

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 # ██████████  
CL ID # ██████████  
Request # 189764

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████ 2022, the Department of Social Services (the "Department") issued ██████████ (the "Appellant") a Notice of Action discontinuing her Supplemental Nutritional Assistance Program ("SNAP") benefits.

On ██████████ 2022, the Appellant requested an administrative hearing because she disagrees with the discontinuance of SNAP benefits.

On ██████████ 2022, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice 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, OLCRAH held an administrative hearing telephonically. The following individuals were present at the hearing:

██████████, Appellant  
Meochie Rhodes, Department's Representative  
Scott Zuckerman, Hearing Officer

### **STATEMENT OF THE ISSUE**

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

### **FINDINGS OF FACT**

1. On [REDACTED], 2021, the Appellant submitted an online renewal for SNAP benefits for a household of one. (Hearing Summary)
2. The Appellant is 29 years old and is not disabled. (Appellant's testimony)
3. The Appellant is employed with the [REDACTED] and provided the following bi – weekly wage stubs: [REDACTED], 2021, \$1301.67 and [REDACTED], 2021, \$1092.76. (Hearing Summary and Exhibit 2: Wage stubs)
4. On [REDACTED] 2022, the Department mailed the Appellant a Notice of Action discontinuing the Appellant's SNAP benefits effective [REDACTED] 2022. The notice stated the monthly gross income of your household is more than the limit for this program. (Exhibit: 1: Notice of Action, [REDACTED] 2022)
5. 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 fair hearing. The Appellant requested an administrative hearing on [REDACTED] 2022. Therefore, this decision is due not later than [REDACTED] 2022, and is therefore timely. (Hearing Record)

### **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 CFR § 273.10(c)(1)(ii) provides in part for converting income into monthly amounts and states in part that: Income received during the past 30 days shall be used as an indicator of the income that is and will be available to the household during the certification period. However, the State agency shall not use past income as an indicator of income anticipated for the certification period if changes in income have occurred or can be anticipated. If income fluctuates to the extent that a 30-day period alone cannot provide an accurate indication of anticipated income, the State agency and the household may use a longer period of past time if it will provide a more accurate indication of anticipated fluctuations in future income.
4. Title 7 CFR § 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.

“For past months the Department uses the exact amount of the unit's available income received or deemed in the month.” Uniform Policy Manual (“UPM”) § 5025.05(A)(1)  
Or

UPM § 5025.05(B)(2) provides that if income is received on other than a monthly basis, the estimate of income is calculated by multiplying 4.3 by a representative weekly amount that is determined as follows: if income is the same each week, the regular weekly income is the representative weekly amount; if income varies from week to week, a representative period of at least four consecutive weeks is averaged to determine the representative weekly amount.

**The Department correctly determined the Appellant's gross earned income from employment with the [REDACTED] is \$2574.02 ( $\$1301.67 + \$1092.76 = \$2394.43 / 2 = \$1197.22 \times 2.15 \text{ weeks} = \$2574.02$ ).**

6. Title 7 CFR § 273.9 (a) provides for income eligibility standards and states 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.

**The Department correctly determined that the Appellant's household must pass the gross income and net (applied) income tests because there are no elderly or disabled household members.**

7. Under expanded eligibility, the SNAP gross income limit equals 185 percent of the federal poverty level, (FPL).

8. The FPL for a household of one is \$1074.00 monthly (\$12,880 per year/12 months). (Federal Register / Vol [REDACTED] No. [REDACTED] 2021, page 7733).
9. The gross income limit for an assistance unit of one as of [REDACTED] 2021 is \$1986.00 (185% FPL)
10. The net (applied) income limit for an assistance unit of one in [REDACTED] 2020 is \$1074.00 (100% FPL).

**The Department correctly discontinued the Appellant's SNAP benefits effective [REDACTED] 2022, because her total gross income \$2574.02, exceeds the gross income limit of \$1986.00 for a household of one.**

**DECISION**

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

*Scott Zuckerman*  
Scott Zuckerman  
Hearing Officer

Pc: Judy Williams, Operations Manager, DSS, Waterbury Regional Office  
Jamel Hilliard, Operations Manager, DSS, Waterbury Regional Office  
Randalynn Muzzio, Operations Manager, DSS, Waterbury Regional Office  
Meochie Rhodes, Fair Hearing Liaison, DSS, 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.