

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

CL ID # [REDACTED]
Request # [REDACTED]

[REDACTED] 2021
Signature Confirmation

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On [REDACTED], 2021, the Department of Social Services (the “Department”) issued a notice to [REDACTED] (the “Appellant”) proposing to deny her Supplemental Nutrition Assistance Program (“SNAP”) benefits.

On [REDACTED], 2021, the Appellant requested an administrative hearing to contest the denial of SNAP benefits by the Department.

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, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative telephone hearing. The following individuals were present at the hearing:

[REDACTED], the Appellant
Taneisha Hayes, Eligibility Services Worker, Department’s representative
Roberta Gould, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether the Department correctly denied the Appellant SNAP assistance.

FINDINGS OF FACT

1. On [REDACTED], 2021, the Appellant applied for SNAP benefits for herself and her daughter. (Exhibit 1: Online application and Hearing summary)
2. The Appellant is pregnant and due to deliver her second child in [REDACTED] of 2022. (Exhibit 6: Case notes and Appellant's testimony)
3. The Appellant is employed with [REDACTED]. She earns \$17.00 per hour and is working 40 hours per week. Her gross earnings at the time of application were \$2,924.00 per month. (Exhibit 4: Work Number wage verification and Hearing summary)
4. The Appellant pays rent of \$674.00 per month. (Exhibit 1 and Exhibit 6: Case notes)
5. The Appellant pays for heating and cooling utilities. (Exhibit 1)
6. The Appellant pays \$150.00 per week for child care. (Exhibit 1 and Exhibit 6)
7. The Appellant does not pay any child support or have any out-of-pocket medical expenses. (Hearing record)
8. The Appellant is not elderly or disabled. (Hearing record)
9. The gross SNAP income limit for a household of two at the time of the denial is \$2,658.00. (Exhibit 7: DSS income limits and standards)
10. The Appellant's household income exceeds the allowable limit of 185% of the federal poverty level for a household of 2 people. (Hearing record)
11. On [REDACTED] 2021, the Department denied the Appellant's application for SNAP benefits because her monthly gross income was more than the income limit for the SNAP program. (Exhibit 2: Notice of action dated [REDACTED]/2021 and Hearing summary)
12. 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 hearing. The Appellant requested an administrative hearing on [REDACTED], 2021. 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”) § 273.2(j)(2)(i)(A) through CFR § 273.2(j)(2)(i)€ provides for categorically eligible households under the SNAP program receiving public assistance or SSI.
3. Title 7 of the CFR § 273.2(j)(2)(ii)(A) provides the state agency, at its option, may extend categorically eligibility to the following households only if doing so will further the purposes of the Food Stamp Act. (A) Any household (except those listed in paragraph (j)(2)(vii) of this section) in which all members receive or are authorized to receive non-cash or in-kind services from a program that is less than 50 percent funded with state money counted for MOE purposes under Title IV-A or federal money under Title IV-A and that is designed to further purposes one and two of the TANF block grant, as set forth in Section 401 of P.L. 104-193. States must inform FNS of the TANF services under this paragraph that they are determine to confer categorically eligibility.

Uniform Policy Manual (“UPM”) § 2545.05(A) provides that households are considered categorically eligible for the SNAP program if:

1. all members of the assistance unit receive or are authorized to receive benefits under one or more of the following cash assistance programs:
 - a. TFA, including diversion assistance
 - b. AABD
 - c. SSI (except if the individual does not meet the SNAP technical requirement of citizenship status)
 - d. SAGA individual or family assistance
 - e. Refugee Assistance; or
2. At least one member of the assistance unit receives or is authorized to receive TANF-funded services under the HELP for People in Need Program.

The Department correctly determined the assistance unit is not categorically eligible for SNAP.

4. Title 7 of the CFR § 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 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)).”

5. Conn. Gen. Stat. § 17b-10 provides that “the Department’s Uniform Policy Manual (“UPM”) is the equivalent of a state regulation and, as such, carries the force of law.”
6. UPM § 5520.40(A)(1) provides that: “the gross income 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 food stamp benefits.”

The Department correctly determined the assistance unit is subject to the gross income test, as the household does not contain a member that is elderly or disabled.

7. Title 7 of the CFR § 273.1(a) provides that:

“A household is composed of one of the following individuals or groups of individuals, unless otherwise specified in paragraph (b) of this section:

 - (1) An individual living alone;
 - (2) An individual living with others, but customarily purchasing food and preparing meals for home consumption separate and apart from others; or
 - (3) A group of individuals who live together and customarily purchase food and prepare meals together for home consumption.”

The Department correctly determined that the Appellant is considered a household of two people.

8. UPM § 5520.40(A)(2) provides that when the gross income test is used, the assistance unit’s gross monthly income is compared to a limit which is equal to 185% 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 Stamp 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.
9. Title 7 of the Code of Federal Regulations (CFR) § 273.10(c)(1)(ii) & (c)(2)(i) provide for converting income into monthly amounts.

UPM § 5025.05(B)(2)(b) 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 correctly determined that the Appellant's gross monthly earnings from [REDACTED] were \$2,924.00 per month at the time of her application for assistance.

On [REDACTED], 2021, the Department correctly determined that the assistance unit's gross monthly income of \$2,924.00 exceeds the income limit of \$2,658.00 for a household of two people.

On [REDACTED], 2021, the Department correctly denied the Appellant's application for SNAP benefits because her household was over the gross income limit.

DISCUSSION

After reviewing the evidence and testimony presented at this hearing, I find that the Department was correct when it determined that the Appellant's household was not eligible for SNAP benefits because her gross earnings were higher than the income limit for this program. However, the Appellant testified that she is expecting a child in [REDACTED] of 2022. The change in household composition may result in eligibility for SNAP benefits due to the increase in the gross income limit for a family of three and she may wish to reapply at that time.

DECISION

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



Roberta Gould
Hearing Officer

Pc: Musa Mohamud, Social Services Operations Manager, DSS Hartford
Judy Williams, Social Services Operations Manager, DSS Hartford
Jessica Carroll, Social Services Operations Manager, DSS Hartford
Jay Bartolomei, Eligibility Services Supervisor, DSS Hartford
Taneisha Hayes, Eligibility Services Worker, DSS Hartford

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.