



State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General  
Board of Review  
200 Davis Street  
Princeton, WV 24740

Joe Manchin III  
Governor

Martha Yeager Walker  
Secretary

December 28, 2006

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Mr. \_\_\_\_\_:

Attached is a copy of the findings of fact and conclusions of law on your hearing held December 4, 2006. Your hearing request was based on the Department of Health and Human Resources' proposal to decrease your food stamps.

In arriving at a decision, the State Hearing Officer is governed by the Public Welfare Laws of West Virginia and the rules and regulations established by the Department of Health and Human Resources. These same laws and regulations are used in all cases to assure that all persons are treated alike.

Eligibility for the Food Stamp Program is based on current policy and regulations. Some of these regulations state as follows: In cases with earned income, coupon allotments are calculated by adding all non-excluded earned income, deducting 20%, adding all non-excluded unearned income, subtracting the standard deduction, subtracting allowable medical expenses in excess of \$35, subtracting any legally obligated child support, giving a deduction for the amount of shelter/utility expenses in excess of 50% of the adjusted income and then comparing the resulting countable income to the Basis of Issuance Chart in Appendix C of Chapter 10. (WV Income Maintenance Manual Section 10.4(c) and 7 CFR 273.10(e).

The information which was submitted at your hearing revealed that your income has increased, as well as your shelter and utility expenses. The Department correctly calculated and reduced your monthly coupon allotment from \$147.00 to \$64.00.

It is the decision of the State Hearing Officer to **uphold** the proposal of the Department to decrease your food stamps.

Sincerely,

Cheryl McKinney  
State Hearing Officer  
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review  
Beverly McKinney, Mercer DHHR

**WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES  
BOARD OF REVIEW**

\_\_\_\_\_,  
**Claimant,**

**v.**

**Action Number: 06-BOR-3202**

**West Virginia Department of  
Health and Human Resources,**

**Respondent.**

**DECISION OF STATE HEARING OFFICER**

**I. INTRODUCTION:**

This is a report of the State Hearing Officer resulting from a fair hearing concluded on December 4, 2006 for \_\_\_\_\_. This hearing was held in accordance with the provisions found in the Common Chapters Manual, Chapter 700 of the West Virginia Department of Health and Human Resources. This fair hearing was convened on December 4, 2006 on a timely appeal, filed September 12, 2006.

It should be noted that the claimant's benefits were continued at previous level pending the outcome of this hearing.

**II. PROGRAM PURPOSE:**

The Program entitled Food Stamp is set up cooperatively between the Federal and State governments and administered by the West Virginia Department of Health & Human Resources.

The purpose of the Food Stamp Program is to provide an effective means of utilizing the nation's abundance of food "to safeguard the health and well-being of the nation's population and raise levels of nutrition among low-income households". This is accomplished through the issuance of food coupons to households who meet the eligibility criteria established by the Food and Nutrition Service of the U.S. Department

### **III. PARTICIPANTS:**

\_\_\_\_\_, Claimant  
Beverly McKinney, Mercer DHHR Representative

Presiding at the hearing was Cheryl McKinney, State Hearing Officer and a member of the State Board of Review.

### **IV. QUESTIONS TO BE DECIDED:**

The question(s) to be decided is whether the Department is correct in the decision to decrease the claimant's food stamps due to an increase in claimant's countable income.

### **V. APPLICABLE POLICY:**

Appendix C, Chapter 10 and section 10.4C of the West Virginia Income Maintenance Manual  
7 CFR 273.10

### **VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:**

#### **Department's Exhibits:**

- D-1 Hearing Appointment Notice (IG-BR-40)
- D-2 Hearing/Grievance Record Information (IG-BR-29)
- D-3 Fair Hearing Request form (DFA-FH-1)
- D-4 Food Stamp Decrease Notification Letter (6 pages)
- D-5 Manual Section 10.4
- D-6 Department Summary
- D-7 Food Stamp Worksheet

#### **Claimant's Exhibits:**

None

### **VII. FINDINGS OF FACT:**

- 1) The Claimant completed a Food Stamp review on September 5, 2006. He reported income of \$150.00 Veteran's benefits and \$453.00 SSI, for a total of \$603.00 monthly income. The Claimant reported his rent was \$115.00 and he chose to receive the Standard Utility Allowance of \$287.00 as a deduction for his obligation toward utilities. His total shelter/utility expenses were listed as \$402.00.

- 2) The Department processed the information provided during the Food Stamp review and determined the Claimant was now eligible for \$64.00 monthly food stamps due to this change in circumstances. The calculations were determined as follows:

#### FOOD STAMP CALCULATIONS

1. Gross Non-Excluded Earned Income	\$0
2. Subtract Allowable Self-Employment Deductions	\$0
3. Remaining Earned Income	\$0
4. Step 3 amount _____ x .8 =	\$0
5. Unearned Income	\$603
6. Total Income	\$603
7. Subtract Standard Deduction \$134.00	\$134
8. Remainder	\$469
9. Subtract Homeless Shelter Standard Deduction	\$0
10. Remainder	\$469
11. Subtract Medical Deduction	\$0
12. Remainder	\$469
13. Subtract Dependent Care Deduction	\$0
14. Remainder	\$469
15. Subtract Child Support Deduction	\$0
16. Remainder	\$469
a. Total Shelter Cost	\$115
b. Actual Utility Cost or SUA	\$287
c. Total Costs	\$402
d. Line 16 amount ____ x .5=	\$234.50
e. Difference	\$167.50
17. Line 16 amount	\$469
18. Subtract line e. amt. (Shelter/Utility Deduction)	\$167.50

19. Countable Income

\$301.50

Number in Benefit Group (1)

Coupon Allotment (\$64.00)

The Claimant was determined not eligible for a Homeless Shelter Deduction, Medical Deduction, Dependent Care Deduction, or a Child Support Deduction.

- 3) The Department sent a notification letter (D-4) to the Claimant dated September 6, 2006. It reads in part: "Your food stamps will decrease from \$147.00 to \$64.00 effective 10/01/06. Reason: Your income has increased. Your shelter and/or utility costs are higher." The computations show the net adjusted income as \$301.50.
- 4) The Claimant testified that he did not fully understand how the income deductions were calculated prior to today's hearing, and indicated this as part of the reason he requested the hearing. He testified that he was paying approximately \$10.00 monthly toward medical expenses at the time of the food stamp review. He also stated he recently had to buy a bed, refrigerator, kitchen stove, and kitchen table for his mobile home. He has entered into an agreement with a rental company and pays them \$272.00 monthly. The Claimant also testified that his actual utility expenses are approximately \$100.00 monthly and do not exceed the Standard Utility Allowance amount of \$287.00.
- 5) Section 10.4C.3 of the West Virginia Income Maintenance Manual reads in part that to determine the coupon allotment, find the countable income and the number in the benefit group in Appendix C.
- 6) Chapter 10, Appendix C of the West Virginia Income Maintenance Manual shows that a one person AG with net adjusted income of \$301.50 receives \$64.00 a month in food stamps.
- 7) Section 10.4C.2 reads in part that the following steps are used to determine countable income for Food Stamps.

Step 1: Combine monthly gross non-excluded earnings and monthly gross profit  
from self-employment.

Step 2: Deduct 20% of Step 1.

Step 3: Add the gross non-excluded unearned income, including the AFDC/U check  
and any amount being repaid to the AFDC/U or SSI programs, due to intentional  
misrepresentation.

Step 4: Subtract the Standard Deduction found in Appendix B.

Step 5: Subtract the Dependent Care Deduction up to the maximums found in

Appendix B.

Step 6: Subtract the amount of legally obligated child support actually paid.

Step 7: Subtract the Homeless Shelter Standard Deduction.

Step 8: Subtract allowable medical expenses in excess of \$35.

Step 9: Calculate 50% of the remaining income and compare it to the actual  
monthly shelter/utility cost of shelter/SUA amount.

Step 10:

	No One Elderly  Or Disabled	At Least One  Person Elderly  or Disabled
Shelter/ Utility  Equal To Or Less Than Step 9	No further computati on is needed. The amount from Step 8 is the countable income.	No further computatio n is needed. The amount from Step 8 is the countable income.
Shelter/ Utility Greater Than Step 9.	The amount is excess of 50%, not to exceed the shelter/  utility cap, is deducted to arrive at countable income.	The amount in excess of 50% is deducted, without regard to the shelter/  utility cap, to arrive at countable income.

Step 11: Compare the countable income to the maximum net income in Appendix A for the benefit group size.

**VIII. CONCLUSIONS OF LAW:**

- 1) There is one person in the food stamp AG.
- 2) The Claimant had a total income at the time of the September 2006 food stamp review in the amount of \$603.00, and utilizing the instructions in Section 10.4C.2 of the WV Income Maintenance Manual, his net countable income was determined to be \$301.50.
- 3) The monthly coupon allotment for an AG of one person with net adjusted household income of \$301.50 is \$64.00.
- 4) The determination made by the Department is correct.

**IX. DECISION:**

It is the finding of the State Hearing Officer that the Department is **upheld** in the proposal to decrease the claimant's food stamps because the household income increased.

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this 28th Day of December, 2006.**

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**Cheryl McKinney  
State Hearing Officer**