

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

██████████  
Signature Confirmation

Case # ██████████  
Client # ██████████  
Request # 231310

**NOTICE OF DECISION**  
**PARTY**

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████, the Department of Social Services (the "Department") issued a notice of action to ██████████ (the "Appellant") denying the Appellant's Supplemental Nutrition Assistance Program ("SNAP") because her household's net income exceeded the program income limit.

On ██████████, the Appellant requested an administrative hearing to contest the denial of her SNAP application.

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

On ██████████, in accordance with sections 17b-60, 17-61 and 4-176e to 4-184 inclusive of the Connecticut General Statutes, OLCRAH held an administrative hearing by telephone.

The following individuals participated in the hearing:

██████████, Appellant  
Shannon Shlash, Department's Representative  
Shawn P. Hardy, Hearing Officer

The record remained open for additional documentation from the Department and the Appellant. On ██████████, the hearing record closed.

## **STATEMENT OF THE ISSUE**

The issue is whether the Department correctly denied the Appellant's SNAP application due to having a net monthly income above the program limit for her household size.

## **FINDINGS OF FACT**

1. On [REDACTED], the Appellant submitted an online SNAP application for an assistance unit of four. The Appellant and three minor children, including a newborn. The Appellant reported she was receiving bi-weekly FMLA benefits of \$1000.00. (Exhibit 7: Online SNAP Application, [REDACTED])
2. On [REDACTED] the Department screened the application, and sent the Appellant a W-1348 Proofs We Need requesting paystubs prior to maternity leave, verification of current FMLA income, and last day worked from [REDACTED]. ("Employer") (Hearing Summary, Exhibit 5)
3. The Appellant is [REDACTED] years old. (Hearing Record, Exhibit 7)
4. There are no disabled members in the household. (Appellant's Testimony; Hearing Record)
5. The Appellant receives \$50.00 per week in child support. (Hearing Record, Appellant's testimony Exhibit 12: Notice of Action [REDACTED])
6. The Appellant is responsible for monthly shelter costs of \$1,600.00 plus utilities. (Appellant's Testimony; Exhibit 7, Exhibit 9: SNAP Computation Worksheet)
7. On [REDACTED], the Appellant submitted paystubs for the dates of [REDACTED] and [REDACTED] from her Employer. (Exhibit 3: Paystubs from "Employer" [REDACTED], & [REDACTED])
8. On [REDACTED] the Appellant last worked for her Employer before going on maternity leave. (Exhibit 2: Last Day Work letter from [REDACTED])
9. On [REDACTED], the Appellant receives FMLA income from [REDACTED] in the amount of \$864.00 per week. (Hearing Record, Exhibit 1: [REDACTED] Explanation of Benefits Letter)
10. The Appellant's Net Adjusted Income (NAI) of \$3071.30 exceeds the net income limit of \$2500.00 for a household of 4 for SNAP. (Department's Testimony, Exhibit 10: Federal SNAP Income Test, Exhibit 8)
11. On [REDACTED], the Department sent the Appellant a NOA denying her application for SNAP benefits because her household's monthly net income exceeded the program limit. (Exhibit 12)

12. The issuance of this decision is timely under Title 7 of the Code of Federal Regulations ("C.F.R.") § 273.15 (c) (1) which provides that within 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 the local agency is notified of the decision. The Appellant requested an administrative hearing on [REDACTED]. However, due to the extending of the closing of the hearing record by seven days for the submission of additional information, this decision is due by [REDACTED], and is timely. (Hearing Record)

### **CONCLUSIONS OF LAW**

1. 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.

**The Department has the authority to review the Appellant's SNAP application to determine whether his household meets the program's eligibility requirements.**

2. 7 C.F.R. § 273.9(b) provides that household income shall mean all income from whatever source excluding only items specified in paragraph (c) of this section.
3. 7 C.F.R. § 273.9(2)(ii) provides that Unearned income shall include: Annuities; pensions; retirement, veterans, or disability benefits; worker's or unemployment compensation.

**The Department correctly determined that the Appellant's AFLAC is considered unearned income.**

4. 7 C.F.R. § 273.9(2)(iii) provides that Unearned income shall include: Support or alimony payments made directly to the household from nonhousehold members.

**The Department correctly determined that the Appellant's Child support income is considered unearned income.**

5. 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.

**The Department correctly determined the Appellant's monthly income from [REDACTED] as \$3715.20 (\$864.00 weekly x 4.3 weeks = \$3715.20).**

**The Department correctly determined the Appellant's monthly income from child support as \$215.00 (\$50.00 weekly x 4.3 weeks = \$215.00).**

**The Department correctly calculated the Appellant's monthly gross household income as \$3930.20. (\$3715.20 + \$215.00).**

6. 7C.F.R. § 273.9 (b) (2) (ii) 7 C.F.R. § 273.9(d)(2) provides for the earned income deduction. 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 the Appellant's income is not subject to the twenty percent deduction because it is deemed as unearned income.**

7. 7 C.F.R. § 273.2(j)(2)(ii) provides that the State agency, at its option, **may extend categorical eligibility** to the following households only if doing so will further the purposes of the Food and Nutrition Act of 2008: (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 determining to confer categorical eligibility. (B) Subject to FNS approval, 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 three and four of the TANF block grant, as set forth in Section 401 of P.L. 104–193, and requires participants to have a gross monthly income at or below 200 percent of the Federal poverty level.

**7 C.F.R. § 273.2(j)(4)(iii)(B) provides for deemed eligibility factors. When determining eligibility for a categorically eligible household, all SNAP requirements apply except the following: Gross and net income limits.**

None of the provisions in § 273.9(a) relating to income eligibility standards apply to categorically eligible households, except the fourth sentence pertaining to categorical eligibility. The provisions in §§ 273.10(a)(1)(i) and 273.10(c) relating to the income eligibility determination also do not apply to categorically eligible households.

**200% of the Federal Poverty Level ("FPL") for a household of 4 persons is \$5000.00.**

**The Department correctly determined that the Appellant's gross income did not exceed 200% of the FPL and her household was categorically eligible for SNAP benefits.**

8. 7 C.F.R. § 273.9(d)(1)(i) provides for the standard deduction. *48 States, District of Columbia, Alaska, Hawaii, and the Virgin Islands*. Effective October 1, 2002, in the 48 States and the District of Columbia, Alaska, Hawaii, and the Virgin Islands, the standard deduction for household sizes one through six shall be equal to 8.31 percent of the monthly net income eligibility standard for each household size established under paragraph (a)(2) of this section rounded up to the nearest whole dollar. For household sizes greater than six, the standard deduction shall be equal to the standard deduction for a six-person household.

7 C.F.R. § 273.9(d)(1)(iii) provides for *Minimum deduction levels*. Notwithstanding paragraphs (d)(1)(i) and (d)(1)(ii) of this section, the standard deduction for FY 2009 for each household in the 48 States and the District of Columbia, Alaska, Hawaii, Guam and the U.S. Virgin Islands shall not be less than \$144, \$246, \$203, \$289, and \$127, respectively. Beginning FY 2010 and each fiscal year thereafter, the amount of the minimum standard deduction is equal to the unrounded amount from the previous fiscal year adjusted to the nearest lower dollar increment to reflect changes for the 12-month period ending on the preceding June 30 in the Consumer Price Index for All Urban Consumers published by the Bureau of Labor Statistics of the Department of Labor, for items other than food.

**The Department correctly determined the Appellant eligible for the standard deduction for a SNAP household of four equaling \$208.00.**

**The Department correctly determined that the Appellant's household's adjusted gross monthly income equals \$3722.20 (\$3,930.20 income -\$208.00 standard deduction = \$3722.20)**

9. 7 C.F.R. § 273.9(d)(6)(ii) provides for excess shelter deduction. Monthly shelter expenses more than 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 March 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 the shelter component and the fuels and utility 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.

**The Department correctly determined that the Appellant's rent is \$1,600.00 per month.**

10.7 C.F.R. § 273.9(d)(6)(iii) provides in relevant part the following: *Standard utility allowances.* (A) 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);

**The Department correctly determined the Appellant is entitled to the SUA, which is \$912.00, effective [REDACTED].**

**The Department correctly determined that the Appellant's total shelter expenses are \$2512.00 per month.**

11.7 C.F.R. § 273.10(e)(4)(i) provides for Thrifty Food Plan ("TFP") and Maximum SNAP Allotments and states 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)(1)(i) provides the following: *Calculating net income and benefit levels-(1) Net monthly income.* 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. Net losses from the self-employment income of a farmer shall be offset in accordance with §273.11(a)(2)(iii).
- B. Multiply the total gross monthly earned income by 20 percent and subtract that amount from the total gross income; or multiply the total gross monthly earned income by 80 percent and add that to the total monthly unearned income, minus income exclusions. If the State agency has chosen to treat legally obligated

- child support payments as an income exclusion in accordance with §273.9(c)(17), multiply the excluded earnings used to pay child support by 20 percent and subtract that amount from the total gross monthly income.
- 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. Subtract allowable monthly dependent care expenses if, any, as specified under § 273.9(d)(4) for each dependent.
  - F. If the State agency has chosen to treat legally obligated child support payments as a deduction rather than an exclusion in accordance with § 273.9(d)(5), subtract allowable monthly child support payments in accordance with § 273.9(d)(5).
  - G. Subtract the homeless shelter deduction, if any, up to the maximum of \$143.
  - 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.

**The Department correctly determined that the Appellant's shelter hardship equals \$650.90 (\$2,512.00 shelter cost - \$1,861.10 (fifty percent) of adjusted gross income).**

**The Appellant's net adjusted income equals \$3,071.30 (\$3,722.20 adjusted gross income - \$650.90 shelter hardship).**

**The Appellant's SNAP benefit is calculated as follows:**

**SNAP BENEFIT CALCULATION**

<b>INCOME</b>	
Earned Income	\$0.00
Less 20%	N/A
= Adjusted earned income	\$0.00
+ Unearned income (Child support)	\$215.00
+ Unearned income	\$3715.20
██████████	

= Total income	<u>\$3,930.20</u>
- Standard deduction (HH of 4)	-\$208.00
- Medical expenses	\$0.00
-Dependent care expenses	\$0.00
<b>=Adjusted gross income</b>	<b>\$3,722.20</b>
<b>SHELTER COSTS</b>	
Rent	\$1,600.00
+ SUA	\$912.00
<b>Total shelter costs</b>	<b>\$2,512.00</b>
<b>SHELTER HARDSHIP</b>	
Shelter costs	\$2,512.00
Less 50% of adjusted gross income	-\$1,861.10
<b>= Total shelter hardship (max \$672.00 if not disabled or elderly)</b>	<b>\$650.90</b>
<b>ADJUSTED NET INCOME</b>	
Adjusted gross income	\$3,722.20
Less shelter hardship	-\$650.90
<b>Net Adjusted Income (NAI)</b>	<b>\$3,071.30</b>
Total Net Monthly Income multiplied (x) by .30	\$921.39
<b>Thrifty Food Plan</b> (household of 4) <small>[7 C.F.R. § 273.10(e)(4)(i)]</small>	\$973.00
Minus (-) 30% Net Monthly Income	<u>-\$922.00</u>
<b>SNAP Allotment for</b> Household (minimum amount \$23.00) <small>[7 C.F.R. § 273.10(e)(2)(ii)(C)]</small>	\$51.00

### **DISCUSSION**

The Appellant is entitled to a SNAP benefit amount of \$51.00 for a full month.

The Department incorrectly denied the Appellant's application for SNAP benefits due to excess income. (See COL #7)

### **DECISION**

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



**ORDER**

1. The Department is ordered to reopen the Appellant's application dated [REDACTED] and continue to process for eligibility.
2. The Department is ordered to consider the Appellant's household as categorically eligible for SNAP under expanded categorically eligibility.
3. The compliance with this is order is due no later than [REDACTED] [REDACTED] [REDACTED].

*Shawn P. Hardy*

Shawn P. Hardy  
Hearing Officer

Cc: Sarah Chmielecki, Operations Manager, DSS, New Haven, CT, Resource Center  
Tim Latifi, Operations Manager, DSS, New Haven, CT, Resource Center  
Ralph Filek, Operations Manager, DSS, New Haven, CT, Resource Center  
Shannon Shlash, Fair Hearing Liaison, DSS, New Haven, CT, Resource Center

### **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, law, and 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 requested 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 the Department of Social Services, Director, Office of Administrative Hearings and Appeals, 55 Farmington Avenue, Hartford, CT 06105-3725.

### **RIGHT TO APPEAL**

The appellant has the right to appeal this decision to the 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 if 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 to 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 per §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.