

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

██████████ 2022  
Signature confirmation

Case: ██████████  
Client: ██████████  
Request: 186751

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████ 2021, the Department of Social Services (the “Department”) issued ██████████ (the “Appellant”) a *Notice of Action* discontinuing his Supplemental Nutrition Assistance Program (“SNAP”) benefits effective ██████████ 2021.

On ██████████ 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) received the Appellant’s ██████████ 2021 faxed hearing request.

On ██████████ 2021, the OLCRAH issued a notice to the Appellant, scheduling the administrative hearing for ██████████ 2022.

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

██████████ Appellant  
Sonia Martin, Department Representative  
Eva Tar, Hearing Officer

The administrative hearing record closed ██████████ 2022.

**STATEMENT OF ISSUE**

The issue is whether the Department correctly determined that the Appellant was ineligible for SNAP benefits effective ██████████ 2021.

**FINDINGS OF FACT**

1. The Appellant is ■ years old. (Appellant Testimony)
2. The Appellant lives with his wife; there are no other individuals living with the Appellant and his wife. (Appellant Testimony)
3. The Appellant is a citizen of the United States. (Appellant Testimony)
4. The Appellant is reluctant to verify his wife's current immigration status with a federal agency. (Appellant Testimony)
5. The Appellant grosses \$3,235.00 per month in Social Security Disability Income (SSDI). (Exhibit 7)
6. The Appellant grosses \$327.00 per month from a pension. (Appellant Testimony)
7. The Appellant's rent is \$1,900.00 per month but will increase to \$2,200.00 per month in ■ 2022. (Appellant Testimony)
8. The Appellant pays for his heat separately from his rent. (Appellant Testimony)
9. The Appellant does not pay child support. (Appellant Testimony)
10. On ■ 2021, the Appellant submitted a signed SNAP renewal form to the Department. (Exhibit 1)
11. On the ■ 2021 SNAP renewal form, the Appellant answered a single question pertaining to whether there were changes to his address and telephone numbers. The Appellant left unanswered every other question on the form, including the questions pertaining to the income and assets of his household members and their employment status. (Exhibit 1)
12. On ■ 2021, the Department independently discovered that the Appellant's wife received bi-weekly wages from an unreported employer in ■ 2021 and ■ 2021. (Exhibit 7)
13. On ■ 2021, the Department issued a *Notice of Action* granting the Appellant \$98.00 per month in SNAP benefits, effective ■, noting that the Appellant had no reported personal income and his wife received wages. (Exhibit 3)
14. The Social Security Administration provides automated matches with the Department's ImpaCT computer system. (Department Representative Testimony)
15. On ■ 2021, the Department closed the Appellant's SNAP benefits effective ■ 2021, citing his household income from SSDI and his wife's wages exceeded the program limits. (Exhibit 4)

16. On [REDACTED] 2021, the Department independently verified that the Appellant's wife stopped receiving wages from her employer as of [REDACTED] 2021. (Exhibit 7)
17. On [REDACTED] 2022, the Appellant estimated that he has about \$55.00 in on-going out-of-pocket medical expenses per month from miscellaneous medical supplies he purchases at CVS. (Appellant Testimony)
18. As of [REDACTED] 2022, the Appellant had not verified his out-of-pocket medical expenses to the Department. (Department Testimony) (Appellant Testimony)
19. Title 7, Code of Federal Regulations ("C.F.R.") 273.15 (c)(1) provides in part that "[w]ithin 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 are notified of the decision...." On [REDACTED] 2021, the OLCRAH received the Appellant's [REDACTED] 2021 faxed hearing request. The issuance of this decision would have been due by [REDACTED] 2022. This decision is timely.

### **CONCLUSIONS OF LAW**

1. Section 17b-2 of the Connecticut General Statutes in part designates the Department of Social Services as the state agency for the administration of the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008.

**The Department has the authority under State statute to administer the SNAP in Connecticut.**

2. Title 7, Code of Federal Regulations ("C.F.R.") section 273.1 (a)(3) provides that a household is "[a] group of individuals who live together and customarily purchase food and prepare meals together for home consumption."

"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. (i) Spouses; ...." 7 C.F.R. § 273.1 (b)(1)(i).

"Ineligible household members. The following persons are not eligible to participate as separate households or as a member of any household: (i) Ineligible aliens and students as specified in [§§ 273.4](#) and [273.5](#), respectively; ...." 7 C.F.R. § 273.1 (b)(7).

"When a household indicates inability or unwillingness to provide documentation of alien status for any household member, the State agency must classify that member as an ineligible alien. When a person indicates inability or unwillingness to provide documentation of alien status, the State agency must classify that person as an ineligible alien. In such cases the State agency must not continue efforts to obtain that documentation." 7 C.F.R. § 273.4 (b)(2).

**The Appellant's wife cannot participate in the SNAP as she is an ineligible alien, in reliance of 7 C.F.R. § 273.4 (b)(2) and 7 C.F.R. § 273.1 (b)(7).**

**For the purposes of the SNAP, the Appellant is a SNAP household of one.**

3. 7 C.F.R. § 271.2 in part provides the definition of an elderly or disabled individual.

**The Appellant is a disabled individual.**

4. "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.* ... 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 (a). (emphasis added).

**As a disabled individual, the Appellant must meet the net income eligibility standards for the SNAP as a condition of participation in that program.**

5. "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).

"Unearned income shall include, but not be limited to: (ii) 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; ...." 7 C.F.R. § 273.9 (b)(2)(ii).

**For the purposes of the SNAP, the Appellant's SSDI and pension benefits are counted unearned income.**

6. Title 7, Section § 273.9 (d)(1)(i) of the Code of Federal Regulations provides for a standard deduction for the 48 States, District of Columbia, Alaska, Hawaii, and the Virgin Islands.

The SNAP Standard Deduction is \$177.00 per month for a household of one to three people effective October 1, 2021.

**In determining the Appellant's net applied income, the Department must use the \$177.00 standard deduction for a household of one in its calculation.**

**The Appellant's adjusted monthly gross income equals \$3,385.00. [\$3,235.00 (SSDI) plus \$327.00 (pension) minus \$177.00 (standard deduction)]**

7. "*Determining deductions.* Deductible expenses include only certain dependent care, shelter, medical and, at State agency option, child support costs as described in §273.9." 7 C.F.R. § 273.10 (d).

"At certification and recertification, the household shall report and verify all medical expenses. *The household's monthly medical deduction for the certification period shall be based on the information reported and verified by the household,* and any anticipated changes in the household's medical expenses that can be reasonably expected to occur during the certification period based on available information about the recipient's medical

condition, public or private insurance coverage, and current verified medical expenses....”  
7 C.F.R. § 273.10 (d)(4). (emphasis added)

**The Appellant’s ██████████ 2022 estimate of his on-going out-of-pocket medical expenses cannot be used to retroactively as an allowable medical expense for his ██████████ 2021 SNAP eligibility calculation.**

8. Title 7, Section 273.10 (e) of the Code of Federal Regulations provides for calculating net income and benefit levels. Subsection (e)(1)(i) provides:
- To determine a household's net monthly income, the State agency shall:
- (A) Add the gross monthly income earned by all household members and the total monthly unearned income of all household members, minus income exclusions, to determine the household's total gross income...
  - (B) ...
  - (C) Subtract the standard deduction.
  - (D) If the household is entitled to an excess medical deduction as provided in §273.9(d)(3), determine if total medical expenses exceed \$35. If so, subtract that portion which exceeds \$35.
  - (E) ...
  - (F) ...
  - (G) ...
  - (H) Total the allowable shelter expenses to determine shelter costs, unless a deduction has been subtracted in accordance with paragraph (e)(1)(i)(G) of this section. Subtract from total shelter costs 50 percent of the household's monthly income after all the above deductions have been subtracted. The remaining amount, if any, is the excess shelter cost. If there is no excess shelter cost, the net monthly income has been determined. If there is excess shelter cost, compute the shelter deduction according to paragraph (e)(1)(i)(I) of this section.
  - (I) Subtract the excess shelter cost up to the maximum amount allowed for the area (unless the household is entitled to the full amount of its excess shelter expenses) from the household's monthly income after all other applicable deductions. Households not subject to a capped shelter expense shall have the full amount exceeding 50 percent of their net income subtracted. The household's net monthly income has been determined.

7 C.F.R. § 273.10 (e)(1)(i).

**The Appellant’s shelter expenses are an allowable deduction with respect to the SNAP net income eligibility calculation.**

9. “With FNS approval, a State agency may develop the following standard utility allowances (standards) to be used in place of actual costs in determining a household's excess shelter deduction: an individual standard for each type of utility expense; a standard utility allowance for all utilities that includes heating or cooling costs (HCSUA);....” 7 C.F.R. § 273.9 (d)(6)(iii)(A).

The standard utility allowance (“SUA”) in Connecticut equaled \$783.00 per month effective October 1, 2021.

For the purposes of the SNAP, the Appellant's monthly shelter costs equaled \$2,683.00 in [REDACTED] 2021. [\$1,900.00 (rent) + \$783.00 (SUA)]

For the purposes of the SNAP, the Appellant's shelter hardship in [REDACTED] 2021 equaled \$990.50. [\$2,683.00 (monthly shelter costs) minus \$1,692.50 (50% of adjusted gross income)]

10. Title 7, Section 273.10 (e)(4) of the Code of Federal Regulations addresses the Thrifty Food Plan and maximum SNAP allotments.

The Thrifty Food Plan for a qualified assistance unit of one in Connecticut with no applied income equaled \$250.00 effective October 1, 2021.

Title 7, Section 273.10 (e)(2)(ii)(A) of the Code of Federal Regulations provides:

Except as provided in paragraphs (a)(1), (e)(2)(iii) and (e)(2)(vi) of this section, the household's monthly allotment shall be equal to the maximum SNAP allotment for the household's size reduced by 30 percent of the household's net monthly income as calculated in paragraph (e)(1) of this section. If 30 percent of the household's net income ends in cents, the State agency shall round in one of the following ways:

- (1) The State agency shall round the 30 percent of net income up to the nearest higher dollar; or
- (2) The State agency shall not round the 30 percent of net income at all. Instead, after subtracting the 30 percent of net income from the appropriate Thrifty Food Plan, the State agency shall round the allotment down to the nearest lower dollar.

7 C.F.R. § 273.10 (e)(2)(ii)(A).

11. The Appellant's eligibility to participate in the SNAP in [REDACTED] 2021 is calculated as follows:

<b><u>SNAP BENEFIT CALCULATION</u></b>	
<b>[REDACTED] 2021</b>	
<b><u>INCOME</u></b>	
Unearned Income/all sources	\$3,562.00
Less standard deduction	- 177.00
<b>Adjusted gross income -</b>	<b>\$3,385.00</b>
<b><u>SHELTER COSTS</u></b>	
Rent	\$1,900.00
SUA	+ 783.00
<b>Total shelter costs -</b>	<b>\$2,683.00*</b>
*(not capped at \$597.00 as household has a disabled individual)	
<b><u>SHELTER HARDSHIP</u></b>	
Shelter costs	\$2,683.00

Less 50% of adjusted gross income	- 1,692.50
<b>Total shelter hardship -</b>	<b>\$990.50</b>
<b><u>ADJUSTED NET INCOME</u></b>	
Adjusted gross income	\$3,385.00
Less shelter hardship	- 990.50
<b>Net Adjusted Income (NAI) -</b>	<b>\$2,394.50</b>
<b><u>BENEFIT CALCULATION</u></b>	
Thrifty Food Plan for one in November 2021	\$250.00
Less 30% of NAI ( <i>rounded up to nearest dollar</i> )	- 719.00
<b><u>SNAP AMOUNT:</u></b>	<b>= (negative number)</b>

The Department correctly determined that the Appellant was ineligible for SNAP benefits in ██████████ 2021, as 30 percent of his net applied income (NAI) exceeded the Thrifty Food Plan for a household of one.

**DECISION**

The Appellant's appeal is DENIED.

*Eva Tar-electronic signature*  
Eva Tar  
Hearing Officer

Cc: Sonia Martin, DSS-Stamford  
Yecenia Acosta, DSS-Stamford

### **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.