

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

██████████  
Hearing Request # 158598

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████

**PROCEDURAL BACKGROUND**

██████████, 2020, the Department of Social Services (the "Department") issued a Notice of Action ("NOA") to ██████████ (the "Appellant") discontinuing her benefits under the Supplemental Nutrition Assistance Program ("SNAP") because her household's gross income exceeded the limit.

██████████, 2020, the Appellant requested an administrative hearing because she disagrees with the Department's action.

██████████, 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████ 2020.

██████████, 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. Due to COVID-19 concerns, the hearing was held telephonically. No party objected to the hearing being held in that manner.

The following individuals were present at the telephone hearing:

██████████, the Appellant  
Debra James, Department's Representative  
Veronica King, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly determined that the Appellant did not qualify for SNAP because her household's total income exceeded the gross limit.

## **FINDINGS OF FACT**

1. The Appellant was a recipient of the SNAP benefits. (Hearing Record)
2. [REDACTED] 2020, the Appellant submitted a completed W-1ER Renewal of Eligibility form. (Hearing Record)
3. The Appellant's household consists of herself and she reported employment at [REDACTED]. The Appellant is [REDACTED] years old and not disable. (Appellant's Testimony)
4. [REDACTED], 2020, the Department called the Appellant and conducted a required telephone interview. The Appellant's income was verified as \$1,229.70 biweekly ( $\$1,229.70 * 2.15 = \$2,643.85$  per month). (Exhibit 2: Case Notes, Exhibit 3: NOA, [REDACTED]/20 and Appellant's Testimony)
5. The Appellant pays \$1,104.89 per month in mortgage, \$224.25 per month in property taxes, and all the house utilities. (Appellant's Testimony and Hearing Record)
6. [REDACTED], 2020, the Department sent an NOA to the Appellant discontinuing her SNAP benefits effective [REDACTED] 2020; because her household's gross income exceeded the limit. (Exhibit 3)
7. 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. "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*, 2017 Conn. 601, 573 A.2d 712 (1990)).

3. 7 CFR § 273.9 (a) provides, in relevant part, as follows:  
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)).

**The Appellant's household did not contain an elderly or disabled member. It was, therefore, subject to both the net income and gross income eligibility standards for SNAP, unless it met categorical eligibility requirements pursuant to §273.2(j)(2) or 273.2(j)(4).**

4. The provisions in 7 CFR § 273.2(j)(2) and § 273.2(j)(4), with a single exception, confer categorical eligibility only to households that receive cash assistance from PA (Public Assistance), SSI (Supplemental Security Income) or GA (General Assistance). The exception is broad-based categorical eligibility based on the provisions in § 273.2(j)(2)(ii).

**No members of the Appellant's household received income from PA, SSI or GA. The household was, therefore, not categorically eligible based on receipt of cash assistance.**

5. Broad-based categorical eligibility pursuant to 273.2(j)(2)(ii). States may, at their option, extend categorical eligibility to households "in which all members receive or are authorized to receive non-cash or in-kind services" from a program that is funded in part with State money counted for MOE purposes under Title IV-A, if the program was designed to further either purposes one and two, or three and four, of the TANF block grant. FNS must be informed of, or must approve, the TANF services that a State determines to confer categorical eligibility. 7 CFR § 273.2(j)(2)(ii)

**Households in Connecticut with incomes below 185% of the federal poverty level ("FPL") qualify for the State's "Help for People in Need" program which is funded with money counted for TANF MOE purposes and meets the requirements in 7 CFR § 273.2(j)(2)(ii). As such, the Department extends broad-based categorical eligibility for SNAP to all households that qualify for "Help for People in Need".**

**The Federal Poverty Standards applicable to the Appellant's eligibility determination are published in the Federal Register, Vol. 84, No. 22 / Friday, February 1, 2019, pp. 1167-1168.**

**The FPL for a household of one person is \$1,012.00**

6. Title 7 of CFR § 273.10(c)(1)(i) provides in relevant part “For the purpose of determining the household’s eligibility and level of benefits, the State agency shall take into account...any anticipated income the household and the State agency are reasonably certain will be received during the remainder of the certification period....In cases where the receipt of income is reasonably certain but the monthly amount may fluctuate, the household may elect to income average....”

UPM § 5005(A)(1) provides in relevant part the Department counts the assistance units available income, and that income is considered available if it is received directly by the assistance unit.

**The Department correctly determined that the Appellant’s earned income must be included when calculating the SNAP benefits for the assistance unit.**

**The Department correctly included the Appellant’s earned income when calculating the amount of the SNAP benefits.**

7. Title 7 of CFR § 273.10(c)(1)(ii) & (c)(2)(i) provide for converting income into monthly amounts.

UPM § 5025.05(A)(2) provides for converting income to monthly amounts and states for current and future months, 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 (b) a reasonable anticipation of what circumstances will exist to affect the receipt of income in future months.

UPM § 5025.05(B)(2)(a) 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.

**The Department correctly determined that the Appellant’s total monthly earned income is \$2,643.85 (\$1,229.70 \* 2.15).**

**185% of the FPL for a household of one person is \$1,872.00.**

**The household’s total income of \$2,643.85 (Appellant’s earned income) exceeded 185% of the FPL for a household of one person, or \$1,872.00. The household was, therefore, not eligible for “Help for People in Need”, and not categorically eligible pursuant to § 273.2(j)(2)(ii). Because the household did not meet any of the qualifications for categorical eligibility, it was subject to the SNAP gross income eligibility standard.**

5. 7 CFR § 273.9(a)(1) discusses the gross income eligibility standards for the Food Stamp Program and provides that: (i) “The income eligibility standards for the 48 contiguous States and the District of Columbia, Guam and the Virgin Islands shall be

130 percent of the Federal income poverty levels for the 48 contiguous States and the District of Columbia.”

**130% of the FPL for a household of one person is \$1,316.00.**

**The household’s total income of \$2,643.85 exceeded the SNAP gross income limit for a household of one person.**

**The Department was correct when it discontinued the Appellant’s SNAP benefits because her household’s income exceeded the gross income limit.**

**DECISION**

The Appellant’s appeal is **DENIED**.

  
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Veronica King  
Hearing Officer

cc: Rachel Anderson, Cheryl Stuart, Lisa Wells, DSS Operations Manager, RO #20 New Haven.  
Debra James, Department’s Representative, Fair Hearing Liaison RO#20, 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 Legal Counsel, Regulations, and Administrative Hearings, 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 06105-3725. 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 his 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.