

STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

[REDACTED]

Claimant,

Reg No: 2009-17641

Issue No: 3008

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

May 5, 2009

Genesee County DHS

ADMINISTRATIVE LAW JUDGE:

Steven M. Brown

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon Claimant's request for a hearing. After due notice, a telephone hearing was conducted from [REDACTED] on May 5, 2009.

ISSUE

Whether the Department properly closed Claimant's FAP case based upon her failure to provide requested verification(s)?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, finds as material fact:

(1) On January 29, 2009, the Department received a Semi-Annual Contact Report from Claimant in timely fashion along with check stubs dated [REDACTED]

[REDACTED]. (Exhibits 1-5)

(2) On February 16, 2009, Claimant was notified that her FAP case would close effective February 28, 2009 because she failed to provide proof of income for the past 30 days as required by the Semi-Annual Contact Report. (Exhibit 6)

(3) On March 13, 2009, the Department received the Claimant's hearing request protesting the cancellation of her FAP benefits.

(4) Claimant testified that she contacted the Department in early February 2009 to make sure that her Semi-Annual Contact Report was acceptable. She testified that she was not informed until 4:00 p.m. on February 27, 2009 that it was not acceptable because she did not provided proper proof of income.

(5) Claimant testified that her employer was usually behind in terms of documentation for paychecks and gave the Department what she had. She also testified that she did not see the requirement of providing proof of the prior 30 days of income on the Semi-Annual Contact Report.

CONCLUSIONS OF LAW

The Food Assistance Program, formerly known as the Food Stamp ("FS") program, is established by the Food Stamp Act of 1977, as amended, and is implemented by the federal regulations contained in Title 7 of the Code of Federal Regulations ("CFR"). The Department of Human Services ("DHS"), formally known as the Family Independence Agency, administers the FAP program pursuant to MCL 400.10, *et seq* and MAC R 400.3001-3015. Departmental policies are found in the Program Administrative Manual ("PAM"), the Program Eligibility Manual ("PEM"), and the Program Reference Manual ("PRM").

Clients must cooperate with the local office in determining initial and ongoing eligibility to include the completion of the necessary forms. PAM 105, p. 5 Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. PAM 130, p. 1 A collateral contact is a direct contact with a person, organization or agency to verify information from the client. PAM 130, p. 2 When documentation is not available, or clarification is needed, collateral contact may be necessary. PAM 130, p. 2 Client's are allowed 10 calendar days (or other time limit specified in policy) to provide the requested verifications. PAM 130, p. 4 If the client cannot provide the verification despite a reasonable effort, the time limit should be extended no more than once. PAM 130, p. 4 Clients are allowed a reasonable opportunity to resolve any discrepancy between statements and information obtained through another source. PAM 130, p. 6 Disagreements and misunderstandings should be resolved at the lowest possible level to avoid unnecessary hearings. PAM 600, p. 11 A negative action notice should be sent when the client indicates a refusal to provide the verification or the time period provided has lapsed and the client has not made a reasonable effort to provide it.

In the instant case, there is no dispute that Claimant did not return the required information to the Department in a timely manner. The Semi-Annual Contact Report clearly states "You must include current proof of all income your household received for the past 30 days, e.g., pay check stubs, self-employment records, Child Support Income, Unemployment records." It also states on the 1st page – "If you do NOT return this form and all required proofs, your benefits will be cancelled or reduced." Claimant did not return the Semi-Annual Contact Report until [REDACTED] so the [REDACTED] and

██████ check stubs were not current. Given that she had a ██████ check stub, her employer had to have provided her a ██████ check stub and seemingly a 1/17/09 check stub. If not, it was Claimant's responsibility to provide proof of current income to the Department. The Semi-Annual Contact Report was mailed to Claimant on ██████ so she had plenty of time to speak with her employer in this regard and/or come up with an alternative proof of income.

With the above said, I find that the Department established that it acted in accordance with policy in closing Claimant's FAP case.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that the Department properly closed the Claimant's FAP case.

Accordingly, the Department's FAP eligibility determination is AFFIRMED.

/S/
Steven M. Brown
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: May 12, 2009

Date Mailed: May 14, 2009

NOTICE: Administrative Hearings may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 60 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

2009-17641/smb

SMB/db

cc:

