

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 # ██████████  
CLIENT ID # ██████████  
REQUEST# ██████████

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2021 the Department of Social Services (the “Department”) issued a Notice of Action (“NOA”) to ██████████ (the “Appellant”) denying her application for Supplemental Nutritional Assistance (“SNAP”) benefits due to excess income.

On ██████████, 2021, the Appellant requested an administrative hearing to appeal the Department’s decision to deny SNAP.

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

On ██████████ 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 per the Appellant’s request. The following individuals participated in the hearing:

██████████, Appellant  
Carmen Ferrer, Department's representative  
Sonia Martin, Department Trainee/Observer  
Joseph Alexander, Administrative Hearing Officer

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly denied the Appellant's SNAP application because of excess income.

### **FINDINGS OF FACT**

1. The Appellant's household consist of two persons; The Appellant (D.O.B. ██████████) and her child ██████████ (D.O.B. ██████████). (Department's Exhibit 1: Online Application dated ██████████)
2. No members of the household are elderly or disabled. (Hearing Record).
3. The Appellant has been employed full-time as a ██████████ with ██████████ since ██████████, 2006 (employed in a ██████ month position). During the ██████████ school year the Appellant is paid bi-weekly, and her salary is \$37,350.03. The Appellant's employment ended on ██████████, 2021 and will begin again on ██████████, 2021. (Department's Exhibit 2: Employment Letter)
4. On ██████████, 2021 the Department screened SNAP into the ImpaCT system (determines eligibility for benefit programs administered by the Department of Social Services) and entered the Appellant's income from ██████████ as \$3,735.00 per month. (Department's Exhibit 3: NOA dated ██████████)
5. On ██████████ 2021 the Department determined the household's gross monthly income (\$3,735.00) exceeded the SNAP gross income limit for a household of two persons (\$2,658.00) therefore SNAP was denied. (Department's Exhibit 3: NOA dated ██████████)
6. The issuance of this decision is timely under the Code of Federal Regulations § 273.15 which requires that a decision must be reached, and the household notified within ██████ days of receipt of a requested fair hearing. The Appellant requested an administrative hearing on ██████████ 2021, making this decision due no later than ██████████, 2021. The issuance of this decision 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 (“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.
3. 7 CFR § 273.2(j) states, “There are 2 different types of categorical eligibility; regular categorical eligibility (“RCE”) and expanded categorical eligibility (“ECE”). RCE and ECE EDGs are not required to meet certain income and asset tests, and require less Verifications”.
4. 7 CFR § 273.j(1)-(5) states, “EDGs are RCE when each EDG member is authorized to receive at least one of the following qualifying programs”.

AABD (“Aid to the Aged Blind, or Disabled”)  
SAGA (“State Administered General Assistance”)  
SSI (“Supplemental Security Income”)  
TFA (“Temporary Family Assistance”)

**The Department correctly determined the Appellant’s household does not meet the RCE criteria.**

5. 7 CFR § 273.2(j)(2)(ii)(A)-(B) and (iii) states, “EDGs not RCE, whose gross income is below 185% of the FPL, are ECE because all household members are authorized to receive TFA-funded referral services”.

**The Department correctly determined the Appellant’s household does not meet the ECE criteria.**

6. 7 CFR § 273.9(a) & (b) states, “To determine an EDGs eligibility and benefit amount you must count all earned income and unearned income not specifically excluded in this item”. Unearned income is defined as “Cash or contributions received by an individual for which they do not perform work or provide a service”.

7. 7 CFR § 273.10(c)(1)(i) states, “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”.
8. 7 CFR § 273.10(c)(1)(ii) states, “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”.
9. 7 CFR § 273.9(b)(1)-(2) instructs the Department to count the income [REDACTED] or [REDACTED] who receive their annual pay in [REDACTED] months as “contract income”. “Contract income” for [REDACTED] is counted as earned income.
10. 7 CFR § 273.10(c)(1)(ii) instructs the Department to determine income for the month using the best estimate of income available to arrive as a representative amount. Use the prior 30-days income if it representative the EDG’s anticipated income.
11. 7 CFR § 273.10(c)(3)(ii) instructs the Department to average contractual income intended as annual income over a 12-month period, even if the income is paid in a shorter time frame.

**The Department correctly average the Appellant’s contractual income of \$37,350.03 over a period of 12 months. The Department correctly calculated the Appellant’s gross monthly income to be \$3,112.50 (\$37,350.03 / 12 months).**

12. 7 CFR § 273.9(a)(1)(i) states, “The total of all non-excluded gross income of all EDG members must not be greater than the gross income limit for that EDG size unless:  
  
the EDG is RCE; or  
an EDG member is elderly or disabled
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 Register.

**185% of the [REDACTED] Federal Poverty Levels (“FPL”) for the 48 Contiguous States, for a household of two is \$2,658.00 monthly (gross income limit). The Appellant’s household’s total monthly income of \$3,112.50 is greater than 185% of the FPL therefore the Appellant’s household is not eligible to receive SNAP.**

**The Department correctly denied the Appellant’s application for SNAP benefits on [REDACTED], 2021**

## DISCUSSION

On [REDACTED], 2021 the Department calculated the Appellant's gross monthly income to be \$3,735.00 as the Appellant's \$37,350.03 salary was divided by [REDACTED] months in error.

On [REDACTED] 2021, the Department corrected this error by dividing the Appellant's \$37,350.03 salary by 12 months to get a gross monthly income of \$3,112.50

Although the error was corrected after the NOA was mailed to the Appellant on [REDACTED], 2021, the result is the same. The Appellant's gross monthly income exceeds the SNAP gross income limit for a household of two therefore the Appellant's household is not eligible to receive SNAP.

## DECISION

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



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**Joseph Alexander**  
Administrative Hearing Officer

CC: Yecenia Acosta, Operations Manager, DSS, Stamford Regional Office  
Carmen Ferrer, Fair Hearing Liaison, DSS, Stamford 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 §4-1181a (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.