

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

████████████████████  
SIGNATURE CONFIRMATION

CASE # ██████████  
CLIENT # ██████████  
REQUEST # ██████████

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████, the Department of Social Services (the “Department”) issued ██████████  
██████████ (the “Appellant”), a Notice of Action advising him that his Supplemental Nutrition  
Assistance Program (“SNAP”) benefits would be reduced from \$234.00 to \$19 per  
month, effective ██████████

On ██████████, the Appellant requested an administrative hearing because he  
disagrees with the Department’s decision to reduce his SNAP benefits.

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

On ██████████, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189  
inclusive, of the Connecticut General Statutes, OLCRAH held a telephonic  
administrative hearing. The following individuals participated in the hearing:

████████████████████, Appellant

Ferris Clare, Department's Representative  
Sara Hart, Hearing Officer

### **STATEMENT OF THE ISSUE**

The issue is whether the Department correctly calculated the Appellant's SNAP benefit amount for the month of [REDACTED].

### **FINDINGS OF FACT**

1. The Appellant is a recipient of SNAP benefits for himself as a household of one. The Department certified his benefits for the period of [REDACTED] through [REDACTED]. (*Exhibit 1: NOA [REDACTED]*)
2. The Appellant is [REDACTED] years old (DOB [REDACTED]). (*Appellant's Testimony*)
3. The Appellant was approved for Social Security Disability ("SSDI") with a disability onset date of [REDACTED] and an entitlement date of [REDACTED]. (*Exhibit 5: RSDI Interface page*)
4. The Appellant's gross SSDI benefit is \$1235.00 per month. (*Exhibit 2: Case Notes, Appellant's Testimony*)
5. On [REDACTED], the Department confirmed that the Appellant's SSDI benefit was paid in [REDACTED]. The Department's SSA interface reflects a payment month of 07/01/2021, benefit amount of \$1235.00, and payment status of "benefits paid". (*Exhibit 2, Exhibit 5*)
6. The Appellant's monthly rent for July 2021 is \$0. He does not pay separate heating or cooling costs. His rent will increase to one third of his income beginning in [REDACTED]. (*Appellant's Testimony*)
7. The Appellant does not pay dependent care expenses and does not have recurring medical expenses more than \$35.00 per month. (*Appellant's Testimony*)
8. On [REDACTED], the Department issued a NOA to the Appellant decreasing his SNAP benefits from \$234.00 per month to \$19.00 per month for [REDACTED] and ongoing. (*Exhibit 1: NOA [REDACTED]*)
9. The issuance of this decision is timely under Title 7 Code of Federal Regulations ("C.F.R.") Section 273.15, which states that a decision must be issued and

household notified within sixty days of receipt of a request for a hearing. The Appellant requested an administrative hearing on [REDACTED]; therefore, this decision is due no later than [REDACTED].

### **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. "The department's uniform policy manual 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*, 214 Conn. 601, 573 A.2d 712(1990))
3. Title 7 C.F.R. § 273.1(a) provides for household concept and states 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;

**The Department correctly determined Appellant's household size of one member.**

4. 7 C.F.R. § 271.2 states that *Elderly or disabled member* means 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;

**The Department correctly determined that the Appellant meets the definition of both elderly and disabled for purposes of SNAP eligibility.**

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."

7 C.F.R. § 273.9(b)(2)(ii) provides as follows:

Unearned income shall include but not be limited to 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.

Uniform Policy Manual (“UPM”) § 5005(A) provides as follows:

In consideration of income, the Department counts the assistance unit’s available income, except to the extent that it is specifically excluded. Income is considered available if it is:

1. Received directly by the assistance unit; or
2. Received by someone else on behalf of the assistance unit and the unit fails to prove that it is inaccessible; or
3. Deemed by the Department to benefit the assistance unit

**The Department correctly determined the Appellant’s monthly gross SSDI benefits as unearned income in the calculation of SNAP benefits.**

7. 7 C.F.R. § 273.10(c)(2)(i) provides that 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.

UPM § 5025.05(b) provides:

1. If income is received on a monthly basis, a representative monthly amount is used as the estimate of income.

**The Department correctly determined the Appellant’s total monthly income equals \$1235.00.**

8. 7 C.F.R. § 273.9(d)(1) provides for standard deductions.

**The Department correctly determined that the standard deduction for a household size of one is \$167.00.**

9. 7 C.F.R. § 273.9(d)(6)(ii) provides for the excess shelter deduction.

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;

7 C.F.R. § 273.9(d)(6)(iii) provides for the standard utility allowances.

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.

**The Department correctly determined that the Appellant is not entitled to the Standard Utility Allowance.**

**The Department correctly determined the Appellant's shelter costs as \$0.00 per month.**

11. 7 C.F.R. § 273.10(e)(2)(ii)(A)(1) provides for the monthly SNAP benefit calculation.

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

**The Department correctly computed the Appellant's [REDACTED] SNAP benefits as follows:**

**SNAP BENEFIT CALCULATION**

<u>INCOME</u>	
Earned Income	\$0.00
Less 20%	-\$0.00
= Adjusted earned income	\$0.00

+ Unearned income	\$1235.00
= Total income	\$1235.00
- Standard deduction	-\$167.00
- Medical expenses	\$0.00
-Dependent care expenses	\$0.00
<b>=Adjusted gross income</b>	\$1068.00
<b>SHELTER COSTS</b>	
Rent	\$0.00
+ SUA	\$0.00
<b>Total shelter costs</b>	\$0.00
<b>SHELTER HARDSHIP</b>	
Shelter costs	\$0.00
Less 50% of adjusted gross income	-\$534.00
<b>= Total shelter hardship (max \$569.00 if not disabled or elderly)</b>	\$0.00
<b>ADJUSTED NET INCOME</b>	
Adjusted gross income	\$1068.00
Less shelter hardship	-\$0.00
<b>Net Adjusted Income (NAI)</b>	\$1068.00
<b>BENEFIT CALCULATION</b>	
Thrifty Food Plan for one person	\$234.00
Less 30% of NAI (rounded up to nearest whole dollar)	\$321.00
<b>SNAP award</b>	<b>\$0.00</b>

12. 7 C.F.R. § 273.10(e)(2)(ii)(C) provides for minimum benefit issuance and states that except during an initial month, all eligible one-person and two-person households shall receive minimum monthly allotments equal to the minimum benefit. The minimum benefit is 8 percent of the maximum allotment for a household of one, rounded to the nearest whole dollar.

**The Thrifty Food Plan allotment for a household of one is \$234.00. Eight percent of \$234.00 is \$18.72 (\$234.00\*.08). The Department correctly determined the Appellant's SNAP benefit of \$19.00, effective [REDACTED].**

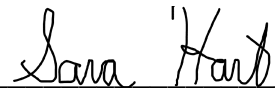
## DISCUSSION

The Department's decision to reduce the Appellant's SNAP benefits is upheld. The Appellant failed to provide evidence to support his argument that he did not receive his SSDI payment. The Department provided testimony and evidence that the SSDI benefits were paid to the Appellant in [REDACTED].

The Appellant testified to an expected increase in shelter expenses beginning in [REDACTED] and is encouraged to notify the Department of any changes to his expenses for further consideration of ongoing SNAP eligibility.

## DECISION

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



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Sara Hart  
Fair Hearing Officer

CC: Ferris Clare, Department's Representative, New Haven Regional Office  
Rachel Anderson, Operations Manager, New Haven Regional Office  
Lisa Wells, Operations Manager, New Haven Regional Office  
Mathew Kalarickal, Operations Manager, New Haven 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.