

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

██████████, 2024  
SIGNATURE CONFIRMATION

CASE # ██████████  
CLIENT# ██████████  
REQUEST# ██████████

NOTICE OF DECISION

PARTY

██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████, 2024, the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) discontinuing her benefits under the Supplemental Nutritional Assistance Program (“SNAP”).

On ██████████, 2024, the Appellant requested an administrative hearing because she disagreed with the Department’s decision to discontinue her SNAP benefits.

On ██████████, 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████, 2024.

On ██████████ 2024, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-184 inclusive of the Connecticut General Statutes, the OLCRAH held an administrative hearing. The following individuals participated in the hearing:

██████████, Appellant  
Shannon Shlash, Department’s Representative  
Joseph Davey, Administrative Hearing Officer

The hearing record remained open for the submission of information from the Appellant and the Department. Information was submitted by both parties and the record closed on ██████████ 2024.

## STATEMENT OF THE ISSUE

The issue is whether the Department correctly discontinued the Appellant's SNAP benefits for exceeding the net income limit.

## FINDINGS OF FACT

1. The Appellant is forty-five years old [DOB ██████████] and lives with her children ██████████ (DOB ██████████), ██████████ (DOB ██████████), ██████████ (DOB ██████████), and ██████████ (DOB ██████████). The Appellant purchases and prepares food separately from her adult son ██████████. (Exhibit 17: Periodic Report Form dated ██████████, Exhibit 19: Case Notes ██████████ - ██████████, Appellant's testimony)
2. On ██████████, 2024, the Appellant submitted a SNAP renewal form to the Department. (Exhibit 19)
3. On ██████████, 2024, the Department conducted a telephone SNAP interview with the Appellant for her SNAP renewal. The Appellant reported that she was now the guardian of ██████████ (DOB ██████████) and ██████████ (DOB ██████████) and that both children reside in her household. ██████████ and ██████████ are the siblings of ██████████ and ██████████ but are not the Appellant's biological children. The Department told the Appellant she would need to provide proof of custody for both children in order to have them added to her SNAP case. (Exhibit 19)
4. On ██████████, 2024, the Department completed the Appellant's SNAP renewal. The Appellant's income at the time of the renewal was as follows: Earned Income: \$429.31 per week from ██████████. Unearned Income: Child Support for ██████████ of \$706.33 per month, Supplemental Security Income ("SSI") for ██████████ of \$943.00 per month, SSI for ██████████ of \$804.00 per month, Social Security ("SSA") for ██████████ of \$1,417.00 per month, SSA for ██████████ of \$1,417.00 per month. The Appellant's earned income from ██████████ was verified by the Department via the Work # database and was calculated using weekly gross pay amounts as follows: ██████████/23 \$398.78 + ██████████/23 \$459.36 + ██████████/23 \$458.22 + ██████████/23 \$400.89 = \$1,717.25 / 4 = \$429.31 per week x 4.3 = \$1,846.03 per month. The monthly child support and SSI/SSA unearned income was verified by the Department via the Connecticut Child Support Enforcement System ("CCSES") database and the Social Security SOLQ interface system. The Appellant reported a rent of \$2,100.00 per month and a heating/cooling expense. The Department authorized the Appellant's SNAP benefits for the period of ██████████ 2024, through ██████████, 2024, for a household of four members: the Appellant, ██████████, ██████████, and ██████████. The listed SNAP benefit was \$563.00 per month. (Exhibit 9: Work Number database match for ██████████ and ██████████, Exhibit 14: CCSES Interface match for ██████████, Exhibit 15: SOLQ Interface match for ██████████, ██████████, ██████████, and ██████████, Exhibit 19, Hearing Record)

5. On [REDACTED], 2024, the Department processed documentation the Appellant had provided verifying that she was the legal guardian of [REDACTED] and [REDACTED]. The Department spoke with the Appellant and informed her that [REDACTED] and [REDACTED] “are not mandatory inclusions (to the SNAP) as they are foster children.” The Department further explained that [REDACTED] and [REDACTED] both received Social Security benefits in the amount of \$1,417.00 per month and that the benefits would be attributed to the Appellant’s SNAP household if [REDACTED] and [REDACTED] were added to the SNAP. The Appellant declined to add them and explained to the Department that the children’s father, [REDACTED], is the representative payee for Social Security benefits and she does not receive the SSA benefits. (Exhibit 19)
6. On [REDACTED], 2024, the Department mailed the Appellant a Periodic Report Form (“PRF”) which stated in relevant part: “You are now half way through your SNAP benefit period. We need to know if you have any changes to report to us. If you still want SNAP, you must complete, sign and return this form to us by [REDACTED]/2024, even if there are no changes. If you do not complete, sign and return this form, we will stop your SNAP benefits on [REDACTED]/2024.” (Exhibit 21: All Department issued correspondence from [REDACTED]-[REDACTED])
7. On [REDACTED], 2024, the Department received an electronically signed PRF submitted by the Appellant on [REDACTED], 2024. The Appellant reported no changes to the following information on the PRF: Address: [REDACTED], CT. Rent: \$2,100.00. Heating/cooling expense. Earned Income: \$429.31 per week from [REDACTED]. Unearned Income: Child Support for [REDACTED] of \$706.33 per month, SSI for [REDACTED] of \$943.00 per month, SSI for [REDACTED] of \$804.00 per month, SSA for [REDACTED] of \$1,417.00 per month, SSA for [REDACTED] of \$1,417.00 per month. Under the section of the PRF titled “Explanation of Income Changes” the Appellant wrote “I do not receive this money (the SSA benefits for [REDACTED] and [REDACTED]). The representative payee is their father [REDACTED].” (Exhibit 17, Hearing Record)
8. On [REDACTED], 2024, the Department reviewed the Appellant’s PRF and sent a W-3018 “We Need More Information” form which stated the following in relevant part “You reported to us that you do not receive SSA payments of 1,417.00 for both [REDACTED] c and [REDACTED]. Please provide verification that you are not the payee and do not receive this money...If you do not give us the missing information by [REDACTED]/2024, your SNAP benefits will end.” (Exhibit 19, Exhibit 21)
9. On [REDACTED], 2024, the the Department issued a NOA to the Appellant discontinuing the SNAP effective [REDACTED], 2024, because she failed to provide the requested information. (Exhibit 21)
10. On [REDACTED], 2024, the Appellant submitted copies of Social Security benefit checks for [REDACTED] and [REDACTED]. The checks were both dated [REDACTED], 2024. (Exhibit 2: [REDACTED] SSA check dated [REDACTED], Exhibit 18: [REDACTED] SSA check dated [REDACTED], Hearing Record)

11. On [REDACTED], 2024, the Department processed the Social Security checks submitted by the Appellant on [REDACTED], 2024. The checks displayed that [REDACTED] is the payee for [REDACTED] and [REDACTED]. The checks also listed [REDACTED] address as [REDACTED], CT; the same address as the Appellant. The Department initiated a referral to investigate whether [REDACTED] was residing at the same address as the Appellant. (Exhibit 2, Exhibit 18, Exhibit 19, Exhibit 20: Referral Details page and Investigator's notes, Hearing Record)
12. On [REDACTED], 2024, the Appellant provided the Department with a letter from her Department of Children and Families ("DCF") case worker, [REDACTED], which stated the following in relevant part: "Mr. [REDACTED] (DOB: [REDACTED]) has not been observed to reside with Ms. [REDACTED] and her children during any of the home visits that have been conducted at Ms. [REDACTED] residence." (Exhibit 3: DCF letter dated [REDACTED])
13. On [REDACTED], 2024, the Department processed the DCF letter submitted by the Appellant and reinstated her SNAP benefits effective [REDACTED], 2024, for a household of four members: The Appellant, [REDACTED], [REDACTED], and [REDACTED]. The listed SNAP benefit amount for [REDACTED], 2024, through [REDACTED], 2024, was \$563.00. (Exhibit 4: NOA dated [REDACTED], Exhibit 19)
14. On [REDACTED], 2024, the Department's Investigations Division contacted the Appellant regarding the Department's [REDACTED], 2024, referral. The Department's investigator noted the following in relevant part: "Per [REDACTED] (the Appellant) ex/[REDACTED] lives with GF [REDACTED] and I (the Department's investigator) should go look for ex/[REDACTED] at [REDACTED] for ex/[REDACTED]. I (the Department's investigator) asked [REDACTED] (the Appellant) if she had last name of [REDACTED] and apt #. [REDACTED] (the Appellant) at 1<sup>st</sup> said no then all of sudden said she looked up ex/[REDACTED] FB and found [REDACTED] last name." The Department's investigator then called [REDACTED] and spoke with him regarding his whereabouts. Mr. [REDACTED] stated that he "is staying with a friend at [REDACTED] [REDACTED]." The Department's investigator also called the Appellant's DCF worker, [REDACTED], and noted the following in relevant part "Per Ms. [REDACTED] she has never seen ex/[REDACTED] at [REDACTED] (the Appellant's) [REDACTED] home. Per Ms. [REDACTED] ex/Spouse ARRIVES at [REDACTED] when she is leaving this residence. Per Ms. [REDACTED] she cannot definitively state that ex/[REDACTED] does not live at [REDACTED]." The Department's investigator additionally conducted searches for Mr. [REDACTED] whereabouts using the Department's interfaces, databases, and the Internet and noted the following in relevant part: "Internet Search places ex/[REDACTED] [REDACTED] at [REDACTED] [REDACTED]. USphoneBook, ClustrMaps, Search People. Voter Registration places ex/[REDACTED] @ [REDACTED]. UCB (Unemployment Compensation Benefits) from 2018 to 2023 places ex/[REDACTED] at [REDACTED]. Divorce [REDACTED] 2022 shows Appearance for [REDACTED] at [REDACTED]. Dissolution was uncontested for [REDACTED] 2022. Current and past Work# ALL place ex/[REDACTED] at [REDACTED]. Most recent job started [REDACTED] 2024." (Exhibit 9, Exhibit 10: Department of Labor Interface match for [REDACTED], Exhibit 17, Hearing Record)

15. Department of Motor Vehicle Interface matches display a current driver's license and a 2019 Hyundai Elantra both in [REDACTED] name with a listed address of [REDACTED], CT. (Exhibit 11: DMV license match for [REDACTED], Exhibit 12: DMV motor vehicle match for [REDACTED], Hearing Record)
16. On [REDACTED], 2024, the Department's Investigation Division concluded its investigation into whether [REDACTED] was residing with the Appellant. The Department's investigator noted the following in relevant part *"My investigation found all docs placing ex [REDACTED] at [REDACTED]. Current, [REDACTED] 2024, and past wages on Work # place ex [REDACTED] a [REDACTED]...Per [REDACTED] (the Appellant) ex [REDACTED] is homeless but stays w/GF at [REDACTED] apartments. Based on conflicting info from [REDACTED] (the Appellant) [REDACTED] and current/past Work# I (the Department's investigator) find that this is an Intact family."* The Department's investigator also requested that the Department *"Pls check all income for [REDACTED] (the Appellant), [REDACTED] and unearned income for any child in HH to determine continued SNAP eligibility for this HH."* (Exhibit 20, Hearing Record)
17. On [REDACTED], 2024, the Department added [REDACTED], [REDACTED], and [REDACTED] to the Appellant's SNAP case, increasing the household member size to seven, including the Appellant, [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. (Exhibit 17, Hearing Record)
18. On [REDACTED], 2024, the Department added [REDACTED] and [REDACTED] SSA income totaling \$2,834.00 ([REDACTED] SSA of \$1,417.00 + [REDACTED] SSA of \$1,417.00 = \$2,834.00) to the Appellant's SNAP case. The Department then recalculated the Appellant's gross income for the SNAP using the income previously verified on the Appellant's [REDACTED], 2024, PRF. The total gross income for the Appellant's SNAP household was determined to be \$6,329.36 [Appellant's wages of \$429.31 per week from [REDACTED] x 4.3 = \$1,846.03 per month + Monthly Child Support for [REDACTED] of \$706.33 + Monthly SSI for [REDACTED] of \$943.00 + Monthly SSA for [REDACTED] of \$1,417.00 + Monthly SSA for [REDACTED] of \$1,417.00 = \$6,329.36]. (Exhibit 6: NOA dated [REDACTED], Exhibit 17, Hearing Record)
19. On [REDACTED], 2024, the Department reviewed the Appellant's eligibility for the SNAP after the change in household composition and unearned income. The Department used the Appellant's previously reported rent of \$2,100.00, previously reported heating/cooling expense, and a \$66.00 child support expense<sup>1</sup> for [REDACTED] in their review of the Appellant's SNAP eligibility. The Department determined that the Appellant was over the net income limit for a household of seven members. (Exhibit 6, Exhibit 17, Hearing Record)
20. On [REDACTED], 2024, the Department issued a NOA to the Appellant discontinuing the SNAP effective [REDACTED], 2024, because her household's monthly net income exceeded the program limit. (Exhibit 6)

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<sup>1</sup> The hearing record does not reflect how the Department verified the \$66.00 child support expense.

21. The Appellant is disputing that [REDACTED] lives in the household as well as the inclusion of [REDACTED] and [REDACTED] SSA benefits as unearned income toward her SNAP case. (Appellant's testimony)
22. The Appellant provided [REDACTED] [REDACTED] auto loan statements dated [REDACTED], 2024, and [REDACTED], 2024, which display his address as [REDACTED]. in [REDACTED], CT. (Appellant's Exhibit C: [REDACTED] auto loan statements for [REDACTED] dated [REDACTED] and [REDACTED].)
23. The Appellant provided a United States Postal Service ("USPS") change of address request confirmation for [REDACTED] dated [REDACTED], 2024. The change of address outlined that [REDACTED] had reported a permanent move from [REDACTED], CT. Mr. [REDACTED] new address was listed as [REDACTED] in [REDACTED], CT. (Appellant's Exhibit E: USPS change of address request confirmation for [REDACTED] dated [REDACTED])
24. The Appellant provided updated Social Security benefit checks for [REDACTED] and [REDACTED] dated [REDACTED], 2024, which display [REDACTED] as the representative payee. The listed address for [REDACTED] on the benefit checks is [REDACTED], CT. Per the USPS official website, [REDACTED] is the street address for the USPS office in [REDACTED], CT<sup>2</sup>. (Appellant's Exhibit B: Updated Social Security checks for [REDACTED] and [REDACTED] dated [REDACTED])
25. The Appellant provided [REDACTED] [REDACTED] account statements for the periods of [REDACTED], 2024, through [REDACTED], 2024, and [REDACTED], 2024, through [REDACTED], 2024. The statements display the deposits of [REDACTED] and [REDACTED] SSA benefits. The listed address for [REDACTED] on the [REDACTED], 2024, through [REDACTED], 2024, statement was [REDACTED], CT. The listed address for [REDACTED] on the [REDACTED], 2024, through [REDACTED], 2024, statement is [REDACTED], CT. (Appellant's Exhibit D: [REDACTED] statements for [REDACTED] for the period [REDACTED]-[REDACTED])
26. The Appellant provided a screenshot of a text message exchange between herself and her DCF worker, [REDACTED], regarding Ms. [REDACTED] [REDACTED], 2024, discussion with the Department's investigator. Ms. [REDACTED] stated during the text exchange that she told the Department's investigator that had seen [REDACTED] "*visiting the kids a few times during my visits not as a resident.*" Ms. [REDACTED] stated further that "*I spoke with her (the Department's investigator) and was clear that I don't think he ([REDACTED]) lives there [REDACTED], CT.*" (Appellant's Exhibit A: Email containing text message exchange with DCF worker [REDACTED] dated [REDACTED])

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<sup>2</sup> [REDACTED]

27. The issuance of this decision is timely under the Code of Federal Regulations (“C.F.R.”) 273.15 (c)(1) which provides in part that “[w]ithin █ 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....” The Appellant requested an administrative hearing on █, 2024. Therefore, this decision is due not later than █, 2024. However, the hearing record was extended (█) day to allow for the submission of information from the Appellant and the Department. Therefore this decision is not due until █, 2024. (Hearing Record)

### **CONCLUSIONS OF LAW**

1. Section 17b-2(7) of the Connecticut General Statutes provides that the Department of Social Services is designated 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 to administer the SNAP program in Connecticut and determine benefit amounts.**

2. 7 C.F.R. § 273.1(b)(1)(ii) provides for required household combinations. 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. (ii) A person under 22 years of age who is living with his or her natural or adoptive parent(s) or step-parent(s).

**The Department correctly determined the Appellant’s household size of seven persons including the Appellant, █, █, █, █, █, and █, effective █, 2024.**

3. 7 C.F.R. § 271.2(1)-(5) states that an Elderly or disabled member means a member of a household who: (1) Is 60 years of age or older; (2) Receives supplemental security income benefits under title XVI of the Social Security Act or disability or blindness payments under titles I, II, X, XIV, or XVI of the Social Security Act; (3) Receives federally or State-administered supplemental benefits under section 1616(a) of the Social Security Act provided that the eligibility to receive the benefits is based upon the disability or blindness criteria used under title XVI of the Social Security Act; (4) Receives federally or State-administered supplemental benefits under section 212(a) of Pub. L. 93-66; (5) Receives disability retirement benefits from a governmental agency because of a disability considered permanent under section 221(i) of the Social Security Act.

**The Department correctly determined that the Appellant’s son █ is a disabled household member.**

4. 7 C.F.R. § 273.12(a)(5)(i) provides that the State agency may establish a simplified reporting system in lieu of the change reporting requirements specified under paragraph (a)(1) of this section. The following requirements are applicable to simplified reporting systems: (i) Included households. The State agency may include any household certified for at least 4 months within a simplified reporting system.

**The Department correctly determined the Appellant was subject to simplified reporting.**

5. 7 C.F.R. § 273.12(a)(5)(ii) provides for notification of simplified reporting requirement. At the initial certification, recertification and when the State agency transfers the households to simplified reporting, the State agency shall provide the household with the following: (A) A written and oral explanation of how simplified reporting works; (B) For households required to submit a periodic report, a written and oral explanation of the reporting requirements including: (1) The additional changes that must be addressed in the periodic report and verified; (2) When the report is due; (3) How to obtain assistance in filing the periodic report; and (4) The consequences of failing to file a report. (C) Special assistance in completing and filing periodic reports to households whose adult members are all either mentally or physically handicapped or are non-English speaking or otherwise lacking in reading and writing skills such that they cannot complete and file the required report; and (D) A telephone number (toll-free number or a number where collect calls will be accepted outside the local calling area) which the household may call to ask questions or to obtain help in completing the periodic report.

7 C.F.R. § 273.12(a)(5)(iii) provides for Periodic report. (A) Exempt households. The State agency must not require the submission of periodic reports by households certified for 12 months or less in which all adult members are elderly or have a disability with no earned income. (B) Submission of periodic reports by non-exempt households. Households that are certified for longer than 6 months, except those households described in § 273.12(a)(5)(iii)(A), must file a periodic report between 4 months and 6 months, as required by the State agency. Households in which all adult members are elderly or have a disability with no earned income and are certified for periods lasting between 13 months and 24 months must file a periodic report once a year. In selecting a due date for the periodic report, the State agency must provide itself sufficient time to process reports so that households that have reported changes that will reduce or terminate benefits will receive adequate notice of action on the report in the first month of the new reporting period. (C) The periodic report form must request from the household information on any changes in circumstances in accordance with paragraphs (a)(1)(i) through (a)(1)(vii) of this section and conform to the requirements of paragraph (b)(2) of this section. (D) If the household files a complete report resulting in reduction or termination of benefits, the State agency shall send an adequate notice, as defined in § 271.2 of this chapter. The notice must be issued so that the household will receive it no later than the time that its benefits are normally received. If the household fails to provide sufficient information or verification



regarding a deductible expense, the State agency will not terminate the household, but will instead determine the household's benefits without regard to the deduction. (E) If a household fails to file a complete report by the specified filing date, the State agency shall provide the household with a reminder notice advising the household that it has 10 days from the date the State agency mails the notice to file a complete report. If an eligible household files a complete periodic report during this 10 day period, the State agency shall provide it with an opportunity to participate no later than ten days after its normal issuance date. If the household does not respond to the reminder notice, the household's participation shall be terminated and the State agency must send an adequate notice of termination described in paragraph (a)(5)(iii)(C) of this section. (F) If an eligible household that has been terminated for failure to file a complete report files a complete report after its extended filing date under (E), but before the end of the issuance month, the State agency may choose to reinstate the household. If the household has requested a fair hearing on the basis that a complete periodic report was filed, but the State does not have it, the State agency shall reinstate the household if a completed periodic report is filed before the end of the issuance month. (G) The periodic report form shall be the sole reporting requirement for any information that is required to be reported on the form, except that a household required to report less frequently than quarterly shall report: (1) When the household monthly gross income exceeds the monthly gross income limit for its household size in accordance with paragraph (a)(5)(v) of this section; (2) Whenever able-bodied adults subject to the time limit of § 273.24 have their work hours fall below 20 hours per week, averaged monthly; and (3) Whenever a member of the household wins substantial lottery or gambling winnings in accordance with § 273.11(r). (H) If the State agency uses a combined periodic report for SNAP and TANF or Medicaid, the State agency shall clearly indicate on the form that SNAP-only households need not provide information required by another program. Non-applicant household or family members need not provide SSNs or information about citizenship or immigration status.

**The Department correctly mailed the Appellant a PRF on [REDACTED], 2024.**

**The Appellant correctly completed, electronically signed and returned the PRF on [REDACTED], 2024.**

6. 7 C.F.R. § 273.9(b)(1)(i) provides that earned income shall include: (i) All wages and salaries of an employee.

**The Department correctly determined the Appellant's wages from [REDACTED] as earned income in the calculation of SNAP benefits.**

7. 7 C.F.R. § 273.9(b)(2)(iii) provides that Unearned income shall include but not be limited to: (iii) Support or alimony payments made directly to the household from nonhousehold members.

**The Department correctly determined the Appellant's child support income as unearned income in the calculation of SNAP benefits.**

8. 7 C.F.R. § 273.10(c)(2)(i) provides for converting income into monthly amounts. 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 that the Appellant's monthly wages at [REDACTED] equal \$429.31 per week ( $\$429.31 \times 4.3 = \$1,846.03$  per month).**

9. 7 C.F.R. § 273.10(c)(1)(ii) provides in relevant 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. Similarly, if the household's income fluctuates seasonally, it may be appropriate to use the most recent season comparable to the certification period, rather than the last 30 days, as one indicator of anticipated income.

**The Department correctly determined that the Appellant's monthly child support equals \$706.33 per month.**

10. 7 C.F.R. § 273.9(b)(2)(ii) provides that Unearned income shall include but not be limited to 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; strike benefits; foster care payments for children or adults who are considered members of the household; gross income minus the cost of doing business derived from rental property in which a household member is not actively engaged in the management of the property at least 20 hours a week.

**The Department correctly determined that [REDACTED] SSI benefit of \$943.00 per month, [REDACTED] SSA benefit of \$1,417.00 per month, and [REDACTED] SSA benefit of \$1,417.00 per month were countable as unearned income in the calculation of SNAP benefits.**

11.7 C.F.R. § 273.9(b) states that Household income shall mean all income from whatever source excluding only items specified in paragraph (c) of this section.

**The Department correctly determined the Appellant's total gross monthly household income equals \$6,329.36 ( [REDACTED] wages of \$1,846.03 per month + child support income of \$706.33 per month + SSI income of \$943.00 per month + SSA income of \$1,417.00 per month + SSA income of \$1,417.00 per month = \$6,329.36)**

12.7 C.F.R. § 273.2(j) provides for PA, GA and categorically eligible households. The State agency must notify households applying for public assistance (PA) of their right to apply for SNAP benefits at the same time and must allow them to apply for SNAP benefits at the same time they apply for PA benefits. The State agency must also notify such households that time limits or other requirements that apply to the receipt of PA benefits do not apply to the receipt of SNAP benefits, and that households which cease receiving PA benefits because they have reached a time limit, have begun working, or for other reasons, may still qualify for SNAP benefits. If the State agency attempts to discourage households from applying for cash assistance, it shall make clear that the disadvantages and requirements of applying for cash assistance do not apply to SNAP benefits. In addition, it shall encourage applicants to continue with their application for SNAP benefits. The State agency shall inform households that receiving SNAP benefits will have no bearing on any other program's time limits that may apply to the household. The State agency may process the applications of such households in accordance with the requirements of paragraph (j)(1) of this section, and the State agency must base their eligibility solely on SNAP eligibility criteria unless the household is categorically eligible, as provided in paragraph (j)(2) of this section. If a State has a single Statewide GA application form, households in which all members are included in a State or local GA grant may have their application for SNAP benefits included in the GA application form. State agencies may use the joint application processing procedures described in paragraph (j)(1) of this section for GA recipients in accordance with paragraph (j)(3) of this section. The State agency must base eligibility of jointly processed GA households solely on SNAP eligibility criteria unless the household is categorically eligible as provided in paragraph (j)(4) of this section. The State agency must base the benefit levels of all households solely on SNAP criteria. The State agency must certify jointly processed and categorically eligible households in accordance with SNAP procedural, timeliness, and notice requirements, including the 7-day expedited service provisions of paragraph (i) of this section and normal 30-day application processing standards of paragraph (g) of this section. Individuals authorized to receive PA, SSI, or GA benefits but who have not yet received payment are considered recipients of benefits from those programs. In addition, individuals are considered recipients of PA, SSI, or GA if their PA, SSI, or GA benefits are suspended or recouped. Individuals entitled to PA, SSI, or GA benefits but who are not paid such benefits because the grant is less than a minimum benefit are also considered recipients. The State agency may not consider as recipients those individuals not receiving GA, PA, or SSI benefits who are entitled to Medicaid only.

**The Department correctly determined the Appellant's household is not categorically eligible.**

13.7 C.F.R. § 273.9(a) provides in relevant part for income eligibility standards. 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. 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)).

**The Department correctly determined the Appellant's household must meet the net income eligibility standard.**

14.7 C.F.R. § 273.9(a)(3) provides that the income eligibility limits, as described in this paragraph, are revised each October 1 to reflect the annual adjustment to the Federal income poverty guidelines for the 48 States and the District of Columbia, for Alaska, and for Hawaii.

7 C.F.R. § 273.9(a)(1)(i) provides that the gross income eligibility standards for SNAP shall be as follows: (i) The income eligibility standards for the 48 contiguous States and the District of Columbia, Guam and the Virgin Islands shall be 130 percent of the Federal income poverty levels for the 48 contiguous States and the District of Columbia.

7 C.F.R. § 273.9(a)(4) provides that the monthly gross and net income eligibility standards for all areas will be prescribed in tables posted on the FNS website, at [www.fns.usda.gov/snap](http://www.fns.usda.gov/snap).

The 2023 Poverty Guidelines for the 48 Contiguous States and the District of Columbia for a household of seven is \$45,420.00 annually. [Federal Register/Vol. 88, No. 12/ Thursday, January 19, 2023, page 3424]

7 C.F.R. § 273.9(a)(3)(i) provides that the income eligibility limits, as described in this paragraph, are revised each October 1 to reflect the annual adjustment to the Federal income poverty guidelines for the 48 States and the District of Columbia, for Alaska, and for Hawaii. (i) 130 percent of the annual income poverty guidelines shall be divided by 12 to determine the monthly gross income standards, rounding the results upwards as necessary. For households greater than eight persons, the increment in the Federal income poverty guidelines is multiplied by 130 percent, divided by 12, and the results rounded upward if necessary.

Effective June 19, 2009, the Department implemented SNAP changes referred to as Expanded Categorical Eligibility (“ECE”). Effective July 1, 2009, the gross income limit for the SNAP increased to 185% of the Federal Poverty Level (“FPL”) for SNAP households that do not contain an elderly or disabled household member. Effective October 1, 2022, the gross income limit for the SNAP increased to 200% of the FPL for households that do not contain an elderly or disabled member.

**The Department correctly determined the monthly gross income limit for a household of seven persons is \$45,420.00 ( $\$45,420.00 \times 200\% = \$90,840.00 / 12 \text{ months} = \$7,570.00$ ).**

**The Department correctly determined the Appellant’s monthly gross income of \$6,329.36 is under the gross income limit for a household of seven.**

15.7 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.

**The Department correctly determined the Appellant’s household is eligible for the \$198.00 standard deduction.**

16.7 C.F.R § 273.9(d)(6)(iii)(A) provides for 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); and, a limited utility allowance (LUA) that includes electricity and fuel for purposes other than heating or cooling, water, sewerage, well and septic tank installation and maintenance, telephone, and garbage or trash collection. The LUA must include expenses for at least two utilities. However, at its option, the State agency may include the excess heating and cooling costs of public housing residents in the LUA if it wishes to offer the lower standard to such households. The State agency may use different types of standards but cannot allow households the use of two standards that include the same expense. In States in which the cooling expense is minimal, the State agency may include the cooling expense in the electricity component. The State agency may vary the allowance by factors such as household size, geographical area, or season. Only utility costs identified in paragraph (d)(6)(ii)(C) of this section must be used in developing standards.

**The Department correctly determined the Appellant's household is entitled to the Standard Utility Allowance ("SUA"), which is \$912.00, effective [REDACTED], 2023.**

17.7 C.F.R. § 273.10(d) provides for 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. § 273.9(d)(6)(ii)(A) provides the following: Excess shelter deduction. Monthly shelter expenses in excess of 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 utilities component of the Consumer Price Index for All Urban Consumers for the 12 month period 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.

**The Department correctly determined the Appellant's household contains a disabled household member and correctly determined the Appellant's shelter cost equals \$3,012.00 (\$2,100.00 rent + \$912.00 Standard Utility Allowance = \$3,012.00) per month.**

18.7 C.F.R. § 273.9(d)(5) Optional child support deduction. At its option, the State agency may provide a deduction, rather than the income exclusion provided under paragraph (c)(17) of this section, for legally obligated child support payments paid by a household member to or for a nonhousehold member, including payments made to a third party on behalf of the nonhousehold member (vendor payments) and amounts paid toward child support arrearages. Alimony payments made to or for a nonhousehold member shall not be included in the child support deduction. A State agency that chooses to provide a child support deduction rather than an exclusion in accordance with this paragraph (d)(5) must specify in its State plan of operation that it has chosen to provide the deduction rather than the exclusion.

**The Department correctly applied a child care deduction of \$66.00 per month.**

19.7 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.

7 C.F.R. § 273.9(a)(3)(ii) provides that the annual income poverty guidelines shall be divided by 12 to determine the monthly net income eligibility standards, rounding the results upward as necessary. For households greater than eight persons, the increment in the Federal income poverty guidelines is divided by 12, and the results rounded upward if necessary.

7 C.F.R. § 273.10(e)(2)(ii)(A) provides the following: 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".

7 C.F.R. § 273.10(e)(4) provides the following: Thrifty Food Plan (TFP) and Maximum SNAP Allotments. (i) 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).

The Appellant's net income effective [REDACTED] 2024 is calculated as follows:

**SNAP BENEFIT CALCULATION**

<b><u>INCOME</u></b>	
Earned Income	\$1,846.03
Less 20%	-\$369.21
= Adjusted earned income	\$1,476.82
+ Unearned income	\$4,483.33
= Total income	<u>\$5,960.15</u>
- Standard deduction	-\$198.00
- Medical expenses -\$35.00	-\$0.00
-Child support expenses	\$66.00
<b>=Adjusted gross income</b>	<b>\$5,696.15</b>
<b><u>SHELTER COSTS</u></b>	
Rent	\$2,100.00
Mortgage	\$0.00
Property Taxes	\$0.00
Homeowner's Insurance	\$0.00
+ SUA	\$912.00
<b>Total shelter costs</b>	<b>\$3,012.00</b>
<b><u>SHELTER HARDSHIP</u></b>	
Shelter costs	\$3,012.00



Less 50% of adjusted gross income	-\$2,848.08
<b>= Total shelter hardship (max \$624.00 if not disabled or elderly)</b>	<b>\$163.92</b>
<u>ADJUSTED NET INCOME</u>	
Adjusted gross income	\$-5,696.15
Less shelter hardship	-\$163.92
<b>Net Adjusted Income (NAI)</b>	<b>\$-5,532.23</b>
<u>BENEFIT CALCULATION</u>	
Thrifty Food Plan for seven persons	\$1,532.00
Less 30% of NAI (rounded up to nearest whole dollar)	\$1,660.00
<b>SNAP award</b>	<b>\$0.00</b>

The Appellant's net income for ██████████ 2024 is \$5,532.22.

The Department correctly determined the Appellant's total monthly net income of \$5,532.22 exceeds the limit for a household of seven persons for ██████████ 2024.

20.7 C.F.R. § 273.12(a)(5)(iii)(D) provides that if the household files a complete report resulting in reduction or termination of benefits, the State agency shall send an adequate notice, as defined in § 271.2 of this chapter. The notice must be issued so that the household will receive it no later than the time that its benefits are normally received. If the household fails to provide sufficient information or verification regarding a deductible expense, the State agency will not terminate the household, but will instead determine the household's benefits without regard to the deduction.

The Department correctly issued the Appellant a NOA on ██████████, 2024, informing her of the discontinuance of her SNAP benefits effective ██████████, 2024.

### DISCUSSION

The issue of this administrative hearing is the action taken by the Department on ██████████, 2024, to discontinue the Appellant's SNAP benefits effective ██████████, 2024. The crux of the issue is the Department's inclusion of ██████████ to the Appellant's household. Per 7 C.F.R. § 273.1(b)(1)(ii), if Mr. ██████████ is residing in the Appellant's household, it is mandated that both ██████████ and ██████████, both of whom reside with the Appellant, must also be included in the SNAP household. Their inclusion also mandates that their combined \$2,834.00 in SSA benefits be considered in the Appellant's SNAP benefit calculation.

The Department contends that Mr. [REDACTED] is living with the Appellant and provided the results of an investigation conducted by their Investigations Division as evidence (see FOF's # 14-17). The Appellant argued that Mr. [REDACTED] is not residing in the household and contends he lives with his girlfriend, [REDACTED], at [REDACTED] in [REDACTED], CT. The Appellant provided evidence in the form of [REDACTED] bank statements, auto loan statements, and a USPS address change to support her position. (see FOFs # 21-23 and 25). Additionally, she provided text messages clarifying her DCF worker's statements to the Department's investigator during their [REDACTED], 2024, conversation (see FOF # 14 and 26.)

Administrative hearing decisions are based on a "preponderance of evidence" standard which requires that the person requesting the hearing, i.e. the Appellant, provide evidence and testimony which prove that their claim is "more likely than not" to be true. The undersigned finds that the Appellant's claim regarding [REDACTED] whereabouts does not meet this standard. Although the Appellant did provide some documentation that Mr. [REDACTED] is residing at [REDACTED] in [REDACTED], CT, (see FOF # 22), all of the other evidence provided by the Appellant displays Mr. [REDACTED] address as either [REDACTED] or [REDACTED] in [REDACTED], CT (see FOFs # 23-25). This corresponds with Mr. [REDACTED] [REDACTED], 2024, change of address which lists his new address as PO BOX [REDACTED] in [REDACTED], CT (see FOF # 23). As a PO BOX is not a residential address, and [REDACTED] is the Appellant's town of residence, this evidence does not conclusively support the Appellant's claim. In addition, although the Appellant's DCF worker stated that she does not think Mr. [REDACTED] is residing with the Appellant, this contention is outweighed by the evidence provided by the Department and the inconclusive evidence supplied by the Appellant. It should be noted however that this hearing decision does not prevent the Appellant from providing further evidence to the Department to prove Mr. [REDACTED] is no longer residing with her, nor does it prevent the Appellant from appealing future actions taken by the Department on this issue.

### **DECISION**

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



Joseph Davey  
Administrative Hearing Officer

CC: Shannon Shlash, Department's Representative, New Haven Regional Office  
Sarah Chmielecki, SSOM, New Haven Regional Office  
Tim Latifi, SSOM, New Haven Regional Office  
Ralph Filek, SSOM, New Haven 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.