

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

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

Case ID ██████████  
Client ID ██████████  
Request ID #151836

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████, 2019, the Department of Social Services (the "Department") issued a Notice of Action ("NOA") stating that ██████████ (the "Appellant") was entitled to \$31.00 in Supplemental Nutrition Assistance Program ("SNAP") benefits effective ██████████.

On ██████████, 2020, the Appellant requested an administrative hearing because she disagrees with the amount of SNAP benefits.

On ██████████, 2020, 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 participated with the telephone hearing:

██████████, Appellant  
Tanisha Hayes, Department's Representative  
Swati Sehgal, Hearing Officer

### **STATEMENT OF THE ISSUE**

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

### **FINDINGS OF FACT**

1. The Appellant receives SNAP benefits for the household of two which consists of herself and her child. (Hearing Record, Appellant's Testimony)
2. On [REDACTED], 2019, the Appellant submitted her Periodic Report Form ("PRF") to the Department. (Exhibit 1: Periodic Report Form, [REDACTED])
3. The Appellant reported that she has returned to work from her maternity leave and earns \$800 biweekly. (Exhibit 1, and Appellant's Testimony)
4. The Appellant did not report any rental expenses. (Exhibit 1, Hearing Summary)
5. The Appellant does pay for utility expenses. (Hearing Summary)
6. The Appellant is not paying child care expenses or child support. (Appellant's Testimony)
7. The Appellant is not disabled and does not have any out of pocket medical expenses. (Appellant's Testimony)
8. The Appellant's gross monthly income is \$1720.00 (\$800.00 x 2.15). (Appellant's Testimony and Hearing Summary)
9. On [REDACTED] 2019, the Department processed PRF and reduced the Appellant's SNAP benefits from \$355.00 a month to \$31.00 a month. (Hearing Summary)
10. On [REDACTED] 2019, the Department notified the Appellant that her monthly SNAP benefits will be reduced to \$31.00 effective [REDACTED] 2020. ( Exhibit 4: Notice Of Action, [REDACTED])
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] 2020. Therefore, this decision is due not later than [REDACTED] 2020.

### **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. Title 7 of the Code of Federal Regulations (CFR) § 273.10(c)(1)(ii) & (c)(2)(i) provide for converting income into monthly amounts.
5. 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.
6. The Department correctly determined that the Appellant's monthly gross earned income was \$1,720.00 (\$800.00 biweekly / 2=\$400.00 weekly x 4.3=\$1720.00)
7. Title 7 CFR § 273.9(d)(1)&(2) provides for standard deductions and earned income Deductions.

8. 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 \$167.00 per month; {effective 10-1-19}
    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.
9. The Department correctly applied the 20% earned income deduction to the total earned income of \$1,720.00 to determine the amount of the Appellant's household adjusted earned income of \$1,376.00 (\$1720.00-\$344.00, 20% of monthly gross earned income).

10. The Department correctly applied the \$167.00 standard deduction to the total income of \$1,376.00 to determine the amount of the Appellant's household adjusted gross income of \$1,209.00 (\$1376.00-\$167.00).
11. Title 7 CFR § 273.9(d)(6)(ii) provides for excess shelter deduction.
12. 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;
13. Title 7 CFR § 273.9(d)(6)(iii) provides for the standard utility allowances.
14. 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.
15. The Department correctly determined the Appellant's shelter costs equals to \$736.00 (\$0.00 Rent + \$736.00 Utilities = \$736.00).
16. 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.

17. The Department correctly determined that 30% of the Appellant's net adjusted income, rounded up, was \$324.00.
18. The Appellant's SNAP benefits are computed as follows:

**SNAP BENEFIT CALCULATION**

<b><u>INCOME</u></b>	
Earned Income	\$1720.00
Less 20%	<u>\$344.00</u>
<b>Total</b>	<u>\$1376.00</u>
Plus Unearned Income	<u>\$0.00</u>
<b>(Total</b>	\$1,376.00
Less standard deduction	\$167.00
Medical Expenses in excess of \$35.00	\$0.00
<b>Adjusted gross income</b>	\$1,209.00
<b><u>SHELTER COSTS</u></b>	
Property taxes + Home Insurance	\$0.00
SUA	<u>\$736.00</u>
<b>Total shelter costs</b>	\$736.00
<b><u>SHELTER HARDSHIP</u></b>	
Shelter costs	\$736.00
Less 50% of adjusted gross income	<u>-\$604.50</u>
<b>Total shelter hardship</b>	\$131.50 <small>(Cannot exceed \$552 (unless elderly or disabled))</small>
<b><u>ADJUSTED NET INCOME</u></b>	
Adjusted gross income	\$1,209.00
Less shelter hardship	<u>-\$131.50</u>
<b>Net Adjusted Income (NAI)</b>	\$1,077.50
<b><u>BENEFIT CALCULATION</u></b>	
Thrifty Food Plan for One Persons	\$353.00
Less 30% of NAI	<u>-\$324.00</u>
<b>SNAP award</b>	\$31.00

19. The Department correctly calculated the SNAP benefits.


20. The Department correctly approved \$15.00 per month in SNAP benefits effective, [REDACTED] 2020.

### **DISCUSSION**

The Department correctly determined the Appellant's SNAP benefit amount based on the information provided on the PRF. The Appellant reported at the hearing that she has started paying rent as of [REDACTED] 2020 and her monthly income has decreased. The Appellant was advised to submit the required 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  
Tanisha Hayes, 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 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.