

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 # ██████████
CL ID # ██████████
Hearing Request # 166877

NOTICE OF DECISION
PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2020, the Department of Social Services (the “Department”) issued a Notice of Action (“NOA”) stating that ██████████ (the “Appellant”) was entitled to \$208.00 per month in Supplemental Nutrition Assistance Program (“SNAP”) benefits.

On ██████████ 2020, the Appellant requested an administrative hearing because she disagrees with the amount of her 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, accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing via telephone conference. The following individuals participated at the hearing:

██████████, Appellant
Meochie Rhodes, Department’s Representative
Miklos Mencseli, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly calculated the Appellant’s monthly SNAP benefits.

FINDINGS OF FACT

1. On [REDACTED], 2020, the Department received the Appellant's application for SNAP benefits. (Summary, Exhibit 3: Department's Case Notes)
2. The Appellant is applying for a household of three (3) persons. (Summary, Exhibit 3: Department's Case Notes)
3. The Appellant has no household members over the age of 60. (Appellant's Testimony)
4. The Appellant has no household member that is a recipient of SSI benefits.
5. Appellant is full-time student at [REDACTED] University with graduation date of [REDACTED] 2022. (Summary, Exhibit 4: Student verification)
6. The Appellant was employed at [REDACTED] Hospital until [REDACTED], 2020. (Summary, Exhibit 4: employment verification)
7. The Appellant receives \$428.00 weekly Unemployment Compensation Benefits ("UCB) income from the State of [REDACTED] (Summary, Exhibit 4: [REDACTED] Department of Labor verification)
8. The Department determined the monthly amount of UCB equals \$1,840.40. (Exhibit 5: SNAP Computation Sheet)
9. The total household income is \$1,840.40. (Exhibit 5)
10. The Appellant pays \$913.00 per month for rent/mortgage. (Summary, Exhibit 5)
11. The Appellant's Homeowner's insurance and real estate taxes are included in her mortgage payment. (Appellant's Testimony)
12. The Appellant is responsible for paying for heat (Gas) and utilities. (Appellant's Testimony)
13. The Appellant qualifies for the maximum Standard Utility Allowance of \$736.00. (Exhibit 5)
14. Based on the information the Department calculated SNAP benefits of \$208.00 for a household of three.
15. 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], 2021.

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) § 273.10(c)(1)(ii) & (c)(2)(i) provide for converting income into monthly amounts.
3. 7 C.F.R. § 273.9(b)(2) (i) provides unearned income shall include, but not be limited to: Assistance payments from Federal or federally aided public assistance programs, such as supplemental security income (SSI) or Temporary Assistance for Needy Families (TANF); general assistance (GA) programs (as defined in Sec. 271.2); or other assistance programs based on need. Such assistance is considered to be unearned income even if provided in the form of a vendor payment (provided to a third party on behalf of the household), unless the vendor payment is specifically exempt from consideration as countable income under the provisions of paragraph (c)(1) of this section. Assistance payments from programs which require, as a condition of eligibility, the actual performance of work without compensation other than the assistance payments themselves, shall be considered unearned income.
(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.
(v) Payments from Government-sponsored programs, dividends, interest, royalties, and all other direct money payments from any source which can be construed to be a gain or benefit.

"The department's uniform policy manual 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 Maintenance*, 214 Conn. 601, 573 A.2d (1990)).

4. The Department correctly determined the Appellant's UCB Income of \$428.00 is countable unearned income in determining SNAP eligibility.
5. Uniform Policy Manual (UPM) § 5025.05(A) provides for converting income to monthly amounts and states:
 1. Past Months

The Department uses the exact amount of the unit's available income received or deemed in the month.

Or

Uniform Policy Manual ("UPM") § 5025(B)(2) (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.

6. The Department correctly determined that the Appellant's household gross monthly unearned income from UCB was \$1,840.40 ($\$428.00 \text{ weekly} \times 4.3 = \$1,840.40$)
7. The Appellant's corrected total monthly countable household income is \$1,840.40.
8. 7 C.F.R. § 273.9(d)(1)&(2) provides for standard deductions and earned income deductions.

UPM § 5045.15 provides that the amount of applied income upon which the level of SNAP benefits is based is calculated in the following way:

- A. The monthly net earned income amount is calculated by reducing monthly earnings by:
 1. the actual amount of self-employment expenses, if applicable; and
 2. any earned income deductions approved by the Social Security Administration in regard to individual self-support plans (Cross reference: 5035.15); and
 3. a deduction of 20% of the gross earnings for personal employment expenses.
- B. The monthly net earned income is added to the monthly gross unearned income amount and the total of the income deemed to the unit.
- C. The amount of applied income is calculated by reducing the combined total of net earnings, gross unearned income and deemed income by the following in the order presented:
 1. a deduction for farming losses, if any;
 2. a disregard of \$167.00 per month for 3 persons; {effective 10-1-20}
 3. a deduction for unearned income to be used to fulfill a bona-fide plan to achieve self-support (PASS); Cross reference: 5035.15
 4. the appropriate deduction for work related dependent care expenses;
 5. deduction for allowable medical expenses for those assistance unit members who qualify;

6. a deduction for legally obligated child support when it is paid for a child who is not a member of the assistance unit;
7. a deduction for shelter hardship, if applicable.

(Cross References: 5030 - "Income Disregards" and 5035 "Income Deductions")

- D. The remaining amount after the disregards and deductions are subtracted is the amount of the unit's applied income.
9. The Department applied the \$167.00 standard deduction to the total income of \$1,840.40 to determine the amount of the Appellant's household adjusted gross income of \$1,673.40.
10. 7 C.F.R. § 273.9(d)(6)(ii) provides for excess shelter deduction.

UPM § 5035.15(F)(1) provides for the calculation of the shelter hardship for the SNAP and states in part that the amount of shelter expenses which exceeds 50% of that portion of the assistance unit's income which remains after all other deductions have been subtracted is allowed as an additional deduction. Shelter expenses are limited to the following:

- a. rent, mortgage payments, and any continuing charges leading to ownership of the property occupied by the assistance unit excluding any portions allowed as self-employment deductions in multiple-family dwellings;
 - b. taxes, state and local assessments, and insurance on real property;
 - c. the entire amount paid as a condominium fee;
11. The Department correctly determined the Appellant pays \$913.00 monthly mortgage.
 12. 7 C.F.R. § 273.9(d)(6)(iii) provides for the standard utility allowances.

UPM § 5035.15(F)(6) provides that a standard utility allowance determined annually by the agency to reflect changes in utility costs is used to represent the total monthly utility expenses of the assistance unit if:

- a. the assistance unit incurs heating fuel or cooling costs separately from rent or mortgage payments; and
- b. the bill is established on the basis of individualized metering of service to the unit; or
- c. the costs are paid:
 - (1) totally or partially by the unit; or

- (2) partially from a federal means-tested energy program directly to the service provider or to the recipient when these payments are less than the unit's total monthly heating or cooling costs; or
- (3) totally by CEAP regardless of whether the payment is made to the unit or directly to the service provider.

13. Effective October 1, 2020, the Standard Utility Allowance equals \$736.00

14. The Department correctly determined the Appellant's shelter costs were \$1,649.00.

15. 7 C.F.R. § 271.2 provides for the maximum shelter deduction.

UPM § 5035.15 (F)(10) provides that for those units, which do not have any members who are elderly or disabled, a maximum shelter hardship deduction, which is established by the USDA, is allowed. The maximum shelter hardship is revised annually effective October 1. (Maximum effective October 2020 is \$586.00)

16. The Department correctly determined the Appellant's shelter hardship was \$812.30.

17. The Appellant's applied income is \$1,673.40.

18. 7 C.F.R. § 273.10(e)(2)(ii)(A)(1) provides for the monthly SNAP benefit calculation.

UPM § 6005(C) provides that in the SNAP, the amount of benefits is calculated by: (1) multiplying the assistance unit's applied income by 30%; and (2) rounding the product up to the next whole dollar if it ends in 1-99 cents; and (3) subtracting the rounded product from the Food Stamp standard of assistance for the appropriate unit size.

19. The corrected 30% of the Appellant's net adjusted income, rounded up, is \$327.00.

20. The Appellant's SNAP benefits are computed as follows:

SNAP BENEFIT CALCULATION	
INCOME	
Earned Income	\$0.00
Less 20%	\$0.00
Total	\$0.00
Unearned Income (UCB)	\$1,840.40
Total	\$1,840.40
Less standard deduction for 3 persons (\$167.00)	\$167.00

Adjusted gross income	\$1,673.40
SHELTER COSTS	
Rent /Mortgage	\$913.00
SUA	<u>\$736.00</u>
Total shelter costs	\$1936.00
SHELTER HARDSHIP	
Shelter costs	\$1,649.00
Less 50% of adjusted gross income	<u>-\$836.70</u>
Total shelter hardship	\$812.30 <u>(\$586.00)</u> <small>(Cannot exceed \$586 (unless elderly or disabled))</small>
ADJUSTED NET INCOME	
Adjusted gross income	\$1,673.40
Less shelter hardship	<u>-\$586.00</u>
Net Adjusted Income (NAI)	\$1,087.40
BENEFIT CALCULATION	
Thrifty Food Plan for three Persons	\$535.00
Less 30% of NAI	<u>-\$327.00</u>
SNAP award	\$208.00

21. The Department calculated the Appellant's SNAP benefit amount of \$208.00.

DISCUSSION

The Department correctly determined the Appellant's SNAP benefit amount based on a household size of three and her household countable income.

DECISION

The Appellant's appeal is **DENIED**.


Miklos Mencseli
Hearing Officer

C: Jamel Hilliard, Operations Manager, DSS R.O. # 60 Waterbury

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.