

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

██████████ 2022  
Signature Confirmation

Case ID#: ██████████  
Client ID#: ██████████  
Request #: 185642

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████ 2021, the Department of Social Services (the “Department”) issued a Notice of Action (“NOA”) to ██████████ (the “Appellant”) reducing the Appellant’s Supplemental Nutrition Assistance Program (“SNAP”) benefits to \$254.00, effective ██████████ 2021.

On ██████████ 2021, the Appellant requested an administrative hearing because she disagrees with the Department’s reduction of her SNAP benefits.

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

The Appellant agreed to a postponement at the ██████████ 2021 hearing to allow the Department an opportunity to resolve the issue.

On ██████████ 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2022.

On [REDACTED] 2022, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

[REDACTED] Appellant  
Taneisha Hayes, Department Representative  
Shawn P. Hardy, Hearing Officer

Due to the COVID-19 pandemic, OLCRAH held this hearing by telephone.

### **STATEMENT OF THE ISSUE**

The issue is whether the Department correctly reduced the Appellant's SNAP benefits effective [REDACTED] 2021.

### **FINDINGS OF FACT**

1. The Appellant receives SNAP benefits for herself and one child as an assistance unit of two members. (Hearing Record, Exhibit 7: Federal SNAP Income Test, Exhibit 4: NOA, [REDACTED] 2021)
2. On [REDACTED] 2021, the Department received the Appellant's W-1E Application for Benefits requesting cash assistance. The Appellant also submitted paystubs from [REDACTED] for her daughter. (Exhibit 1: W-1E; Exhibit 2: Paystubs from [REDACTED])
3. The Appellant is [REDACTED] years old ([REDACTED]) and her daughter is [REDACTED] years old (D.O.B. [REDACTED]) (Exhibit: 1)
4. Neither the Appellant nor her daughter are disabled. (Exhibit 1: W-1E; Appellant's Testimony)
5. [REDACTED] employs the Appellant's daughter. (Exhibit 2)
6. The Appellant's daughter received the following pay from [REDACTED]: [REDACTED], \$447.47 + [REDACTED], \$366.86 + [REDACTED]1, \$395.22 + [REDACTED], \$491.40 + [REDACTED], \$417.04. The average weekly wages are \$423.59 ( $\$2117.98 / 5 = \$423.59$ ). (Exhibit 2)
7. The Appellant is currently unemployed and receives no income. (Appellant's Testimony, Exhibit: 1)
8. The Appellant pays \$650.00 for rent. (Appellant's Testimony, Exhibit 4: NOA, [REDACTED] 2021)

9. The Appellant pays for heat separately. (Appellant's Testimony)
10. The Department used the Standard Utility Allowance ("SUA") of \$783.00 in its calculation of the Appellant's SNAP benefits. (Exhibit 3: SNAP Income Test)
11. The Appellant does not pay child support. (Appellant's Testimony)
12. The Appellant does not have any childcare expenses. (Appellant's Testimony)
13. The Appellant does not have reoccurring medical expenses for herself or her daughter (Appellant's Testimony)
14. On [REDACTED] 2021, the Department sent the Appellant a NOA indicating that her SNAP benefits would be reduced to \$254.00 effective [REDACTED] 2021. (Exhibit: 4)
15. The issuance of the decision is timely under Title 7 of the Code of Federal Regulations ("C.F.R.") § 273.15, which states that the agency must issue a decision and notify the household of the decision within 60 days of receipt of a request for a fair hearing. The Appellant requested an administrative hearing on [REDACTED] 2021. OLCRAH scheduled the Appellant's hearing for [REDACTED], 2021 and the Appellant agreed to a postponement of the hearing. On [REDACTED] 2021, OLCRAH rescheduled the Appellant's hearing to [REDACTED] 2022. This caused an 18-day delay and this decision is due not later than [REDACTED] 2022.

### **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. 7 C.F.R. § 273.9(a) provides in part 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)(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)).  
  
7 C.F.R. § 273.9(b)(1) provides that earned income shall include: (i) all wages and salaries of any employee.

7 C.F.R. § 273.9(b)(2) provides that unearned income shall include, but not be limited to: (i) assistance payments from Federal or federally aided public assistance programs, such as supplemental security income (SSI) or Temporary Assistance for Needy Families (TANF); general assistance (GA) programs (as defined in §271.2); or other assistance programs based on need. Such assistance is considered to be unearned income even if provided in the form of a vendor payment (provided to a third party on behalf of the household), unless the vendor payment is specifically exempt from consideration as countable income under the provisions of paragraph(c)(1) of this section. Assistance payments from programs which require, as a condition of eligibility, the actual performance of work without compensation other than the assistance payments themselves, shall be considered unearned income.

**The Department correctly determined that the Appellant's child's weekly earned income should be used in the calculation of the Appellant's SNAP benefit.**

3. 7 C.F.R. § 273.10(c)(1)(ii) & (c)(2)(I) provides for converting income into monthly amounts.

7 C.F.R. § 273.9 (d) (2) pertains to the 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.

**The Department correctly determined that the Appellant's daughter's monthly earned income is \$1821.46 (\$423.59 x 4.3 weeks).**

**The Department correctly determined 20% of the Appellant's earned income ("EI") was \$364.29 [ \$1821.46 EI x 20%= \$364.29].**

4. 7 C.F.R. § 273.9(d) (1) & (2) provides for standard deductions and earned income deductions.

**The Department correctly applied the \$177.00 standard deduction in its calculations of the Appellant's adjusted gross income.**

5. 7 C.F.R. § 273.9(d)(3) provides in pertinent part for medical expense deductions.

The portion of medical expenses in excess of \$35 per month, excluding special diets, incurred by any household member who is elderly or disabled as defined in § 271.2. Spouses or other persons receiving benefits as a dependent of the SSI or disability and blindness recipient are not eligible to receive this deduction but persons receiving emergency SSI benefits based on eligibility are eligible for this deduction. Allowable medical costs are: medical and dental care, hospitalization or outpatient treatment, nursing care, nursing home care, prescription drugs and other over-the-counter medication, medical supplies and equipment, insurance policy premiums, Medicare

premiums, dentures, hearing aids, prosthetics, securing and maintaining a seeing eye or hearing dog including the cost of dog food and veterinarian bills, eyeglasses, reasonable cost of transportation and lodging to obtain medical treatment or services, homemaker, home health aide or childcare services, housekeeper, necessary due to age, infirmity or illness.

**The Department correctly determined the Appellant's household has no medical expenses for a medical expense deduction.**

**The Department correctly determined that the Appellant's household's adjusted gross income is \$1280.17 (Gross income \$1821.46- \$364.29 EI deduction- \$177.00 standard deduction)**

6. 7 C.F.R. § 273.9(d) (6) (iii) pertains to the **standard utility allowance** and provides, in part:

(C) A standard with a heating or cooling component must be made available to households that incur heating or cooling expenses separately from their rent or mortgage and to households that receive direct or indirect assistance under the Low Income Home Energy Assistance Act of 1981 (LIHEAA).

**Effective [REDACTED] 2021, the Standard Utility Allowance ("SUA") was \$783.00. The Department correctly applied the SUA towards the SNAP benefit.**

**The Department correctly determined that the Appellant's total shelter cost were \$1433.00 (\$650.00, rent + \$783.00, SUA).**

7. 7 C.F.R. § 273.9(d) (6) (ii) provides for excess shelter deduction. Monthly shelter expenses in excess of 50 percent of the household's income after all other deductions in paragraphs (d)(1) through (d)(5) of this section have been allowed. If the household does not contain an elderly or disabled member, as defined in §271.2 of this chapter, the shelter deduction cannot exceed the maximum shelter deduction limit established for the area. For fiscal year 2001, effective August 1, 2001, the maximum monthly excess shelter expense deduction limits are \$340 for the 48 contiguous States and the District of Columbia, \$543 for Alaska, \$458 for Hawaii, \$399 for Guam, and \$268 for the Virgin Islands. FNS will set the maximum monthly excess shelter expense deduction limits for fiscal year 2002 and future years by adjusting the previous year's limits to reflect changes in shelter component and the fuels and utilities component of the Consumer Price Index for All Urban Consumers for the 12 months ending the previous November 30. FNS will notify State agencies of the amount of the limit. Only the following expenses are allowable shelter expenses: (A) Continuing charges for the shelter occupied by the household, including rent, mortgage, condo and association fees, or other continuing charges leading to the ownership of the shelter such as loan repayments for the purchase of a mobile home, including interest on such payments. (B) Property taxes, State and local assessments, and insurance on the structure itself, but not separate costs for insuring furniture or personal belongings.

The Department correctly determined that the Appellant is subject to the maximum shelter deduction of \$597.00 (\$1433.00 shelter cost - \$640.09, 50% of the Adjusted Gross Income= \$792.91) as neither the Appellant nor her daughter are elderly or disabled.

The Department correctly determined that the Appellant’s household’s Net Adjusted Income (“NAI”) was \$683.17.

8. 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. Nonrecurring lump-sum payments shall be counted as a resource starting in the month received and shall not be counted as income.

**30% of the Appellant’s net adjusted income, rounded up, totaled \$205.00 (\$683.17, NAI x 30% = \$204.95) effective [REDACTED] 2021, using the Appellant’s daughter’s earned income.**

9. Food Plan (TFP) and Maximum SNAP Allotments. (i) Maximum SNAP allotment level. Maximum SNAP allotments shall be based on the TFP as defined in §271.2, and they shall be uniform by household size throughout the 48 contiguous States and the District of Columbia. The TFP for Hawaii shall be the TFP for the 48 States and DC adjusted for the price of food in Honolulu. The TFPs for urban, rural I, and rural II parts of Alaska shall be the TFP for the 48 States and DC adjusted by the price of food in Anchorage and further adjusted for urban, rural I, and rural II Alaska as defined in §272.7(c). The TFPs for Guam and the Virgin Islands shall be adjusted for changes in the cost of food in the 48 States and DC, provided that the cost of these TFPs may not exceed the cost of the highest TFP for the 50 States. The TFP amounts and maximum allotments in each area are adjusted annually and will be prescribed in a table posted on the FNS web site, at [www.fns.usda.gov/fsp](http://www.fns.usda.gov/fsp).” 7 C.F.R. § 273.10 (e)(4)(i)

The Appellant’s SNAP benefits effective [REDACTED] 2021 are computed as follows:

**SNAP BENEFIT CALCULATION**

INCOME	
Earned Income	\$1821.46
20 % earned income deduction	- <u>\$364.29</u>
<b>Total adjusted earned income</b>	<b>\$1457.17</b>
Less standard deduction	<u>-\$177.00</u>

<b>Adjusted gross Income</b>	<b>\$1280.17</b>
<b><u>SHELTER COSTS</u></b>	
Rent	\$650.00
SUA	<u>+\$783.00</u>
<b>Total Shelter Costs</b>	<b>\$1,433.00</b>
<b><u>SHELTER HARDSHIP</u></b>	
Shelter costs	\$1,433.00
Less 50% of adjusted gross income	<u>-\$640.09</u>
<b>Total shelter hardship</b> (Cannot exceed \$597.00 unless elderly or disabled)	<b>\$792.91</b> <b>Capped at</b> <b>\$597.00</b>
<b><u>NET ADJUSTED INCOME</u></b>	
Adjusted gross income	\$1280.17
Less shelter hardship	<u>-\$597.00</u>
<b>Net Adjusted Income (NAI)</b>	<b>\$683.17</b>
<b><u>BENEFIT CALCULATION</u></b>	
<b>*Thrifty Food Plan for 2 Persons</b>	<b>\$459.00</b>
Less 30% of NAI (rounded up)	<u>-\$205.00</u>
SNAP award <b>Minimum Allotment</b>	<b>\$254.00</b>

The Department correctly reduced the Appellant's monthly SNAP allotment to \$254.00, effective [REDACTED], 2021.

### DISCUSSION

The Department correctly applied the Appellant's daughter's income towards the calculation of the household's SNAP benefits.

### DECISION

The Appellant's appeal is DENIED.

*Shawn P Hardy*

Shawn P. Hardy  
Hearing Officer

Pc: Musa Mohamud, Operations Manager, DSS R.O. # 10, Hartford,  
Judy Williams, Operations Manager, DSS R.O. # 10, Hartford  
Jessica Carroll, Operations Manager, DSS R.O. # 10, Hartford  
Jay Bartolomei, Fair Hearing Liasion Supervisor, DSS R.O. #10, Hartford  
Taneisha Hayes, Fair Hearings Liaison, DSS R.O. # 10, 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 Legal Counsel, Regulations, and Administrative Hearings, 55 Farmington Avenue, Hartford, CT 06105-3725.

## **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 06105-3725. 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 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.