

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

On ██████████ 2020, the Appellant requested an administrative hearing to contest the Department’s decision to reduce her 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 were present at the hearing:

██████████, the Appellant  
Debra James, Eligibility Services Worker, Department’s representative  
Roberta Gould, Hearing Officer

The hearing record remained open for the submission of additional evidence. On ██████████ 2020, the hearing record closed.

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's reduction of the Appellant's SNAP benefits effective [REDACTED] 2020, is correct.

## **FINDINGS OF FACT**

1. The Appellant receives SNAP benefits for herself. (Hearing record)
2. The Appellant receives HUSKY Medicaid assistance. (Exhibit 1: Notice of action dated [REDACTED])
3. The Appellant was approved for Supplemental Security Income ("SSI") effective [REDACTED] 2018. (Exhibit 3: SOLQ-I results details)
4. On [REDACTED] 2020, the Appellant began receiving SSI benefits of \$783.00 gross per month. (Exhibit 3 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 a telephone expense, but did not provide any documentation of her rental expense. (Appellant's testimony and Department's testimony)
7. On [REDACTED], 2020, the Department issued the Appellant a notice proposing to reduce her SNAP benefits from \$194.00 per month to \$16.00 per month effective [REDACTED], 2020, due to the receipt of Social Security benefits. (Exhibit 1 and Hearing summary)
8. 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. The closing of the hearing record was further delayed because the hearing record remained open until [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’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 SSI income is \$783.00 per month.**

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 \$783.00 SSI to determine the amount of the Appellant's household adjusted gross income of \$616.00 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)(1) provides, 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 assessment, and insurance on real property;

- c. the entire amount paid as a condominium fee;
- d. utility costs including the following:
  - (1) heat;
  - (2) cooking fuel;
  - (3) electricity;
  - (4) water;
  - (5) sewer charges;
  - (6) garbage collection;
  - (7) basic monthly charge including taxes for a telephone;
  - (8) installation charges for a utility.

**The Department correctly determined that the Appellant's shelter costs are \$27.00 (\$0.00 rent + \$27.00 telephone 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 \$0.00 and that she does not have a maximum shelter hardship because she is disabled.**

**The Department correctly determined that the Appellant's net adjusted income is \$616.00.**

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 \$184.80 per month.**

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

**SNAP BENEFIT CALCULATION**

<b><u>INCOME</u></b>	
Earned Income	\$0.00
Less 20%	<u>\$0.00</u>
<b>Total</b>	<b><u>\$0.00</u></b>
Plus Unearned Income	<u>\$783.00</u>
<b>Total</b>	<b><u>\$783.00</u></b>
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
<b>Adjusted gross income</b>	<b><u>\$616.00</u></b>
<b><u>SHELTER COSTS</u></b>	
Rent	\$0.00
TUA	<u>\$27.00</u>
<b>Total shelter costs</b>	<b><u>\$27.00</u></b>
<b><u>SHELTER HARDSHIP</u></b>	
Shelter costs	\$27.00
Less 50% of adjusted gross income	<u>-\$308.00</u>
<b>Total shelter hardship</b>	<b><u>\$0.00</u></b> <small>(Cannot exceed \$569 unless elderly or disabled)</small>
<b><u>ADJUSTED NET INCOME</u></b>	
Adjusted gross income	\$616.00
Less shelter hardship	<u>-\$0.00</u>
<b>Net Adjusted Income (NAI)</b>	<b><u>\$616.00</u></b>
<b><u>BENEFIT CALCULATION</u></b>	
Thrifty Food Plan for 1 Person/s	\$194.00
Less 30% of NAI	<u>-\$184.80</u>
<b>SNAP award</b>	<b><u>\$9.20</u></b>

13. 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.

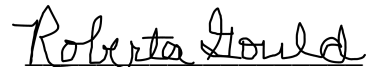
**The Department correctly determined that the Appellant's applied income is less than the FSAIL limit for one person.**

14. Title 7 CFR 273.10(e)(2)(E)(ii)(2)(C) provides that all eligible one and two person households shall receive minimum monthly allotments equal to the minimum benefit. The minimum benefit is 8 percent of the maximum allotment for a household of one, rounded to the nearest whole dollar.
14. UPM § 6020.15(C)(2)(a) provides that in all months except the initial month of eligibility assistance units consisting of one or two members which have a calculated benefit amount of less than the minimum amount established by the Food and Nutrition Act of 2008, which is equal to 8 percent of the cost of the thrifty food plan for a household containing one member, rounded to the nearest whole dollar increment. (Thrifty Food Plan for one = \$194.00 x .08 = \$15.52)

**On [REDACTED], 2020, the Department correctly calculated that the Appellant's SNAP benefits were \$16.00 per month effective [REDACTED] 2020.**

**DECISION**

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

  
Roberta Gould  
Hearing Officer

Cc: Rachel Anderson, Social Services Operations Manager, DSS New Haven  
Cheryl Stuart, Social Services Operations Manager, DSS New Haven  
Lisa Wells, Social Services Operations Manager, DSS New Haven  
Debra James, Eligibility Services Worker, DSS New Haven

### **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.