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

, 2022 SIGNATURE CONFIRMATION



NOTICE OF DECISION PARTY



PROCEDURAL BACKROUND

On, 2022, the Department of Social Services (the "Department") sent a Notice of Action ("NOA") to (the "Appellant") approving his household Supplemental Nutritional Assistance Program ("SNAP") benefits in the amount of \$0.00 effective 2022 and \$10.00 ongoing,
On 2022, the Appellant requested an administrative hearing to appeal the amount of SNAP his household was determined to be eligible to receive.
On 2022, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for 2022.
On 2022, the Appellant requested the hearing be rescheduled.
On 2022, per the Appellant's request, the OLCRAH issued a notice scheduling the administrative hearing for 2022.

On 2022, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189 inclusive of the Connecticut General Statutes, OLCRAH held an Administrative Hearing. The hearing was held telephonically per the Appellant's request. The following individuals participated in the hearing:
Javier Rivera, Department's representative Joseph Alexander, Administrative Hearing Officer
The hearing record was left open until, 2022, to allow the Department time to review the SNAP calculation and provide the Appellant with an updated NOA.
The hearing record was left open until 2022, to allow the Appellant an opportunity to respond to the updated NOA.
Neither the Department nor the hearing officer received a response from the Appellant by 2022, therefore the hearing record was closed effective 2022.
STATEMENT OF THE ISSUE
The issue to be decided is whether the Department correctly calculated the household's SNAP benefits effective 2022.
FINDINGS OF FACT
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2. The Appellant's household consists of the following four (4) individuals; The Appellant (DOB (DOB (DOB (DOB (DOB (DOB (DOB (DOB
 No household member is elderly or disabled. (Hearing Record, Appellant Testimony)
 4. The Appellant reported the following shelter expenses on the ONAP: Heating/cooling Garbage removal Sewer/septic Telephone

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• Property taxes totaling \$14,900.00 annually

(Dept. Ex. 1: ONAP)

Homeowner's insurance totaling \$1,400.00 annually

The Appellant reported the following sources of household income on the ONAP: • (Rental Property) (Dept. Ex. 1: ONAP)
On 2022, the Department and the Appellant completed the required SNAP application interview. (Dept. Ex. 2: Case Notes)
On 2022, the Department issued a W-1348 "Proofs We Need" form to the Appellant requesting the following information which was due to be returned to the Department by 2022: • Proof of self-employment income () • Proof of self-employment income () (Dept. Ex. 3: W-1348)
On 2022, the Department reviewed the following documents: 2021 Schedule C form 1040 "Profit or Loss From Business" 2021 form 1065 "U.S. Return of Partnership Income" for including Schedule B "Other Information" and Schedule K "Partner's Distributive Share Items" 2021 form 1065 "U.S. Return of Partnership Income" for including Schedule B "Other Information and Schedule L "Partner's Distributive Share Items" (Dept. Ex. 4: 2021 Schedule C, Dept. Ex. 5: 2021 Form 1065 for Dept. Ex. 6: 2021 Form 2001 For Dept. Ex. 6: 2021 Form 2001 For Dept. Ex. 6: 2021 For Dept. Ex. 6:
On, 2022, the Department determined the household was eligible for SNAP in the amount of \$0.00 for 2022 and \$10.00 per month beginning , 2022. A NOA was generated and mailed to the Appellant informing him of the SNAP approval (Dept. Ex. 7: NOA)
On 2022, the Appellant requested an administrative hearing to dispute the amount of his household's SNAP benefit. (Hearing Record)
On, 2022, the Department re-reviewed the income documentation provided by the Appellant and recalculated the household's SNAP benefit. A NOA was sent to the Appellant informing him that his household had been approved for SNAP benefits in the amount of \$528.00 for the month of 2022, and \$835.00 per month beginning 2022. (Dept. Ex. 18: NOA dated)
The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within days of the request for an administrative hearing. The hearing request was received on, 2022. The hearing record was left open for an additional (a) days making the decision due by, 2022.

CONCLUSIONS OF LAW

- Connecticut General Statutes § 17b-2 provides that the Department of Social Services is designated as the state agency for the administration of (7) the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008.
- 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, 43Conn. Supp. 175, 178 (1994) (citing Conn. Gen. Stat, § 17b-10; Richard v.Commissioner of Income Maintenance, 214 Conn. 601, 573 A.2d712(1990))
- 3. Uniform Policy Manual ("UPM") § 1570.25(C)(2)(k) provides for the Administrative Duties of Fair Hearing Official. The Fair Hearing official renders a Fair Hearing decision in the name of the Department, in accordance with the criteria in this chapter, to resolve the dispute.

"Matters Considered at the Fair Hearing. The Department considers the following issues: decisions by the Department regarding eligibility for benefits in both initial and subsequent determinations." UPM § 1570.25(F)(2)(a)

DISCUSSION

The Appellant's dispute focuses on the calculation of the household's self-employment income as his position is the monthly income being counted by the Department was/is higher that the income he reported on the ONAP. On 2022, following the administrative hearing, the Department recalculated the household's self-employment income resulting in the household being approved for SNAP in the amount of \$528.00 for 2022, and \$835.00 per month ongoing thus resolving the Appellant's issue. There is no practical relief that can be afforded through an administrative hearing

DECISION

The Appellant's appeal is dismissed as moot

Joseph Alexander Administrative Hearing Officer

CC: Angelica Branfalt, Operations Manager, DSS, Manchester Regional Office Javier Rivera, Administrative Hearing Liaison, DSS, Manchester 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.