

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 # ██████████  
Hearing Request #174195

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████ 2021, the Department of Social Services (the “Department”) issued a Notice of Action (“NOA”) to ██████████ (the “Appellant”) advising that her Supplemental Nutrition Assistance Program (“SNAP”) benefits were approved for \$24.00 for ██████████ 2021 and ongoing.

On ██████████, 2021, the Appellant requested an administrative hearing because she disagrees with the amount of SNAP benefits.

On ██████████, 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a Notice scheduling the telephone administrative hearing for ██████████ 2021.

On ██████████ 2021, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held a telephone administrative hearing due to the COVID-19 pandemic.

The following individuals called in for the hearing:

██████████, Appellant  
Xiomara Natal, Department’s Representative  
Swati Sehgal, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department was correct in its calculation of the Appellant's SNAP benefits for ██████████ 2021 and ongoing.

## **FINDINGS OF FACT**

1. The Appellant is a recipient of SNAP as a household of three, herself and her spouse and a child. (Exhibit 5: Notice of Action, ██████████; Appellant's Testimony)
2. The Appellant receives \$1148.10 per month (\$267.00 weekly benefit x 4.3 weeks = \$1148.10) in Unemployment Compensation Benefits ("UCB") from the State of New York. (Appellant's Testimony Exhibit 2: Benefit Payment History from NY, Exhibit 1: Case Notes)
3. The Appellant's spouse receives \$1578.10 per month (\$367.00 weekly benefit x 4.3 weeks = \$1578.10) in Unemployment Compensation Benefits ("UCB") from the State of New York. (Appellant's Testimony Exhibit 2, Exhibit 1)
4. The Appellant's combined household income is \$2726.20 (\$1148.10 + \$1578.10) (Exhibit 1, Exhibit 2)
5. No one in the Household is disabled. (Appellant's Testimony)
6. The Appellant does not have any dependent care expense. (Appellant's testimony)
7. The Appellant pays \$1250.00 a month in shelter amount and pays for utilities. The Department gave the Appellant the Standard Utility Allowance. (Exhibit 4: Federal SNAP Income Test)
8. On ██████████ 2021, The Department sent the Appellant a Notice of Action granting her SNAP benefits for \$24.00 for ██████████ 2021 and ongoing. (Exhibit 5)
9. 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 ██████████, 2021. Therefore, this decision was due no later than ██████████, 2021, and is therefore timely.

## **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 (“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 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 as provided in section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).
3. “The Department’s Uniform Policy Manual (“UPM”) 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 Income Maintenance*, 2017 Conn. 601, 573 A.2d 712 (1990)).
4. 7 C.F.R. § 273.9 (b)(2)(ii) states 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.
5. **The Department correctly included the Appellant and her spouse’s UCB income in the calculation of SNAP benefits.**
6. 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.
7. 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

**8. The Department correctly determined the Appellant's monthly UCB income of \$1148.10 ( $\$267 \times 4.3 = \$1148.10$ ) and her spouse's monthly UCB income of \$1578.10 ( $\$368 \times 4.3 = \$1578.10$ ).**

9. 7 C.F.R. § 273.9 (d)(1)(i) provides Income deductions. (2) Earned income deduction. Twenty percent of gross earned income as defined in paragraph (b)(1) of this section. Earnings excluded in paragraph (c) of this section shall not be included in gross earned income for purposes of computing the earned income deduction, except that the State agency must count any earnings used to pay child support that were excluded from the household's income in accordance with the child support exclusion in paragraph (c)(17) of this section.

10. 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; {effective October 2019}
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.

**10. The Department correctly applied the \$167.00 standard deduction to the total income of \$2726.20 (\$1148.10 + \$1578.10) to determine the amount of the Appellant's household adjusted gross income of \$2559.20**

11. Title 7 CFR § 273.9(d)(1) & (3) provides for standard deductions and excess medical deductions.

12. Title 7 CFR § 273.9 (d) provides for excess medical deduction as that portion of medical expenses in excess of \$35 per month, excluding special diets, incurred by any household member who is elderly or disabled.

13. UPM § 5000.01 provides the definition of an elderly person – Food Stamp Program and states that an elderly person in the context used by the Food Stamp Program, means a person who is sixty or more years of age.

14. UPM § 5035.15 (E) provides that members of the assistance unit who are elderly or disabled are allowed medical expenses as deductions. An elderly or disabled assistance unit member who provides an estimate of the medical expenses he or she expects to incur over a certification period that does not exceed twelve months can choose to have medical expenses averaged over the certification period.

**15. The Department correctly determined that the Appellant does not have any allowable medical, dependent care, or optional child support expenses.**

16. Title 7 CFR § 273.9(d)(6)(ii) provides for excess shelter deduction.

17. 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;

18. Title 7 CFR § 273.9(d)(6)(iii) provides for the standard utility allowances.

19. 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.

20. The Standard Utility Allowance is \$736.00 effective October 1, 2019.

21. Title 7 CFR § 271.2 provides for the maximum shelter deduction.

22. 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 is revised annually effective October 1. (Maximum shelter hardship effective October 1, 2020, is \$586.00).

**23. The Department correctly determined that the household does not contain an elderly/disabled household member.**

**24. The Department correctly calculated the Appellant's shelter costs totaled \$1986.00 (\$1250.00 (Rent) + \$736.00 (Standard Utility Allowance)).**

25. Title 7 CFR § 273.10(e)(2)(ii)(A)(1) provides for the monthly SNAP benefit calculation.

26. 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.

27. Field Operations Communication dated December 16, 2020, issued a directive authorized by the federal Families First Coronavirus Responses Act of 2020, to increase the SNAP Maximum Benefit Allotment. Maximum SNAP Benefit Amount for a household of three is increased to \$616. (Effective October 1, 2020, through September 30, 2021)

28. Effective [REDACTED] 2021, the Appellant's SNAP benefits are computed as follows:

**SNAP BENEFIT CALCULATION**

|  |                   |
|--|-------------------|
| <b><u>INCOME</u></b>   |                   |
| Earned Income  | \$0.00            |
| Less 20 percent  | -\$0.00           |
| = Adjusted earned income   | \$0.00            |
| + Unearned income  | \$2726.20         |
| = Total income   | <u>\$2726.20</u>  |
| - Standard deduction   | -\$167.00         |
| - Medical expenses   | \$0.00            |
| -Dependent care expenses   | \$0.00            |
| <b>=Adjusted gross income</b>  | \$2559.20         |
| <b><u>SHELTER COSTS</u></b>  |                   |
| Rent   | \$1250.00         |
| + SUA  | <u>\$736.00</u>   |
| <b>Total shelter costs</b>   | \$1986.00         |
| <b><u>SHELTER HARDSHIP</u></b>   |                   |
| Shelter costs  | \$1986.00         |
| Less 50% of adjusted gross income  | <u>-\$1279.60</u> |
| <b>= Total shelter hardship</b><br><small>(max \$552 if not disabled or elderly)</small> | \$706.00          |
| <b><u>ADJUSTED NET INCOME</u></b>  |                   |
| Adjusted gross income  | \$2559.20         |
| Less shelter hardship  | -\$586.00         |
| <b>Net Adjusted Income (NAI)</b>   | \$1973.20         |
| <b><u>BENEFIT CALCULATION</u></b>  |                   |
| Thrifty Food Plan for three person   | \$616.00          |
| Less 30% of NAI (rounded up to nearest whole dollar)                                     | <u>-\$592.00</u>  |
| <b>SNAP award</b>  | <b>\$24.00</b>    |

29. The Department correctly determined that the Appellant's household is eligible for a monthly SNAP benefit of \$24.00 effective [REDACTED] 2021, and ongoing.

**DISCUSSION**

The Department correctly calculated the Appellant's SNAP benefit to be \$24.00 for [REDACTED] 2021, and ongoing. The Appellant stated during the hearing that she pays child support for her older child. This information was not presented to the Department

previously. The Appellant was advised to provide the Department with verification of the amount she pays each week for child support for the Department to make appropriate adjustments.

**DECISION**

The Appellant's appeal is **DENIED**



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Swati Sehgal  
Hearing Officer

CC: Yecenia Acosta, DSS Operations Manager, Bridgeport Regional Office  
Tim Latifi, DSS Operations Manager, Bridgeport Regional Office  
Xiomara Natal, Hearing Liaison, Bridgeport 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 Legal Counsel, Regulations, and Administrative Hearings, 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 his 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.