

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

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PROCEDURAL BACKGROUND

On ██████████, 2020, the Department of Social Services (the “Department”) issued a notice of action to ██████████ (the “Appellant”) granting her Supplemental Nutrition Assistance Program (“SNAP”) benefits in the amount of \$31.00 per month ongoing.

On ██████████ 2020, the Appellant requested an administrative hearing to contest the Department’s decision to issue SNAP benefits in the amount of \$31.00 per month.

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 were present at the hearing:

██████████, the Appellant  
Garfield White, 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 to the Appellant when the initial award was granted.

## **FINDINGS OF FACT**

1. On [REDACTED] 2020, the Appellant applied for SNAP benefits for herself and her child. (Exhibit 2: Notice of action dated [REDACTED] and Department's testimony)
2. The Appellant is not elderly or disabled. (Hearing record)
3. The Appellant is employed by [REDACTED]. (Exhibit 3: Letter from [REDACTED] dated [REDACTED])
4. The Appellant earns \$15.00 per hour and is employed 40 hours per week at [REDACTED]. (Exhibit 3 and Hearing summary)
5. The Appellant pays \$1,200.00 per month for rent. (Exhibit 7: Case notes and Hearing summary)
6. The Appellant pays for heat. (Hearing summary)
7. The Appellant pays \$249.00 per month for child care. (Exhibit 7 and Hearing summary)
8. On [REDACTED] 2020, the Department granted the Appellant ongoing SNAP benefits in the amount of \$31.00 effective [REDACTED] 2020. (Exhibit 2: Notice of action dated [REDACTED] and Hearing summary)
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 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 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 is considered a household of two persons.**

3. 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 that the assistance unit is subject to the gross income test, as the household does not contain any members that are elderly or disabled.**

4. Uniform Policy Manual (“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.
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 income is \$2,580.00 per month (\$15.00/hour x 40 hours per week = \$600.00 x 4.3).**

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

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 per month; {effective March 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.

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;

**Effective [REDACTED] 2020, the Department correctly applied \$1,200.00 for the Appellant's household rental obligation.**

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.

**Effective [REDACTED] 2020, the Department correctly determined that the Appellant's shelter expenses were \$1,936.00 per month (\$1,200.00 rent + \$736.00 standard utility allowance).**

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

UPM § 5035.15(F)(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 that the Appellant's household does not include anyone who is elderly or disabled.

Effective [REDACTED] 2020, the Department correctly determined that the Appellant's shelter hardship was \$569.00 (\$1,936.00 shelter expenses - \$824.00 50% of adjusted gross income = \$1,112.00) because shelter hardship cannot exceed \$569.00 unless the assistance unit has an elderly or disabled member.

Effective [REDACTED] 2020, the Department correctly determined that the Appellant's net adjusted income was \$1,079.00.

10. 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."

Effective [REDACTED] 2020, the Department correctly determined that 30% of the Appellant's net adjusted income was \$324.00 per month.

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

**SNAP BENEFIT CALCULATION**

<b>INCOME</b>	
Earned Income	\$2,580.00
Less 20%	\$516.00
<b>Total</b>	<b>\$2,064.00</b>
Plus Unearned Income	\$0.00
<b>Total</b>	<b>\$2,064.00</b>
Less standard deduction for 2 persons	-\$167.00
Less dependent care costs	\$249.00
Less medical expenses in excess of \$35 if age 60 and older, or disabled	\$0.00
Other deductions (child support payments)	\$0.00

<b>Adjusted gross income</b>	<b>\$1,648.00</b>
<b>SHELTER COSTS</b>	
Rent	\$1,200.00
SUA	<u>\$736.00</u>
<b>Total shelter costs</b>	<b>\$1,936.00</b>
<b>SHELTER HARDSHIP</b>	
Shelter costs	\$1,936.00
Less 50% of adjusted gross income	<u>-\$824.00</u>
<b>Total shelter hardship</b>	<b>\$569.00</b> (Cannot exceed \$569 unless elderly or disabled)
<b>ADJUSTED NET INCOME</b>	
Adjusted gross income	\$1,648.00
Less shelter hardship	<u>-\$569.00</u>
<b>Net Adjusted Income (NAI)</b>	<b>\$1,079.00</b>
<b>BENEFIT CALCULATION</b>	
Thrifty Food Plan for 2 Person/s	\$355.00
Less 30% of NAI	<u>-\$323.70</u>
<b>SNAP award</b>	<b>\$31.30</b>

12. UPM § 5520.40 provide that

Income eligibility for the SNAP is determined either through the use of SNAP gross and applied income tests or through meeting the eligibility requirements for TFA (including diversion assistance), AFDC, AABD, GA, SAGA, refugee assistance, or SSI.

**B. Applied Income Eligibility Test**

1. Income eligibility is determined on the basis of the assistance unit's total monthly applied income:
  - a. including those units which are not subjected to the Gross Income Eligibility Test; and
  - b. excluding those units which are considered categorically eligible for FS benefits.
2. The unit's total monthly applied income is compared to an amount equivalent to the Food Stamp Applied Income Limit ("FSAIL") for the respective unit size:
  - a. If the total applied income exceeds the FSAIL, the unit is not eligible for Food Stamps benefits;

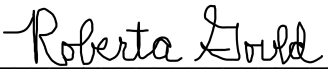
- b. If the total applied income equals or is less than the FSAIL, the unit is eligible.

**The Department correctly determined that the Appellant's applied income is less than the FSAIL limit for two persons.**

**On [REDACTED], 2020, the Department correctly calculated that the Appellant's SNAP benefits were \$31.00 per month effective [REDACTED] 2020, and ongoing.**

**DECISION**

The Appellant's appeal is **DENIED**



Roberta Gould  
Hearing Officer

Cc: Jessica Carroll, Social Services Operations Manager, DSS Hartford  
Musa Mohamud, Social Services Operations Manager, DSS Hartford  
Judy Williams, Social Services Operations Manager, DSS Hartford  
Jay Bartolomei, Eligibility Services Supervisor, DSS Hartford  
Garfield White, Eligibility Services Worker, DSS Hartford



### **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.