

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

██████████ 2021
Signature Confirmation

Case ID # ██████████
Client ID # ██████████
Request # 160565

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2020, the Department of Social Services (the “Department”) issued a Notice of Action (“NOA”) to ██████████ (the “Appellant”) denying her application for Supplemental Nutrition Assistance Program (“SNAP”) benefits.

On ██████████ 2020, the Appellant requested an administrative hearing by telephone to contest the Department’s denial of her SNAP application.

On ██████████ 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2020.

On ██████████ 2020, the Appellant requested to reschedule the administrative hearing.

On ██████████ 2020, OLCRAH issued a notice scheduling the administrative hearing for ██████████

On ██████████ 2021, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-184, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing by telephone.

The following individuals participated in the hearing:

██████████ Appellant

Christopher Filek, Department's Representative
Sara Hart, Hearing Officer

The hearing record remained open for the submission of additional evidence. On [REDACTED] 2021, the record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly denied the Appellant's application for SNAP benefits.

FINDINGS OF FACT

1. On [REDACTED] 2020 the Appellant submitted an online application for SNAP benefits. (*Exhibit 5: Online Application; Exhibit 3: Case Notes*)
2. The Appellant's household consists of four members: the Appellant, age [REDACTED] and her three children ages [REDACTED] [REDACTED] and [REDACTED] (*Exhibit 5; Appellant's Testimony; Department's Testimony*)
3. There are no disabled household members. (*Appellant's Testimony*)
4. There are no household members over the age of sixty. (*Exhibit 5; Appellant's Testimony*)
5. The Appellant was unemployed and began receiving Unemployment Compensation Benefits ("UCB") on [REDACTED] 2020 in the amount of \$889 per week. The Department calculated the Appellant's monthly average UCB as $(\$889 * 4.3 = \$3822.70)$. (*Exhibit 7: Department of Labor Record; Department's Testimony*)
6. The Appellant receives child support for each of the two minor children. She received \$214.72 in [REDACTED] 2020, \$2351.80 in [REDACTED] 2020, and \$1446.14 in [REDACTED] 2020. The [REDACTED] 2020 child support amount of \$2351.80 included a \$1200 lump sum payment. Her monthly child support totaled \$937.55 $(\$214.72 + \$1151.80 + \$1446.14 = \$2812.66/3 = \$937.55)$. The Department calculated the average monthly child support as $(\$214.72 + \$1151.80 + \$1211.36 = \$2577.99/3 = \$859.29)$. (*Exhibit 6: CCSES Disbursement Search; Department's Testimony*)
7. [REDACTED] employs the Appellant's [REDACTED] year old daughter and she is paid biweekly. She received biweekly gross wages of \$920.00 on [REDACTED] 2020 and \$1095.00 on [REDACTED] 2020. The Department calculated her monthly earned income as $(\$800 * 2.15 = \$1720.00)$. (*Exhibit 8: Worknumber Verification; Exhibit 3; Appellant's Testimony; Department's Testimony*)

8. The Department calculated the household's total monthly gross household income as \$6401. (*Department's Testimony*)
9. The household pays a monthly rent of \$1708 and is responsible for separate heating costs. (*Appellant's Testimony*)
10. The current monthly SNAP gross income limit for a household of four is \$4040. (*Department's Testimony*)
11. On ██████ 2020 the Department issued a NOA to the Appellant denying her application for SNAP benefits because the household's gross income exceeded the limit. (*Exhibit 4; NOA dated ██████, 2020*)

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. "The Department's Uniform Policy Manual ("UPM") 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)).
3. Title 7 of the Code of Federal Regulations ("C.F.R.") § 273.9 (a) provides that 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 the Food Stamp Program. 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 the Food Stamp Program. Households that 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 levels established in Section 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)).

The Department correctly determined the Appellant's household is not categorically eligible for SNAP benefits; therefore, the household must meet both the net and gross income eligibility standard.

4. 7 C.F.R. § 273.1(B)(1)(ii) provides for required household composition. 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.

- ii. A person under 22 years of age who is living with his or her natural or adoptive parent(s) or step-parent(s).

The Department correctly determined the Appellant's SNAP household included four members; the Appellant, her two minor children, and her [REDACTED] old daughter.

5. 7 C.F.R. § 273.9 (b) states that "Household income shall mean all income from whatever source excluding only items specified in paragraph (c) of this section."

UPM § 5005(A) states that: "In consideration of income, the Department counts the assistance unit's available income, except to the extent that it is specifically excluded."

7 C.F.R. § 273.9 (b)(1)(i) states that "Earned income shall include: (i) All wages and salaries of an employee."

UPM § 5000.01 states that "Earned income is income which the assistance unit receives in exchange for the performance of duties or through self-employment and may be in the form of wages, salary, benefits, or proceeds from self-employment."

The Department correctly included the Appellant's daughter's wages in the determination of eligibility for SNAP benefits.

6. 7 C.F.R. § 273.9 (b)(2)(ii) addresses which types of unearned income are included in the calculation of the SNAP allotment, and provides that 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 shall be considered unearned income.

UPM § 5005(A) states that: "In consideration of income, the Department counts the assistance unit's available income, except to the extent that it is specifically excluded."

The Department correctly determined that the Appellant's UCB income must be included in the household's income determination.

7. 7 C.F.R. § 273.9 (b)(2)(iii) provides in part that unearned income shall include, but not limited to: support or alimony payments made directly to the household from non-household members.

UPM § 5050.19 (B)(3) provides that child support payments are counted as unearned income in determining eligibility and calculating benefits.

The Department correctly included the Appellant's child support income in the calculation of SNAP benefits.

8. 7 C.F.R. § 273.10 (c)(2)(i) provides for converting income into monthly amounts. 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.

UPM § 5025.05 (B)(2) 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: b. if income varies from week to week, a representative period of at least four consecutive weeks is averaged to determine the representative weekly amount.

The Department incorrectly determined that the Appellant's [REDACTED] year old daughter's average monthly wages were \$1730. The correct wages were $(\$920.00 + \$1095.00 = \$2015.00 / 2 = \$1007.50 * 2.15 = \$2166.12)$

The Department correctly determined the Appellant's UCB income of \$3822.70 per month.

The Department incorrectly determined the Appellant's child support of \$1211.36 for [REDACTED] 020. The Appellant received \$1446.14 in child support in [REDACTED] 2020. The Department incorrectly determined the monthly average child support is \$429.64. The correct average monthly child support is \$468.77 $(\$2812.66 / 3 = \$937.55 / 2 \text{ children} = \$468.77 \text{ per month per child.})$

The Department incorrectly determined the Appellant's countable gross monthly income equals \$6401. The correct countable gross monthly income equals \$6926.37 $(\$2166.12 \text{ earned income} + \$3822.70 \text{ UCB} + \$937.55 \text{ Child Support} = \$6926.37)$

9. 7 CFR § 273.9 (a)(1) discusses the gross income eligibility standards for the Food Stamp Program and provides that: (i) "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."

130% of the FPL for a household of four persons was \$2839.00 i [REDACTED] 2020.

10. UPM § 5520.40 provides that income eligibility for the SNAP program is determined either through the use of SNAP gross and applied income tests or through meeting the eligibility requirements for TFA (including diversion assistance), AFDC, AABD, GA, SAGA, refugee assistance or SSI.

A. Gross Income Eligibility Test

1. The Gross Income Eligibility test is used for all units except those which:
 - a. include one or more persons who are elderly or disabled; or
 - b. are categorically eligible for FS benefits.

2. When the Gross Income Test is used, the assistance unit's gross monthly income is compared to a limit which is equal to 130% of the Food Stamp Applied Income Limit (FSAIL) for the number of persons in the needs group:
 - a. If the unit's total gross income exceeds the standard, the unit is not eligible for Food Stamps benefits.
 - b. If the unit's gross income equals or is less than the limit, the unit's applied income is then subjected to the Applied Income Test.

The household's correct total income of \$6926.37 exceeded the SNAP gross income limit for a household size of four persons. The Department correctly denied the Appellant's application for SNAP because the household's income exceeded the SNAP gross income limit.

DISCUSSION

While there are errors present in the Department's calculation of the Appellant's earned and unearned income, the Appellant's actual income is higher than the Department's determination and remains in excess of the SNAP gross income limit.

DECISION

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

Sara Hart
Hearing Officer

Cc: Brian Sexton, Middletown Regional Office
Christopher Filek, Middletown 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 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.

