an increase in Social Security benefits is correct.

FINDINGS OF FACT

1. The Appellant lives with his mother, but cooks and eats separately from her. (AREP's testimony)
2. The Appellant receives SNAP benefits for himself. (Hearing record)
3. In 2019, the Appellant was receiving Social Security Disability ("SSDI") benefits of \$443.00 and \$725.00 gross per month. (Department's testimony)
4. Effective [REDACTED] 2020, the Appellant's SSDI increased to \$450.00 and \$737.00 gross per month. (Exhibit 2: SOLQ-I details, Exhibit 3: Bendex Inquiry details and Hearing summary)
5. The Appellant does not have any child support or dependent care costs and has not provided documentation of any out of pocket medical expenses.
6. The Appellant pays \$400.00 per month in shelter expenses plus utilities. (Exhibit 4: Federal SNAP income test and AREP's testimony)
7. On [REDACTED] 2019, the Department issued the Appellant a notice proposing to reduce his SNAP benefits from \$84.00 per month to \$75.00 per month effective [REDACTED], 2020, due to a change in his Social Security benefits. (Exhibit 1: Notice dated [REDACTED] 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 Code of Federal Regulations ("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's household consists of one person.

3. "The Department's Uniform Policy Manual ("UPM") is the equivalent of a state regulation and, as such, carries the force of law." (*Bucchere v. Rowe*, 43 Connecticut Supp. 175, 178 (1994) (citing Connecticut General Statutes § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Connecticut 601, 573 A.2d 712 (1990))).
4. Title 7 of the CFR § 273.9(b)(2)(i) provides that unearned income shall include, but not be limited to assistance payments from Federal or federally aided public assistance programs, such as supplemental security income (SSI) or Temporary Assistance for Needy Families (TANF); general assistance (GA) programs (as defined in §271.2); or other assistance programs based on need. Such assistance is considered to be unearned income even if provided in the form of a vendor payment (provided to a third party on behalf of the household), unless the vendor payment is specifically exempt from consideration as countable income under the provisions of paragraph (c)(1) of this section. Assistance payments from programs which require, as a condition of eligibility, the actual performance of work without compensation other than the assistance payments themselves, shall be considered unearned income.
5. UPM § 5025.05(B)(1) provides that if income is received on a monthly basis, a representative monthly is used as the estimate of income.

The Department correctly determined that the Appellant's monthly SSDI income is \$1,187.00 per month (\$450.00 SSDI + \$737.00 SSDI).

6. 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 \$167.00 per month; {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 the \$167 standard deduction to the total income of \$1,187.00 SSDI to determine the amount of the Appellant's household adjusted gross income of \$1,020.00 per month.

7. Title 7 of the 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;

8. Title 7 of the 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 that the Appellant's shelter costs are \$1,136.00 (\$400.00 rent + \$736.00 standard utility allowance).

9. Title 7 of the 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)

10. 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 is \$626.00 and that he does not have a maximum shelter hardship because he is disabled.

The Department correctly determined that the Appellant's net adjusted income is \$394.00.

11. Title 7 of the 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 is \$119.00 per month.

12. Effective [REDACTED] 2020, the Appellant's SNAP benefits are computed as follows:

SNAP BENEFIT CALCULATION

INCOME	
Earned Income	\$0.00
Less 20%	\$0.00
Total	\$0.00
Plus Unearned Income	<u>\$1,187.00</u>
Total	\$1,187.00
Less standard deduction for 1 person	<u>-\$167.00</u>

Less dependent care costs	\$0.00
Less medical expenses in excess of \$35 if age 60 and older, or disabled	\$0.00
Other deductions (child support payments)	\$0.00
Adjusted gross income	\$1,1020.00
<u>SHELTER COSTS</u>	
Rent	\$400.00
SUA	\$736.00
Total shelter costs	\$1,136.00
<u>SHELTER HARDSHIP</u>	
Shelter costs	\$1,136.00
Less 50% of adjusted gross income	<u>-\$510.00</u>
Total shelter hardship	\$626.00 <small>(Cannot exceed \$569 unless elderly or disabled)</small>
<u>ADJUSTED NET INCOME</u>	
Adjusted gross income	\$1020.00
Less shelter hardship	<u>-\$626.00</u>
Net Adjusted Income (NAI)	\$394.00
<u>BENEFIT CALCULATION</u>	
Thrifty Food Plan for 1 Person/s	\$194.00
Less 30% of NAI	<u>-\$118.20</u>
SNAP award	\$75.80

On [REDACTED] 2019, the Department correctly calculated the Appellant's SNAP benefits for [REDACTED] to be \$75.00 per month.

DECISION

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


 Roberta Gould
 Hearing Officer

Cc: 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.