

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

██████████  
Request # 154214

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████ 2020, the Department of Social Services (the "Department") sent ██████████ (the "Appellant"), a Notice of Action ("NOA") approving him for \$143.00 in Supplemental Nutrition Assistance Program ("SNAP") benefits effective ██████████ 2020.

On ██████████ 2020, the Appellant requested an administrative hearing to contest 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 a telephonic administrative hearing. The following individuals participated in the hearing:

██████████, Appellant's Authorized Representative ("Arep")  
██████████, Appellant's mother  
Princess O'Reggio, Department's Representative

Carla Hardy, Hearing Officer

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly determined the Appellant eligible for a monthly \$143.00 SNAP benefit.

The issue regarding the HUSKY C - MAABD Spenddown will be addressed in a separate hearing decision.

### **FINDINGS OF FACT**

1. In [REDACTED] 2019, the Appellant established a Special Needs Trust ("SNT"). The trust is funded with \$850.00 monthly. (Arep's Testimony)
2. In [REDACTED] 2020, the Appellant submitted his renewal form. (Arep's Testimony)
3. The Appellant is a household of one person. (Hearing Record)
4. The Appellant is 28 years old (DOB [REDACTED]/91). He is disabled. (Arep's Testimony)
5. The Appellant's rent is \$850.00 monthly. (Arep's Testimony)
6. The Appellant receives two Social Security Disability ("SSD") benefits in the amounts of \$689.00 and \$647.00 monthly. (After Hearing Exhibit 2: Proof of SSD Income)
7. The Appellant does not have any medical expenses in excess of \$35.00 per month. (Arep's Testimony)
8. The Appellant does not have child support or daycare expenses. (Arep's Testimony)
9. On [REDACTED], 2020, the Department issued a notice to the Appellant informing him that he was eligible for \$143.00 in SNAP benefits effective [REDACTED] 2020. (Exhibit 1A: NOA, [REDACTED]20)
10. 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 CFR § 273.9 (a) provides that participation in the Program shall be limited to those households whose income 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 levels established in Section 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)).

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 Temporary Family Assistance (“TFA”) (including diversion assistance), Aid to Families with Dependent Children (“AFDC”), Aid to the Aged, Blind or Disabled (“AABD”), General Assistance (“GA”), State Administered General Assistance (“SAGA”), refugee assistance or Supplemental Security Income (“SSI”).

A. Gross Income Eligibility Test

1. The Gross Income Eligibility 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 FS benefits.
2. When the Gross Income Test is used, the assistance unit's gross monthly income is compared to a limit which is equal to 130% of the Food Stamp Applied Income Limit (FSAIL) for the number of persons in the needs group:
  - a. If the unit's total gross income exceeds the standard, the unit is not eligible for Food Stamps benefits.
  - b. If the unit's gross income equals or is less than the limit, the unit's applied income is then subjected to the Applied Income Test.

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 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.

C. Categorical Eligibility Test

Those assistance units which qualify as categorically eligible are not subjected to gross or applied income eligibility tests.

3. Title 7 C.F.R. § 273.9(c) provides for the definition of income. Household income shall mean all income from whatever source excluding only items specified in paragraph (c) of this section.

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.

"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 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)).

Uniform Policy Manual "UPM" § 5050.13(A)(6) provides that benefits received from Social Security and Veterans' Benefits by any member of a Food Stamp (SNAP) unit is counted in the calculation of eligibility and benefits for the entire unit.

UPM § 5005(A) provides that the Department counts the assistance unit's available income, and that income is considered available if it is:

1. received directly by the assistance unit,
  2. received by someone else on behalf of the assistance unit and the unit fails to prove that it is inaccessible; or
  3. deemed by the Department to benefit the assistance unit.
4. Title 7 C.F.R. § 273.9 9(c) provides for Income exclusions. Only the following items shall be excluded from household income and no other income shall be excluded:
    1. Any gain or benefit which is not in the form of money payable directly to the household, including in-kind benefits and certain vendor payments
    2. Any income in the certification period which is received too infrequently or irregularly to be reasonably anticipated, but not in excess of \$30 in a quarter.
    3. Educational assistance, including grants, scholarships, fellowships, work study, educational loans on which payment is deferred, veterans' educational benefits and the like.
    4. All loans, including loans from private individuals as well as commercial institutions,

UPM § 5035.15 provides for types of excluded income

**The Department correctly included the Appellant's \$1,336.00 SSD benefit in the calculation for SNAP benefits.**

5. Title 7 C.F.R. § 273.10(c)(1)(ii) provides in part that income received during the past 30 days shall be used as an indicator of the income that is and will be available to the household during the certification period.

Title 7 C.F.R. § 273.10(c)(2)(i) provides that income anticipated during the certification period shall be counted as income only in the month it is expected to be received, unless the income is averaged. Whenever a full month's income is anticipated but is received on a weekly or biweekly basis, the State agency shall convert the income to a monthly amount by multiplying weekly amounts by 4.3 and biweekly amounts by 2.15, use the State Agency's PA conversion standard, or use the exact monthly figure if it can be anticipated for each month of the certification period.

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.

**The Department correctly determined the Appellant's monthly gross household income totals \$1,336.00 (\$689.00 SSD + \$647.00 SSD = \$1,336.00)**

6. Title 7 C.F.R. § 273.9(d)(1) & (2) provides for standard deductions and earned income deductions.

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 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

**The Department correctly determined the Appellant's standard deduction equals \$167.00.**

**The Department correctly determined that the Appellant's adjusted gross income equals \$1,169.00 [\$1,336.00 SSD - \$167.00 Standard Deduction = \$1,169.00.]**

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

9. 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.

10. The Standard Utility Allowance ("SUA") is \$736.00 effective October 1, 2019.

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

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).

**The Department correctly determined that the Appellant is not limited to the \$569.00 shelter hardship because he is disabled.**

**The Department correctly determined the Appellant's shelter costs equal \$1,586.00 [\$850.00 Rent + \$736.00 SUA = \$1,586.00]**

**The Department correctly determined the Appellant's shelter hardship is \$1,001.50.**

12. 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.

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

<b><u>SNAP BENEFIT CALCULATION</u></b>	
<b><u>INCOME</u></b>	
Earned Income	\$0.00
Less 20 percent	-\$0.00
= Adjusted earned income	0.00
+ Unearned income	\$1,336.00
= Total income	<u>\$1,336.00</u>
- Standard deduction	-\$167.00
- Medical expenses	\$0.00
-Dependent care expenses	0.00
<b>=Adjusted gross income</b>	<b>\$1,169.00</b>
<b><u>SHELTER COSTS</u></b>	
Rent	\$850.00
+ SUA	<u>\$736.00</u>
<b>Total shelter costs</b>	<b>\$1,586.00</b>
<b><u>SHELTER HARDSHIP</u></b>	
Shelter costs	\$1,586.00
Less 50% of adjusted gross income	<u>-\$584.50</u>
<b>= Total shelter hardship</b> (max \$569 if not disabled or elderly)	<b>\$1,001.50</b>

<u>ADJUSTED NET INCOME</u>	
Adjusted gross income	\$1,169.00
Less shelter hardship	<u>-1,001.50</u>
<b>Net Adjusted Income (NAI)</b>	\$167.50
<u>BENEFIT CALCULATION</u>	
Thrifty Food Plan for one person	\$194.00
Less 30% of NAI (rounded up to nearest whole dollar)	<u>-\$51.00</u>
<b>SNAP award</b>	\$143.00

14. The Department correctly determined that the Appellant is eligible for \$143.00 in SNAP.

**DECISION**

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

  
 Carla Hardy  
 Hearing Officer

Pc: Fred Presnick, Yecenia Acosta, Tim Latifi, Princess O'Reggio, Department of Social Services, Bridgeport Office



### **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.