

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

[REDACTED], 2021  
**SIGNATURE CONFIRMATION**

**CASE # [REDACTED]  
CLIENT ID # [REDACTED]  
REQUEST# [REDACTED]**

**NOTICE OF DECISION**

**PARTY**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**PROCEDURAL BACKGROUND**

On [REDACTED], 2021 the Department of Social Services (the "Department") issued a Notice of Action ("NOA") to [REDACTED] (the "Appellant") informing her that she had been approved for Supplemental Nutritional Assistance Program ("SNAP") benefits in the amount of \$181.00 effective [REDACTED], 2021.

On [REDACTED], 2021, the Appellant requested an administrative hearing to appeal the Department's calculation of her SNAP.

On [REDACTED] 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative Hearing for [REDACTED], 2021.

On [REDACTED], 2021, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held an Administrative Hearing. The hearing was held telephonically due to the COVID-19 pandemic with no objection from any party. The following individuals participated in the hearing:

[REDACTED], Appellant

Jerrett Wyant, Department's representative  
Joseph Alexander, Administrative Hearing Office

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly determined the Appellant's monthly SNAP allotment.

### **FINDINGS OF FACT**

1. The Appellant's household consist of two persons; Herself and her minor child (Appellant's testimony, Hearing Record).
2. No member of the household is elderly or disabled (Appellant's Testimony, Hearing Record).
3. The Appellant is currently receiving Worker's Compensation in the amount of \$367.54 per week (Appellant's Testimony, Hearing Record).
4. The Appellant pays rent totaling \$900.00 per month (Appellant Testimony, Hearing Record).
5. The Appellant is responsible for paying for her heating and cooling expenses separately from her rent (Department Exhibit 3: NOA dated [REDACTED], 2021).
6. On [REDACTED], 2021 the Department issued a NOA to the Appellant notifying her that she was approved for a monthly SNAP allotment of \$181.00 effective [REDACTED] 2021 (Department Exhibit 3: NOA [REDACTED], 2021).
7. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within [REDACTED] days of the request for an Administrative Hearing. The hearing request was received on [REDACTED], 2021 therefore, this decision is due no 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") Sec. 273.9(a) provides, in relevant

part, as follows:

- i. 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. Household's which contain an elderly or disabled member shall meet the net income eligibility standards for the Food Stamp Program. Household's 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 which are categorically eligible are 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 §673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).
3. **The Appellant's household does not contain an elderly or disabled member. The household is, therefore, subject to both the SNAP gross income and net income eligibility standards, unless categorically eligible.**
4. "Unearned income shall include, but not be limited to: (ii)...Worker's Compensation..." 7 CFR §273.9(b)(2)(ii).
6. "For purposes 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 CFR §273.10(c)(1)(i).
7. "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 CFR §273.10(c)(1)(ii).
8. "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...." 7 CFR §273.10(c)(2).
9. **The Appellant had been receiving \$367.54 weekly Worker's Compensation prior to [REDACTED], 2021. The weekly income of \$367.54 multiplied by 4.3 equals \$1,580.42.**
10. States may, at their option, extend categorical eligibility to households "in which all members receive or are authorized to receive non-cash or in-kind services" from a program that is funded in part with State money and counted for MOE purposes under Title IV-A, if the program was designed to further either purposes one and two, or three and four, of the TANF block grant. FNS must be informed of, or must approve the TANF services that a State determines to confer categorical eligibility. 7 CFR §273.2(j)(2)(ii)

11. **Households in Connecticut with income below 185% of the federal poverty level (“FPL”) qualify for the State’s “Help for People in Need” program which is funded with money counted for TANF MOE purposes and meets the requirements in 7 CFR §273.2(j)(2)(ii). As such, the Department extends broad-based categorical eligibility for SNAP to all households that qualify for “Help for People in Need”.**
12. **Pursuant to SNAP rules, the Appellant’s household size is two and her household’s total countable gross monthly income is \$1,580.42.**
13. The standards used in the SNAP are adjusted each year on the first day of October. The Federal Poverty Standards applicable to the Appellant’s SNAP eligibility determination are published in the Federal Registrar, Vol. 84, No. 22 / Friday, February 1, 2019, pp. 1167-1168.
14. **185% of the FPL for a household of two persons is \$2,658.00 monthly. The Appellant’s household’s total income of \$1,580.42.00 is less than 185% of the FPL. The Appellant’s household is therefore eligible for “Help for People in Need” and therefore categorically eligible for SNAP under the provisions of 7 CFR §273.2(j)(2)(ii). Due to the household being categorically eligible it is not required to meet either the gross or net income eligibility standards pursuant to 7 CFR §273.9(a).**
15. In the benefit determination, the Appellant’s household’s income and deductions must be calculated pursuant to 7 CFR §273.9. Net income and SNAP benefit levels then must be calculated pursuant to 7 CFR §273.10(e). The calculations are as follows:

Only certain income deductions can be used in the calculation of SNAP benefits. The household expenses which may be used as deductions are described in paragraphs (d)(1) to (d)(6) of 7 CFR §273.9.

The standard deduction for a household size of one to six persons is equal to 8.31% of the monthly net income standard for each household size established under §273.9(a)(2) rounded up to the nearest whole dollar. 7 CFR §273.9(d)(1).

**The Appellant’s household qualifies for the standard deduction for a household of two persons, which is \$167.00. The figure equaling the total deductions allowable under (d)(1) to (d)(5) is applicable to the next calculation.**

16. CFR §273.9(d)(6)(ii) provides for the excess shelter deduction. Monthly shelter expenses in excess of 50% of the household’s income after all other deductions in paragraphs (d)(1) to (d)(5) of 7 CFR §273.9 have been allowed, are allowed as an excess shelter deduction.

**The Appellant’s household only qualifies for one of the deductions in paragraphs (d)(1) to (d)(5) of 7 CFR §273.9, the standard deduction. After subtracting the \$167.00 standard deduction, the Appellant’s household’s total gross income is reduced to \$1,413.42 (\$1,580.42-\$167.00 = \$1,413.42).**

**50% of \$1,413.42 is \$706.71, and this is the figure referred to in 7 CFR §273.9(d)(6)(ii) that is used in the calculation of the excess shelter deduction.**

7 CFR §273.9(d)(6) discussed shelter costs and provides that only certain expenses are allowable as shelter expense, including rent, mortgage, property taxes, insurance on the structure, condo and association fees and the actual costs of utilities.

7 CFR §273.9(d)(6)(iii) provides for a standard utility allowance which may, at State option, be used in place of the actual cost of utilities in determining a household's excess shelter deduction and which may be made available both to the household's that incur actual utility expenses and to those that receive assistance under the LIHEAA (Low Income Home Energy Assistance Act).

**The Department allows a standard utility allowance (SUA), currently \$736.00, in place of the actual cost of utilities for qualifying households.**

**The Appellant's total shelter expenses are \$1,636.00 (\$900.00 rent + \$736.00 SUA).**

"If the household does not contain an elderly or disabled member, as defined in §271.2 of this chapter, the shelter deduction cannot exceed the maximum shelter deduction limit established for the area...." 7 CFR §273.9(d)(6)(ii)

7 CFR §271.2 defines elderly or disabled member as a member of a household who "(1) Is 60 years of age or older, (2) Receives supplemental security income benefits under title XVI of the Social Security Act or disability or blindness payments under titles I, II, X, XIV, or XVI of the Social Security Act", or who is approved for certain other government payments for blindness or disability.

**The Appellant's household does not contain an elderly or disabled member therefore the household's shelter deduction is capped at the Department's maximum shelter deduction limit of \$586.00 as explained above.**

**The Appellant's calculated excess shelter deduction \$929.29 (\$1,636.00 shelter expenses- \$706.71 (50% of income remaining after subtracting deductions allowed under 7 CFR §273.9(d)(1) to (d)(5)). The Appellant's actual deduction was limited to \$586.00 as explained above.**

**The Appellant's net income after all deductions is \$827.42 (\$1,580.42 total gross income-\$167.00 standard deduction-\$586.00 excess shelter deduction).**

"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 a household's size reduced by 30% of the household's net monthly income as calculated in paragraph (e)(1) of this section...." 7 CFR §273.10(e)(2)(ii)(A).

**30% of the Appellant's household's net monthly income (\$827.42 x .3) is \$248.26; this figure is rounded up to \$249.00 pursuant to §273.10(e)(2)(ii)(A)(1).**

**The maximum SNAP allotment (known as the "Thrifty Food Plan") for a household of two persons is \$430.00.**

The Appellant's household is eligible for a SNAP benefit of \$181.00 (\$430.00 maximum SNAP allotment - \$249.00 (30% net income)).

Total Wages	\$0.00
Total Unearned Income	\$1,580.42
<b>Gross Monthly Income</b>	<b>\$1,580.42</b>
-20% Earned Income Deduction	\$0.00
-Standard Deduction	\$167.00
<b>Total Adjusted Gross Monthly Income</b>	<b>\$1,413.42</b>
Total x .5 (50% Adjusted Gross Income)	\$706.71
<b>Shelter Costs</b>	
Rent or Mortgage	\$900.00
Standard Utility Allowance (SUA)	\$736.00
<b>Total Shelter Costs</b>	<b>\$1,636.00</b>
-50% Adjusted Gross Income	\$706.71
<b>Excess Shelter Costs</b>	<b>\$929.29</b>
<b>Total Shelter Deduction (capped)</b>	<b>\$586.00 (no elderly or disabled members)</b>
Net Monthly Income	\$1,413.42
-Total Shelter Deduction	\$586.00
<b>Total Net Monthly Income</b>	<b>\$827.42</b>
Total Net Monthly Income x .30	\$248.26 (rounded to nearest whole dollar)
<b>Thrifty Food Plan (household of three)</b>	<b>\$430.00</b>
-30% Net Monthly Income	\$249.00
<b>SNAP Allotment for Household</b>	<b>\$181.00</b>

17. The Department correctly calculated the Appellant's monthly SNAP allotment to be \$181.00 effective [REDACTED] 2021.

### **DECISION**

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

*Joseph Alexander*

---

**Joseph Alexander**  
**Administrative Hearing Officer**

CC: Patricia Ostroski  
Jerrett Wyant

### **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 §4-1181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, 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 06105-3725.

### **RIGHT TO APPEAL**

The appellant has the right to appeal this decision to Superior Court with 45 days of the mailing of this decision, or 45 days after the agency denies 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 06105-3725. 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 her 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.