

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

Case # ██████████
Client # ██████████
Request # 161281

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2020, the Department of Social Services (the "Department") sent ██████████ (the "Appellant"), a Notice of Action ("NOA") reducing her Supplemental Nutrition Assistance Program ("SNAP") benefits to \$16.00 per month effective ██████████ 2020.

On ██████████ 2020, the Appellant requested an administrative hearing to contest the reduction of the 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
Christine Faucher, Department's Representative
Marci Ostroski, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly calculated the Appellant's SNAP benefits effective [REDACTED] 2020.

FINDINGS OF FACT

1. The Appellant's household consists of the Appellant and her son [REDACTED] (the "son"), D.O.B. [REDACTED]/01. (Appellant's testimony, Ex. 3: Renewal of Eligibility)
2. On [REDACTED], 2020, the Appellant submitted to the Department her Renewal of Eligibility for the SNAP program. (Hearing summary, Ex. 13: Case Notes, Ex. 3: Renewal of Eligibility)
3. On [REDACTED] 2020, the Department processed the Appellant's SNAP renewal. The renewal form reflected that the Appellant was receiving unemployment compensation benefits ("UCB") and child support. The renewal incorrectly reflected that the Appellant was a student. The Department determined from a check with the Department of Labor ("DOL") that the son was employed by [REDACTED] and calculated his gross monthly earnings based on a printout from the Work Number. The son's average monthly gross wages were calculated based on the last two biweekly wage stubs for [REDACTED]/20 and [REDACTED]/20. $\$636.72 + \$570.72 = \$1207.44 / 4 * 4.3 = \1298.00 . The Appellant had previously notified the Department that she graduated in 2017. (Ex. 13: Case Notes; Ex. 3: Renewal of Eligibility; Appellant's testimony)
4. On [REDACTED] 2020, the Department mailed to the Appellant a 1348 Proofs We Need form. The form requested the Appellant to provide verification of the most recent four weeks of gross wages for the Appellant's employer, [REDACTED], and proof of child support income. The due date for the requested verifications was [REDACTED], 2020. (Ex. 13: Case Notes; Ex. 4: Proofs We Need)
5. On [REDACTED] 2020, the Department received the requested income verifications for the Appellant which included a letter stating that she received \$119.00 per week in direct child support and a letter from the [REDACTED] that her last day worked was [REDACTED] 2019. (Ex. 13: Case Notes; Ex. 5: Letter of child support; Ex. 6: Letter from [REDACTED])
6. On [REDACTED] [REDACTED], 2020, the Department conducted a telephone interview. The Department determined through the Department of Labor that the Appellant received \$114.00 per week in gross UCB. The Appellant reported that she does not pay rent but did pay for telephone expenses. (Ex. 13: Case Notes; Ex. 11: Notice of Action, [REDACTED]/20)
7. The Appellant does not have monthly dependent care or child support expenses, and she does not have out of pocket medical expenses. (Appellant's Testimony)

8. The Department determined that due to the Appellant's student status her SNAP household consists of one member; the son. The Department removed the Appellant from the household when calculating the SNAP benefit. (Department's Testimony)
9. On [REDACTED], 2020, the Department issued a Notice of Action to the Appellant reducing the SNAP benefits effective [REDACTED] 2020 to \$16.00 for a household of one. (Ex. 11: Notice of Action, [REDACTED]/20, Hearing Summary)
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, and is therefore timely.

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 provides for the household concept. (a) General household definition. 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. (b) Special household requirement (1) Required household combinations. The following individuals who live with others must be considered as customarily purchasing food and preparing meals with the others, even if they do not do so, and thus must be included in the same household, unless otherwise specified. (i) Spouses; (ii) A person under 22 years of age who is living with his or her natural or adoptive parent(s) or step-parent(s).
3. "The Department's uniform policy manual is the equivalent of 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)).
4. Uniform Policy Manual ("UPM") § 2020.10 provides the assistance unit must include certain individuals who are in the home, if they are not specifically excluded or ineligible to participate in the Food Stamp program (A) Those who are related as follows must be included in the assistance unit, except when the child or adult is a foster child or foster adult: 1. A child under age 18 under the parental control of a member of the assistance

- unit; 2. A spouse of a member of the assistance unit including any who presents himself or herself as a spouse; 3. Children ages 18 through 21 living with their parents.
5. The Department correctly determined that the son must be included in the SNAP assistance unit.
 6. 7 CFR § 273.5 (a) provides that an individual who is enrolled at least half-time in an institution of higher education shall be ineligible to participate in SNAP unless the individual qualifies for one of the exemptions contained in paragraph (b) of this section. An individual is considered to be enrolled in an institution of higher education if the individual is enrolled in a business, technical, trade, or vocational school that normally requires a high school diploma or equivalency certificate for enrollment in the curriculum or if the individual is enrolled in a regular curriculum at a college or university that offers degree programs regardless of whether a high school diploma is required.
 7. The Department incorrectly determined that the Appellant was a full time college student. She was incorrectly removed from the SNAP household.
 8. The Department incorrectly determined that the Appellant's SNAP assistance unit consists of one person.
 9. On ██████████ 2020, the Department incorrectly calculated the Appellant's SNAP benefits as a household of one.

DECISION

The Appellant's appeal is **GRANTED**

ORDER

1. The Department will remove the Appellant's student status and recalculate the SNAP benefits effective ██████████ 2020 as a household of two
2. Compliance with this order shall be forwarded to the undersigned no later than (10) days from the date of this notice, ██████████, 2020



Marci Ostroski
Hearing Officer

Pc: Tricia Morelli, Operations Manager, Manchester Regional Office
Christine Faucher, Hearing Liaison, Manchester Regional 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.