

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 ID # ██████████  
Client ID # ██████████  
Request # ██████████

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████, the Department of Social Services (the “Department”) issued a Notice of Action (“NOA”) to ██████████ (the “Appellant”) denying her application for Supplemental Nutrition Assistance Program (“SNAP”) benefits.

On ██████████, the Appellant requested an administrative hearing to contest the Department’s denial of her SNAP application.

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

On ██████████, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-184, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing by telephone.

The following individuals participated in the hearing:

██████████, Appellant  
Meochie Rhodes, Department’s Representative  
Sara Hart, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department correctly denied the Appellant's application for SNAP benefits.

## **FINDINGS OF FACT**

1. On [REDACTED], the Appellant submitted an online application for SNAP benefits. (*Exhibit 2: Online Application*)
2. On [REDACTED], the Department conducted a SNAP telephone interview with the Appellant. (*Department's Testimony*)
3. The Appellant's household consists of two members: the Appellant, age [REDACTED], and her child, age [REDACTED]. (*Exhibit 2, Appellant's Testimony*)
4. There are no disabled household members and no household members over the age of 60. (*Exhibit 2, Appellant's Testimony*)
5. [REDACTED] employs the Appellant, and she is paid biweekly. She received gross wages of \$1360.00 on [REDACTED] 2021 and \$1360.00 [REDACTED]/2021. The Department calculated her monthly gross earnings as  $(\$1360.00 * 2.15 = \$2924.00)$ . (*Exhibit 3: Wage Stubs, Department's Testimony, Appellant's Testimony*)
6. The Appellant's work hours and wages do not fluctuate. The household has no other income sources. (*Appellant's Testimony*)
7. The Appellant pays \$1150.00 per month for rent and is responsible for separate heating costs. (*Appellant's Testimony*)
8. On [REDACTED], the Department issued the Appellant a NOA denying her application for SNAP benefits because the household's gross income exceeded the limit. (*Exhibit 1: NOA dated [REDACTED]*)
9. The issuance of this decision is timely under Title 7 of the Code of Federal Regulations ("C.F.R") § 273.15 (c) (1) which provides that within 60 days of receipt of a request for a fair hearing, the State agency shall assure that the hearing is conducted, a decision is reached, and the household and local agency is notified of the decision. The Appellant requested an administrative hearing on [REDACTED]; therefore, this decision is due no later than [REDACTED]. (*Hearing Record*)

## **CONCLUSIONS OF LAW**

1. Section 17b-2(7) of the Connecticut General Statutes provides that the Department of Social Services is designated as the state agency for the administration of the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008.
2. Title 7 of C.F.R. § 273.1(B)(1)(ii) provides for required household composition. The following individuals who live with others must be considered as customarily purchasing food and preparing meals with the others, even if they do not do so, and thus must be included in the same household, unless otherwise specified.
  - ii. A person under 22 years of age who is living with his or her natural or adoptive parent(s) or step-parent(s).

**The Department correctly determined the Appellant's SNAP household included two members: the Appellant, and her minor child.**

3. 7 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 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 that 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 levels established in Section 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)).

**The Department correctly determined the Appellant's household is not categorically eligible for SNAP benefits; therefore, the household must meet both the net and gross income eligibility standard.**

4. 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)(1)(i) states that "Earned income shall include: (i) All wages and salaries of an employee."

**The Department correctly included the Appellant's wages in the determination of eligibility for SNAP benefits.**

5. 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.

**The Department correctly determined the Appellant's monthly wages were \$2924.00 (\$1360.00 \* 2.15 = \$2924.00).**

6. 7 C.F.R. § 273.9(a)(1) discusses the gross income eligibility standards for the Food Stamp Program and provides that: (i) "The income eligibility standards for the 48 contiguous States and the District of Columbia, Guam and the Virgin Islands shall be 130 percent of the Federal income poverty levels for the 48 contiguous States and the District of Columbia."

7 C.F.R. § 273.9(a)(3) states that "The income eligibility limits, as described in this paragraph, are revised each October 1 to reflect the annual adjustment to the Federal income poverty guidelines for the 48 States and the District of Columbia, for Alaska, and for Hawaii."

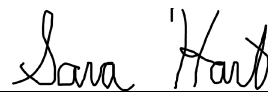
The 2021 Poverty Guidelines for the 48 Contiguous States and the District of Columbia for a household of two is \$17,240.00 annually [*Federal Register/Vol. 86, No. 19 / Monday February 1, 2021, page 7733*]

**130% of the FPL for a household of two persons was \$1868.00 (\$17,240.00 \* 130% = \$22,412.00/12 months) in [REDACTED].**

**The Department correctly denied the Appellant's application for SNAP because the household's total income of \$2924.00 exceeded the SNAP gross income limit for a household size of two people.**

### DECISION

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



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Sara Hart  
Hearing Officer

Cc: Meochie Rhodes, Fair Hearing Liaison Waterbury Regional Office  
Judy Williams, Operations Manager Waterbury Regional Office  
Jamel Hilliard, Operations Manager Waterbury 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.