

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: 165046

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████ 2020, the Department of Social Services (the "Department") issued ██████████ (the "Appellant") a *Notice of Action* denying her ██████████ 2020 Supplemental Nutrition Assistance Program ("SNAP") application.

On ██████████ 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") received the Appellant's telephoned hearing request.

On ██████████, 2020, the OLCRAH issued a notice to the Appellant, 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, the OLCRAH held an administrative hearing. The following individuals participated:

██████████, Appellant  
██████████, Appellant's Witness (niece)  
Nicole Caldwell, Department's Representative  
Eva Tar, Hearing Officer

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

## **STATEMENT OF ISSUE**

The issue is whether the Department correctly determined that the Appellant was ineligible for SNAP benefits.

## **FINDINGS OF FACT**

1. The Appellant's date of birth is [REDACTED]. (Dept. Exhibit 1)
2. The Appellant lives alone. (Appellant Testimony)
3. The Appellant receives a Section 8 housing subsidy toward her rent. (Dept. Exhibit 1) (Appellant Testimony)
4. The Appellant's rent is \$975.00 per month, of which Section 8 pays \$306.00 per month. The Appellant pays \$613.00 per month to her rental obligation. (Appellant Testimony) (Dept. Exhibit 1)
5. The Appellant's heating and water bills are not included in her rent. (Appellant Testimony)
6. The Appellant grosses \$2,105.00 per month in Social Security retirement benefits and \$194.51 in a private pension. (Appellant Testimony) (Dept. Exhibit 1)
7. The Appellant receives Medicare A. (Dept. Exhibit 1)
8. The State of Connecticut pays the Appellant's Medicare B premium. (Department Representative Testimony) (Dept. Exhibit 2)
9. The Appellant estimates that she currently has \$25.00 in out-of-pocket medical expenses per month. (Appellant Testimony)
10. On [REDACTED], 2020, the Appellant applied for SNAP. (Dept. Exhibit 1)
11. On [REDACTED] 2020, the Department denied the Appellant's [REDACTED] 2020 SNAP application. (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 telephoned hearing request. The issuance of this decision would have been due by [REDACTED] 2020. This decision is timely.

## **CONCLUSIONS OF LAW**

1. Section 17b-2 of the Connecticut General Statutes in part designates the Department of Social Services 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, 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 is a SNAP household of one.**

3. 7 C.F.R. § 273.1 in part defines an elderly individual as “a member of a household who: (1) Is 60 years of age or older....”

**The Appellant is an elderly individual.**

4. Title 7, Code of Federal Regulations section 273.9 (a) provides:  
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). (emphasis added).

7 C.F.R. § 273.2 (j)(2) provide the criteria for households to be considered categorically eligible for SNAP benefits.

**The Appellant does not meet the categorical eligibility requirements specified at 7 C.F.R. § 273.2 (j)(2) and (j)(4).**

**As an individual over the age of 60 years who is not categorically eligible to receive SNAP benefits, the Appellant must meet the net income eligibility standards for the SNAP as a condition of participation in that program.**

5. “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).

“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; 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).

**For the purposes of the SNAP, the Appellant’s Social Security retirement benefits and her pension benefits are counted unearned income.**

6. Title 7, Section § 273.9 (d)(1)(i) of the Code of Federal Regulations provides for a standard deduction for the 48 States, District of Columbia, Alaska, Hawaii, and the Virgin Islands.

The SNAP Standard Deduction is \$167.00 per month for a household of one, effective October 1, 2020.

**In calculating the Appellant’s counted income in comparison with the SNAP net income eligibility standards, the Department must use the \$167.00 standard deduction for a household of one.**

**The Appellant’s adjusted monthly gross income equaled \$2,299.51. [\$2,105.00 (Social Security retirement benefits) plus \$194.51 (pension) minus \$167.00 (standard deduction)]**

7. “*Determining deductions.* Deductible expenses include only certain dependent care, shelter, medical and, at State agency option, child support costs as described in §273.9.” 7 C.F.R. § 273.10 (d).

“At certification and recertification, the household shall report and verify all medical expenses. The household's monthly medical deduction for the certification period shall be based on the information reported and verified by the household, and any anticipated changes in the household's medical expenses that can be reasonably expected to occur during the certification period based on available information about the recipient's medical condition, public or private insurance coverage, and current verified medical expenses....” 7 C.F.R. § 273.10 (d)(4).

Title 7, Section 273.10 (e) of the Code of Federal Regulations provides for calculating net income and benefit levels. Subsection (e)(1)(i) provides:

To determine a household's net monthly income, the State agency shall:

- (A) 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...
- (B) ...
- (C) Subtract the standard deduction.

- (D) If the household is entitled to an excess medical deduction as provided in §273.9(d)(3), determine if total medical expenses exceed \$35. If so, subtract that portion which exceeds \$35.
- (E) ...
- (F) ...
- (G)...
- (H) Total the allowable shelter expenses to determine shelter costs, unless a deduction has been subtracted in accordance with paragraph (e)(1)(i)(G) of this section. Subtract from total shelter costs 50 percent of the household's monthly income after all the above deductions have been subtracted. The remaining amount, if any, is the excess shelter cost. If there is no excess shelter cost, the net monthly income has been determined. If there is excess shelter cost, compute the shelter deduction according to paragraph (e)(1)(i)(I) of this section.
- (I) Subtract the excess shelter cost up to the maximum amount allowed for the area (unless the household is entitled to the full amount of its excess shelter expenses) from the household's monthly income after all other applicable deductions. Households not subject to a capped shelter expense shall have the full amount exceeding 50 percent of their net income subtracted. The household's net monthly income has been determined.

7 C.F.R. § 273.10 (e)(1)(i).

**As the Appellant's anticipated, verified out-of-pocket medical expenses do not exceed \$35.00 per month, these medical expenses are not considered a monthly medical deduction with respect to the SNAP net income eligibility calculation.**

**The Appellant is eligible for her shelter expenses as a deduction with respect to the SNAP net income eligibility calculation.**

8. "With FNS approval, a State agency may develop the following standard utility allowances (standards) to be used in place of actual costs in determining a household's excess shelter deduction: an individual standard for each type of utility expense; a standard utility allowance for all utilities that includes heating or cooling costs (HCSUA);...." 7 C.F.R. § 273.9 (d)(6)(iii)(A).

The standard utility allowance ("SUA") in Connecticut equaled \$736.00 per month.

**For the purposes of the SNAP, the Appellant's monthly shelter costs equal \$1,349.00. [\$613.00 (rent) + \$736.00 (SUA)]**

**For the purposes of the SNAP, the Appellant's shelter hardship equals \$282.75. [\$1,349.00 (monthly shelter costs) minus \$1,066.25 (50% of adjusted gross income)]**

9. Title 7, Section 273.10 (e)(4) of the Code of Federal Regulations addresses the Thrifty Food Plan and maximum SNAP allotments.

The Thrifty Food Plan for a qualified assistance unit of one in Connecticut with no applied income equaled \$194.00 per month in September 2020. In October 2020, the Thrifty Food Plan increased to \$204.00 per month.

Title 7, Section 273.10 (e)(2)(ii)(A) of the Code of Federal Regulations provides:

Except as provided in paragraphs (a)(1), (e)(2)(iii) and (e)(2)(vi) of this section, the household's monthly allotment shall be equal to the maximum SNAP allotment for the household's size reduced by 30 percent of the household's net monthly income as calculated in paragraph (e)(1) of this section. If 30 percent of the household's net income ends in cents, the State agency shall round in one of the following ways:

- (1) The State agency shall round the 30 percent of net income up to the nearest higher dollar; or
- (2) The State agency shall not round the 30 percent of net income at all. Instead, after subtracting the 30 percent of net income from the appropriate Thrifty Food Plan, the State agency shall round the allotment down to the nearest lower dollar.

7 C.F.R. § 273.10 (e)(2)(ii)(A).

10. The Appellant's eligibility to participate in the SNAP at the time of her 2020 application is calculated as follows:

<b><u>SNAP BENEFIT CALCULATION</u></b>	
<b><u>INCOME</u></b>	
Unearned Income	\$2,299.51
Less standard deduction	- 167.00
<b>Adjusted gross income -</b>	<b>\$2,132.51</b>
<b><u>SHELTER COSTS</u></b>	
Rent	\$613.00
SUA	+ 736.00
<b>Total shelter costs -</b>	<b>\$1,349.00</b>
<b><u>SHELTER HARDSHIP</u></b>	
Shelter costs	\$1,349.00
Less 50% of adjusted gross income	-1,066.25
<b>Total shelter hardship -</b>	<b>\$282.75</b>
<b><u>ADJUSTED NET INCOME</u></b>	
Adjusted gross income	\$2,132.51
Less shelter hardship	- 282.75

<b>Net Adjusted Income (NAI) -</b>	<b>\$1,849.76</b>
<b><u>BENEFIT CALCULATION</u></b>	
Thrifty Food Plan for one in [REDACTED] 2020	\$194.00
Less 30% of NAI ( <i>rounded up to nearest dollar</i> )	<u>- 554.92</u>
<b><u>SNAP AMOUNT:</u></b>	<b>= (<i>negative number</i>)</b>

The Department correctly determined that the Appellant was ineligible for SNAP benefits, as her applied income exceeded the Thrifty Food Plan benefit for a household of one in [REDACTED] 2020.

**DECISION**

The Appellant's appeal is DENIED.

*Eva Tar-electronic signature*  
Eva Tar  
Hearing Officer

Cc: Nicole Caldwell, DSS-Bridgeport  
Yecenia Acosta, DSS-Bridgeport  
Tim Latifi, DSS-Bridgeport

### **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.