

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVE.  
HARTFORD, CT 06105-3725

██████████ 2020  
Signature Confirmation

Client ID ██████████  
Case No. ██████████  
Request 163658

**NOTICE OF DECISION**

**PARTY**

████████████████████  
████████████████  
████████████████

**PROCEDURAL BACKGROUND**

On ██████████, 2020, the Department of Social Services (the "Department") sent ██████████ (the "Appellant") a Notice of Action ("NOA") discontinuing her benefits under the Supplemental Nutrition Assistance Program ("SNAP") effective ██████████ 2020.

On ██████████ 2020, the Appellant requested an administrative hearing to contest the Department's decision to discontinue 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, 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 called in for the hearing:

████████████████████, Appellant  
Nicole Caldwell, Department Representative  
Lisa Nyren, Fair Hearing Officer

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to close the Appellant's food stamp benefits under the SNAP effective [REDACTED] 2020 was correct.

### **FINDINGS OF FACT**

1. The Appellant received food stamp assistance under the SNAP for herself, her son and her daughter. (Hearing Record)
2. The Appellant is age [REDACTED] and not disabled. (Appellant's Testimony and Exhibit 1: Periodic Report Form)
3. The Appellant's son is age [REDACTED] and not disabled. (Appellant's Testimony and Exhibit 1: Periodic Report Form)
4. The Appellant's daughter is age [REDACTED] and not disabled. (Appellant's Testimony and Exhibit 1: Periodic Report Form)
5. The Appellant receives \$330.00 per week gross unemployment compensation benefits ("UCB") from the [REDACTED] ("out of state"). (Appellant's Testimony and Exhibit 2: Department of Labor Payment History)
6. The son receives \$182.00 per week gross UCB from out of state. (Appellant's Testimony and Exhibit 2: Department of Labor Payment History)
7. The son works part time for [REDACTED] ("employer") earning \$171.81 bi-weekly. (Exhibit 1: Periodic Report Form)
8. The daughter receives \$347.00 per week gross UCB from out of state. (Appellant's Testimony and Exhibit 2: Department of Labor Payment History)
9. On [REDACTED] [REDACTED] 2020, the Department received the Appellant's completed Periodic Report Form ("PRF") signed by the Appellant on [REDACTED] 2020. The Appellant indicated on the form she made no changes. The PRF lists the son working at the employer earning \$171.81 bi-weekly. The Appellant answered "N/A" to the question, describe any changes in earned income below. The PRF lists "there is no income for this case" under the unearned income section, but the Appellant submitted proof of out of state UCB received by household members: the Appellant,

the son, and the daughter. The PRF does not list any rental obligation. (Exhibit 1: Periodic Report Form)

10. On [REDACTED] 2020, the Department determined the Appellant's household income totaling \$4,063.09, which includes the Appellant's \$330.00 weekly out of state UCB, the son's \$182.00 weekly out of state UCB, the son's bi-weekly wages totaling \$171.81, and the daughter's \$347.00 weekly out of state UCB, exceeds the SNAP gross income limit of \$2,353.00 per month. (Exhibit 3: Notice of Action, Exhibit 10: Federal SNAP Income Test, and Exhibit 11: SNAP Calculation Sheet, and Department Representative's Testimony)

Appellant	\$330.00/week UCB	x	4.3 weeks	=	\$1,419.00
Son	\$182.00/week UCB	x	4.3 weeks	=	\$ 782.60
Son	\$171.81/biweekly wages	x	2.15 weeks	=	\$ 369.39
Daughter	\$347.00/week UCB	x	4.3 weeks	=	\$1,492.10
Total Income					\$4,063.09

11. Under the SNAP, households whose income exceeds one hundred thirty (130%) percent of the federal poverty limit ("FPL") must report their income to the Department. One hundred thirty (130%) percent of the FPL for a household of three equals \$2,353.00 per month. (Department Representative's Testimony and Exhibit 12: Income Limits and Maximum Benefits)
12. Under expanded categorical eligibility ("ECE"), the SNAP income limit for a household of three is \$3,349.00 which equals one hundred eighty-five (185%) percent of the FPL. (Department Representative's Testimony and Exhibit 12: Income Limits and Maximum Benefits)
13. Due to the reported increase in household income, specifically UCB, the Department determined the Appellant ineligible for food stamp benefits under the SNAP beginning [REDACTED] 2020 because the household's gross income exceeds the SNAP gross income limit. (Hearing Record)
14. On [REDACTED], 2020, the Department issued the Appellant a notice of action notifying her of the discontinuance of her SNAP benefits effective [REDACTED], 2020 for the following reasons: the monthly gross income of your household is more than the limit for this program and does not meet program requirements. (Exhibit 3: Notice of Action)
15. The issuance of this decision is timely under United States Department of Agriculture Food and Nutrition Services Connecticut waiver approved on April 9, 2020 which extends the time frame required to issue a decision under Title 7 Section 273.15(c) of the Code of Federal Regulation from 60 days to 120 days of the request for an administrative hearing. The

Appellant requested an administrative hearing on [REDACTED] 2020. Therefore this decision is due not later than [REDACTED] 2021.

### **CONCLUSIONS OF LAW**

1. Section 17b-2(7) of the Connecticut General Statutes provides that the Department of Social Services is designated as the state agency for the administration of the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008.
2. Title 7 Section 273.12(a)(5)(iii)(B) of the Code of Federal Regulations ("C.F.R.") provides as follows:

*Submission of periodic reports by non-exempt households.* Households that are certified for longer than 6 months, except those households described in §273.12(a)(5)(iii)(A), must file a periodic report between 4 months and 6 months, as required by the State agency. Households in which all adult members are elderly or have a disability with no earned income and are certified for periods lasting between 13 months and 24 months must file a periodic report once a year. In selecting a due date for the periodic report, the State agency must provide itself sufficient time to process reports so that households that have reported changes that will reduce or terminate benefits will receive adequate notice of action on the report in the first month of the new reporting period.

3. Federal regulation provides for:

*Income eligibility standards.* 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 SNAP. 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. 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)).

7 C.F.R. § 273.9(a)

4. Federal regulation provides that:

The State agency, at its option may extend categorical eligibility to the following households only if doing so will further the purposes of the Food and Nutrition Act of 2008:

- A. Any household (except those listed in paragraph (j)(2)(vii) of this section) in which all members receive or are authorized to receive non-cash or in-kind services from a program that is less than 50 percent funded with State money counted for MOE purposes under Title IV-A or Federal money under Title IV-A and that is designed to further purposes one and two of the TANF block grant, as set forth in Section 401 of P.L. 104-193. States must inform FNS of the TANF services under this paragraph that they are determining to confer categorical eligibility.
- B. Subject to FNS approval, any household (except those listed in paragraph (j)(2)(vii) of this section) in which all members receive or are authorized to receive non-cash or in-kind services from a program that is less than 50 percent funded with State money counted for MOE purposes under Title IV-A or Federal money under Title IV-A and that is designed to further purposes three and four of the TANF block grant, as set forth in Section 401 of P.L. 104-193, and requires participants to have a gross monthly income at or below 200 percent of the Federal poverty level.

7 C.F.R. § 273.2(j)(2)(ii)

“Any household in which one member receives or is authorized to receive benefits according to paragraphs (j)(2)(i)(B), (j)(2)(i)(C), (j)(2)(ii)(A) and (j)(2)(ii)(B), of this section and the State agency determines that the whole household benefits.” 7 C.F.R. § 273.2(j)(2)(iii)

- 5. “The gross income eligibility standards for SNAP shall be as follows: 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.” 7 C.F.R. § 273.9(a)(1)(i)

Federal regulation provides as follows:

130 percent of the annual income poverty guidelines shall be divided by 12 to determine the monthly gross income standards, rounding the results upwards as necessary. For households greater than eight persons, the increment in the Federal income poverty guidelines is multiplied by 130 percent, divided by 12, and the results rounded upward if necessary.

7 C.F.R. § 273.9(a)(3)(i)

6. The Department of Health and Human Services (“HHS”) annual update of the HHS Poverty Guidelines provides as follows:

For the 48 Contiguous States and District of Columbia, the Federal Poverty Level (“FPL”) for a household (“hh”) of three equals \$21,720.00 annually.

Federal Register, Vol. 85, No. 12, Friday, January 17, 2020, pp 3060-3061

7. The Department correctly determined 130% of the FPL for a household of three equals \$2,353.00 per month calculated as follows:  $\$21,720.00$  annual FPL / 12 months =  $\$1,810.00$  per month.  $130\% \times \$1,810.00 = \$2,353.00$  per month.
8. The Department correctly determined 185% of the FPL for a household of three equals \$3,349.00 per month calculated as follows:  $\$1,810.00$  monthly FPL x 185% =  $\$3,348.5$  per month.
9. “*Definition of income.* 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)
10. “Earned income shall include: All Wages and salaries of an employee.” 7 C.F.R. § 273.9(b)(1)(i)
11. “Unearned income shall include but not be limited to: 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; old-age, survivors, or social security benefits; strike benefits; foster care payments for children or adults who are considered members of the household; gross income minus the cost of doing business derived from rental property in which a household member is not actively engaged in the management of the property at least 20 hours a week. 7 C.F.R. § 273.9(b)(2)(ii)
12. Federal regulation provides as follows:

*Determining income—(1) Anticipating income.* (i) 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. If the amount of income that will be received, or when it will be received, is uncertain, that portion of the household's income that is uncertain shall not be counted by the State agency. For example, a household anticipating income from a new

source, such as a new job or recently applied for public assistance benefits, may be uncertain as to the timing and amount of the initial payment. These moneys shall not be anticipated by the State agency unless there is reasonable certainty concerning the month in which the payment will be received and in what amount. If the exact amount of the income is not known, that portion of it which can be anticipated with reasonable certainty shall be considered as income. In cases where the receipt of income is reasonably certain but the monthly amount may fluctuate, the household may elect to income average. Households shall be advised to report all changes in gross monthly income as required by §273.12.

7 C.F.R. § 273.10(c)(1)(i)

Federal regulation provides as follows:

*Income only in month received.* 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. Nonrecurring lump-sum payments shall be counted as a resource starting in the month received and shall not be counted as income.

7 C.F.R. § 273.10(c)(2)(i)

13. "Add the gross monthly income earned by all household members and the total monthly unearned income of all household members, minus income exclusions, to determine the household's total gross income. Net losses from the self-employment income of a farmer shall be offset in accordance with § 273.11(a)(2)(iii)." 7 C.F.R. § 273.10(e)(1)(i)(A)
14. The Department correctly calculated the Appellant's gross monthly out of state UCB as \$1,419.00.
15. The Department correctly calculated the son's gross monthly out of state UCB as \$782.60.
16. The Department correctly calculated the daughter's gross monthly out of state UCB as \$ 1,492.10.
17. The Department correctly calculated the son's gross monthly earnings as \$369.39.

18. The Department correctly calculated the household's gross monthly income as \$4,063.09.
19. The Department correctly determined the Appellant as not categorically eligible under extended categorical eligibility ("ECE") criteria because the Appellant's gross household income of \$4,063.09 exceeds 185% of the FPL \$3,349.00 under ECE.
20. Because the household is not categorically eligible, the Department correctly determined the household is subject to the gross income test. Because the household's monthly gross income of \$4,063.09 exceeds the SNAP gross income limit 2,353.00 (130% of the FPL) for a household of three, the Department correctly determined the Appellant ineligible for benefits under the SNAP.
21. Federal regulation provides as follows:

If the household files a complete report resulting in reduction or termination of benefits, the State agency shall send an adequate notice, as defined in §271.2 of this chapter. The notice must be issued so that the household will receive it no later than the time that its benefits are normally received. If the household fails to provide sufficient information or verification regarding a deductible expense, the State agency will not terminate the household, but will instead determine the household's benefits without regard to the deduction.

7 CFR § 273.12(a)(5)(iii)(D)

22. On [REDACTED] 2020, the Department correctly issued the Appellant a notice of action informing her that her benefits under the SNAP would end on [REDACTED] 2020 for the reasons the monthly gross income of your household is more than the limit for this program and does not meet program requirements.

### **DISCUSSION**

Upon receipt of the Appellant's request for an administrative hearing, the Department contacted the Appellant to review her SNAP benefits. The Appellant reported beginning [REDACTED] 2020, her rental obligation increased from \$00.00 per month to \$392.00 per month. In addition, the Appellant reported her son works one day per week so his bi-weekly earnings decreased. Upon review of the son's bi-weekly wages via The Work Number, the Department determined the son's wages increased compared to the prior report of wages listed on the PRF. Using the new information, the Department reviewed the Appellant's



eligibility for SNAP which resulted in the same conclusion: the household's gross monthly income exceeds the SNAP gross income limit; the household is ineligible for benefits under the SNAP. Because the household is not categorically eligible under extended categorical eligibility, the household is subject to the gross income test resulting in the ineligibility for benefits under the SNAP.

**DECISION**

The Appellant's appeal is DENIED.



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Lisa A. Nyren  
Fair Hearing Officer

CC: Yecenia Acosta, DSS RO 30  
Tim Latifi, DSS RO 30  
Nicole Caldwell, DSS RO 30

### **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, 165 Capitol Avenue, 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.