

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT 06105

██████████ 2020  
Signature confirmation

Case: ██████████  
Client: ██████████  
Request: 162896

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████, 2020, the Department of Social Services (the "Department") issued a *Notice of Action* to ██████████ (the "Appellant") terminating his Supplemental Nutrition Assistance Program ("SNAP") benefits effective ██████████ 2020.

On ██████████, 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") received the Appellant's ██████████ 2020 postmarked hearing request. On ██████████ 2020, the OLCRAH scheduled 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, the OLCRAH held an administrative hearing. The following individuals participated in the proceeding:

██████████, Appellant  
██████████, Appellant's Witness  
Kristin Haggan, Department's Representative  
Eva Tar, Hearing Officer

The hearing record closed ██████████ 2020.

**STATEMENT OF ISSUE**

The issue is whether the Department terminated the Appellant's SNAP benefits effective ██████████, 2020 in error.

### **FINDINGS OF FACT**

1. The Appellant is [REDACTED] years old. (Appellant Testimony)
2. The Appellant's Witness is [REDACTED] years old. (Appellant's Witness Testimony)
3. The Appellant and his Witness are not disabled. (Appellant Testimony)
4. Since [REDACTED] 2020, there are no other individuals living in the Appellant's household besides the Appellant and his Witness. (Appellant Testimony)
5. In [REDACTED] 2020, the Department issued the Appellant \$355.00 in SNAP benefits for his household. (Dept. Exhibit 5)
6. On [REDACTED] 2020, the Department received the Appellant's *Periodic Report Form*, signed by the Appellant on [REDACTED] 2020. (Department Representative's Testimony) (Dept. Exhibit 1)
7. In [REDACTED] 2020, the Department issued the Appellant \$355.00 in SNAP benefits for his household. (Dept. Exhibit 5)
8. The Appellant grosses \$649.00 per week in unemployment compensation, from which \$65.00 is withheld for federal income tax, \$19.00 is withheld for state income tax, and \$154.00 is intercepted for child support. (Dept. Exhibit 2)
9. The Appellant is pursuing a reduction in the amount of child support withheld each week to \$100.00 per week. (Appellant Testimony)
10. The Appellant's Witness grosses \$604.00 per week in unemployment compensation, from which \$60.00 is withheld for federal income tax and \$18.00 is withheld for state income tax. (Dept. Exhibit 3)
11. In [REDACTED] 2020, the SNAP's gross monthly income limit for a household of two equals \$2,658.00. (Dept. Exhibit 4)
12. Title 7, Code of Federal Regulations ("C.F.R.") 273.15 (c)(1) provides in part that "[w]ithin 60 days of receipt of a request for a fair hearing, the State agency shall assure that the hearing is conducted, a decision is reached, and the household and local agency are notified of the decision..." On [REDACTED] 2020, the OLCRAH received the Appellant's [REDACTED] 2020 postmarked hearing request. The issuance of this decision would have been due by [REDACTED] 2020. This decision is timely.

### **CONCLUSIONS OF LAW**

1. The Department of Social Services is the designated state agency for the administration of the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008. Conn. Gen. Stat. § 17b-2.

“The commissioner shall make periodic investigations to determine eligibility and may, at any time, modify, suspend or discontinue an award previously made when such action is necessary to carry out the provisions of the ... supplemental nutrition assistance program....” Conn. Gen. Stat. § 17b-80.

**The Department has the authority to modify, suspend, or discontinue the Appellant’s SNAP benefits to carry out the provisions of the SNAP.**

2. Title 7, Code of Federal Regulations (“C.F.R.”) section 273.1 (a)(3) provides that a household is “[a] group of individuals who live together and customarily purchase food and prepare meals together for home consumption.”

**The Appellant and his Witness are a SNAP household of two.**

3. “Household income shall mean all income from whatever source excluding only items specified in paragraph (c) of this section.” 7 C.F.R. § 273.9 (b)(1)(i).

“Unearned income shall include, but not be limited to: (ii) 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....” 7 C.F.R. § 273.9 (b)(2)(ii).

**For the purposes of the SNAP, the income of the Appellant’s SNAP household includes the Appellant’s and his Witness’ unemployment compensation.**

4. “For the purpose of determining the household's eligibility and level of benefits, the State agency shall take into account the income already received by the household during the certification period and any anticipated income the household and the State agency are reasonably certain will be received during the remainder of the certification period....” 7 C.F.R. § 273.10 (c)(1)(i).

“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....” 7 C.F.R. § 273.10 (c)(1)(ii).

Title 7, Code of Federal Regulations section 273.10 (c)(2)(i) provides:

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....

7 C.F.R. § 273.10 (c)(2)(i).

**For the purposes of the SNAP, the gross monthly income of the Appellant’s household equaled \$5,387.90 in [REDACTED] 2020. [(\$649.00 + \$604.00) x 4.3 weeks/month]**

5. "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 SNAP." 7 C.F.R. § 273.9 (a).

**As the Appellant's household contains no elderly or disabled members, the household's income must meet the gross income eligibility standard of the SNAP for a household of its size, as a condition of program eligibility.**

6. Title 7, Code of Federal Regulations § 273.9 (a)(1)(i) provides the gross income eligibility standards for the 48 contiguous States and the District of Columbia, Guam, and the Virgin Islands.

In Connecticut, the SNAP gross income limit equals 185 percent of the federal poverty level through Expanded Categorical Eligibility. *Field Operations Communication, 9/6/19.*

**In [REDACTED] 2020, the gross monthly income of the Appellant's household (\$5,387.90) exceeded the SNAP's gross monthly income limit for a household of two in Connecticut (\$2,658.00).**

**The Department correctly terminated the Appellant's SNAP benefits effective [REDACTED] 2020, as his household's gross monthly income from unemployment compensation exceeded the program limits.**

**DECISION**

The Appellant's appeal is DENIED.

*Eva Tar-electronic signature*  
Eva Tar  
Hearing Officer

Cc: Kristin Haggan, DSS-Norwich  
Cheryl Stuart, DSS-Norwich

### **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.

### **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 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.