

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

CL ID # ██████████  
Hearing Request #157807

NOTICE OF DECISION

PARTY

██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████, 2020, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying her application for Supplemental Nutrition Assistance Program (“SNAP”) benefits.

On ██████████, 2020, the Appellant requested an administrative hearing to contest the Department’s decision to deny such benefits.

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

On ██████████ 2020, accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing via telephone conference.

The following individuals participated at the hearing:

██████████ Appellant  
Lindsay Vallee, Department’s Representative  
Miklos Mencseli, Hearing Officer

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department was correct to deny the Appellant's application for SNAP benefits due to excess income.

### **FINDINGS OF FACT**

1. On [REDACTED], 2020, the Department received the Appellant's on-line application for SNAP benefits. (Summary, Exhibit 3: on-line application [REDACTED]-2020)
2. The Appellant applied for SNAP benefits for a household size of two (herself, child). (Summary, Exhibit 3)
3. The Department determined the Appellant's income exceeds the SNAP program limit for her household size. (Summary, Exhibit 2: W-1216 SNAP Computation Sheet))
4. On [REDACTED], 2020, the Department issued the Appellant a Notice of Action ("NOA") stating her household income exceeds the SNAP program limit for her household size of two (2). (Summary, Exhibit 1: NOA dated [REDACTED]-20)
5. The Appellant is employed by the [REDACTED] system. (Summary)
6. The Department used the Appellant's yearly salary of \$31,692.98 / 12 months to determine her monthly income of \$2,641.08. (Summary, Exhibit 4: [REDACTED] letter dated [REDACTED], 2020)
7. All the household members are under the age of 60.
8. There are no disabled members in the household.
9. No household member is active on any cash program with the Department.
10. The Appellant pays \$701.00 a month in rent. (Summary, Exhibit 3)
11. The Appellant is responsible to pay for utilities. (Summary, Exhibit 3)
12. The Appellant choose to be paid over 10 months instead of 12 months in regards to her yearly salary to meet her expenses. (Appellant's Testimony)
13. 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 no 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.

“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)).

2. Title 7 of the Code of Federal Regulations (“CFR”) § 273.10(c)(1)(ii) & (c)(2)(i) provide for converting income into monthly amounts.

Uniform Policy Manual (UPM) § 5025.05(A) provides for converting income to monthly amounts and states:

1. Past Months

The Department uses the exact amount of the unit's available income received or deemed in the month.

Or

Uniform Policy Manual (“UPM”) § 5025(A)(2)(a)(b) provides the Department uses the best estimate of the amount of income the unit will have, if the exact amount is unknown. This estimate is based upon: information about what the unit received in similar past periods of time and a reasonable anticipation of what circumstances will exist to affect the receipt of income in future months.

3. CFR § 273.10 (c)(3) provides for Income averaging. (i) Income maybe averaged in accordance with methods established by the State agency to be applied Statewide for categories of households. When averaging income, the State agency shall use the household’s anticipation of monthly income fluctuations over the certification period. An average must be recalculated at recertification and in response to changes in income, in accordance with § 273.12(c), and the State agency shall inform the household of the amount of income used to calculate the allotment. Conversion of income received weekly or biweekly in accordance with paragraph (c)(2) of this section does not constitute averaging.
4. The Department correctly averaged the Appellant’s salary from the [REDACTED] system to determine her monthly income.
5. The Departments correctly calculated the income equals \$2,641.08 (\$31,692.98 yearly amount / 12 months = \$2,641.08)
6. The Appellant’s total household monthly income is \$2,641.08.

7. Title 7 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)).

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.

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.
8. CFR § 273.9 and Uniform Policy Manual (UPM) § 2545.05(A) provide for an assistance's unit categorically eligibility for the Food Stamp (SNAP) program. UPM § 2546(A) states that if:
  1. all members of the assistance unit receive or are authorized to receive benefits under one or more of the following cash assistance programs:
    - a. TFA, including diversion assistance;
    - b. AABD;
    - c. SSI (except if the individual does not meet the Food Stamp technical requirement of citizenship status);
    - d. SAGA individual or family assistance;
    - e. Refugee Assistance
9. The Department correctly determined that the Appellant is not categorically eligible for SNAP benefits as know household member is receiving TFA (including diversion assistance), AFDC, AABD, GA, SAGA, refugee assistance, or SSI.

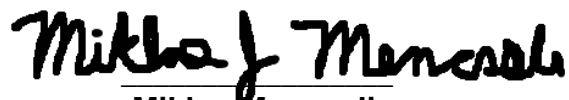
10. The Department correctly determined that the Appellant’s household is subject to the SNAP Gross Income Test.
11. UPM § 5520.40(A)(2) provides that the gross income limit is 185% of the Food Stamp Applied Income Limit (“FSAIL”). The FSAIL for a household of two people is \$1,926.00. (as of 10-1-19)
12. The Department correctly denied the Appellant’s application for SNAP benefits because her total household income of \$2,641.08 exceeds the SNAP Gross Income Limit of \$1,926.00.

13. **SNAP BENEFIT CALCULATION**

<b><u>INCOME</u></b>	
Earned Income	\$2,641.08
Less 20%	<u>\$528.21</u>
<b>Total</b>	<b><u>\$2,112.87</u></b>
Unearned Income	<u>\$0.00</u>
<b>Total</b>	<b>\$2,112.87</b>
Less standard deduction for 2 persons (\$167.00)	\$167.00
<b>Adjusted gross income</b>	<b>\$1,945.87</b>
<b><u>SHELTER COSTS</u></b>	
Rent /Mortgage	\$701.00
SUA	<u>\$736.00</u>
<b>Total shelter costs</b>	<b>\$1437.00</b>
<b><u>SHELTER HARDSHIP</u></b>	
Shelter costs	\$1437.00
Less 50% of adjusted gross income	<u>-\$972.94</u>
<b>Total shelter hardship</b>	<b>\$464.06</b> <small>(Cannot exceed \$569 (unless elderly or disabled))</small>
<b><u>ADJUSTED NET INCOME</u></b>	
Adjusted gross income	\$1,945.87
Less shelter hardship	<u>-\$464.06</u>
<b>Net Adjusted Income (NAI)</b>	<b>\$1,481.81</b>
<b><u>BENEFIT CALCULATION</u></b>	
Thrifty Food Plan for two Persons	\$355.00
Less 30% of NAI	<u>-\$445.00</u>
<b>SNAP award</b>	<b>\$0.00</b>

**DECISION**

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

  
**Miklos Mencseli**  
**Hearing Officer**

C: Yecenia Acosta, Operations Manager, DSS R.O. # 32 Stamford

### **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.