

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], 2022
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 his 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
Jacqueline Taft, 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 himself. (Exhibit 1: Application form and Hearing summary)
2. The Appellant is 63 years old. (Exhibit 1 and Hearing summary)
3. The Appellant receives \$1,700.00 per month in Social Security Disability ("SSD") benefits. (Exhibit 1 and Exhibit 6: Case notes)
4. The Appellant pays \$950.00 per month for rent and pays for heating and cooling utilities. (Appellant's testimony and Hearing summary)
5. The Appellant receives an average of \$650.00 per month from his sister and brother-in-law to help him meet his financial needs. (Exhibit 3: Letter from [REDACTED] [REDACTED] dated [REDACTED])
6. The Appellant Has Medicare A assistance and expects to receive Medicare B assistance effective [REDACTED] 2022. (Exhibit 1 and Appellant's testimony)
7. The Appellant pays for private health insurance through [REDACTED]. (Exhibit 1 and Appellant's testimony)
8. The net SNAP income limit for a household of one at the time of the denial is \$1,074.00. (Exhibit 5: Federal SNAP income test)
9. On [REDACTED] 2021, the Department denied the Appellant's application for SNAP benefits because his monthly net income was more than the income limit for the SNAP program. (Exhibit 2: Notice of action dated [REDACTED] and Hearing summary)
10. 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. The hearing record remained open for the submission of additional evidence until [REDACTED] 2022. Therefore, 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. 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.
4. The Department’s Uniform Policy Manual (“UPM”) is the equivalent of a state regulation and, as such, carries the force of law. *Bucchere v. Rowe*, 43 Connecticut Supp. 175, 178 (1994) (citing Connecticut General Statute § 17b-10; *Richard v. Commissioner of Income Maintenance*, 214 Connecticut 601, 573 A.2d 712 (1990))
5. 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.

6. 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)).”

7. 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.”

8. 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 net income test, as the household does contain a member that is elderly or disabled.

9. 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 one person.

10. UPM § 5520.40(B) provides that

1. Income eligibility is determined on the basis of the assistance unit’s total monthly

applied income:

- a. including those units which are not subjected to the Gross Income Eligibility Test; and
 - b. excluding those units e considered categorically eligible for FS benefits.
2. The unit's total monthly applied income is compared to an amount equivalent to the Food Stamp Applied Income Limit for the respective unit size:
- a. If the total applied income exceeds the FSAIL, the unit is not eligible for Food Stamp benefits;
 - b. If the total applied income equals or is less than the FSAIL, the unit is eligible.
11. UPM § 5025.05(B)(1) provides that if income is received on a monthly basis, a representative monthly amount is used as the estimate of income.

The Department correctly determined that the Appellant's gross monthly income from Social Security Disability was \$1,700.00 per month at the time of his application for assistance.

The Department correctly determined that the Appellant's monthly income from his family assistance was \$650.00 average per month at the time of his application for assistance.

On [REDACTED], 2021, the Department correctly determined that the assistance unit's gross monthly income totaled \$2,350.00.

12. UPM § 5030.20 that (A) The FS income disregard is subtracted from the combined monthly total of the unit's gross unearned income and net earned income. The amount of the disregard is established by the USDA and is revised annually effective October 1. The appropriate disregard is subtracted without any durational limit. (B) The disregard is used both as part of the determination of eligibility as well as for the calculation of benefits.

The Department correctly determined that, after the standard disregard of \$177.00, the Appellant's net income of \$2,173.00 exceeded the FSAIL for a household of one person.

On [REDACTED], 2021, the Department correctly denied the Appellant's application for SNAP benefits because his applied income was over the net 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 his net monthly income was higher than the net income limit for this program. The Appellant testified that he pays for private health insurance. Although he has out-of-pocket medical expenses, until his net income falls below the FSAIL, he will continue to be ineligible for SNAP benefits. Should his monthly income change he may wish to re-apply for SNAP assistance and request that the Department apply his medical expenses in excess of \$35.00 per month.

DECISION

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

Roberta Gould
Hearing Officer

Pc: Rachel Anderson, Social Services Operations Manager, DSS New Haven
Mathew Kalarickal, Social Services Operations Manager, DSS New Haven
Lisa Wells, Social Services Operations Manager, DSS New Haven
Jacqueline Taft, Eligibility Services Worker, DSS New Haven

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.