STATE OF MICHIGAN MICHIGAN ADMINISTRATIVE HEARING SYSTEM ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

| IN THE MATTER OF: | | | | |
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| | Reg. No.: Issue No.: Case No.: Hearing Date: County: | 201220662 3008 January 17, 2012 Allegan County DHS | | |
| ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie | | | | |
| HEARING DECISION | | | | |
| This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claim ant's request for a hearing. After due notice, a telephone hearing was held on Tuesday, January 17, 2012, from Lansing, Michig an. Participants on behalf of Claimant included her husband, on behalf of Department of Human Services (Department) included John Jolly, APS. | | | | |
| ISSUE | | | | |
| Due to a failure to comply with the ve properly ⊠ deny Claimant's application ☐ close Claimant's case ☐ reduce Claimant's benefits for: | | | | |
| | | ssistance (SDA)? nt and Care (CDC)? | | |
| FINDINGS OF FACT | | | | |
| The Administrative Law Judge, based upon the evidence on the whole record, including testimony | • | ial, and substantia I ls as material fact: | | |
| 1. Cla imant ⊠ applied for ☐ was receiving: ☐ FIP ☒ FAP ☐ MA ☐ SDA ☐ CDC. | | | | |
| 2. Cla imant ⊠ was ☐ was not provided with a Ve | erification Checkli | st (DHS-3503). | | |

3. Claimant was required to submit requested verification by December 5, 2011.

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| 4. | On December 5, 2011, the Department \boxtimes denied Claimant's application \square closed Claimant's case \square reduced Claimant's benefits for failure to submit verification in a timely manner. |
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| 5. | On December 5, 2011, the Department sent notice of the 🖂 denial of Claim ant's application. \Box closure of Claimant's case. \Box reduction of Claimant's benefits. |
| 6. | On December 13, 2011, Claimant fil ed a hearing request, protesting the \square denial. \square closure. \square reduction. |
| | CONCLUSIONS OF LAW |
| | epartment policies are found in the Bridges Administrative Manual (BAM), the Bridges gibility Manual (BEM) and the Reference Tables Manual (RFT). |
| Re 42 Ag thr | The Family Independence Program (FIP) was established pursuant to the Personal esponsibility and W ork Opportunity Reconc iliation Act of 1996, Public Law 104-193, USC 601, et seq. The Department (formerly k nown as the Family Independence lency) administers FIP pursuant to MCL 400.10, et seq., and 1999 AC, R 400.3101 ough Rule 400.3131. FIP replaced the Aid to Dependent Children (ADC) program ective October 1, 1996. |
| pro im Re Ag | The Food Assistanc e Program (FAP) [fo rmerly known as the Food Sta mp (FS) ogram] is establis hed by the Food St amp Act of 1977, as amend ed, and is plemented by the federal regulations contained in Title 7 of the Code of Federal egulations (CFR). The Department (formerly known as the Family Independence ency) administers FAP pursuant to MCL 400.10, et seq., and 1999 AC, R 400.3001 ough Rule 400.3015. |
| Se Th | The Medical Ass istance (MA) program is es tablished by the Title XIX of the Soc ial curity Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). e Department (formerly known as the F amily Independence Agency) administers the A program pursuant to MCL 400.10, et seq., and MCL 400.105. |
| for as | The State Disability Assistance (SDA) progr am which provides financial as sistance disabled persons is established by 2004 PA 344. The Depart ment (formerly known the F amily Independence Agency) admini sters the SDA program pursuant to M CL 0.10, et seq., and 2000 AACS, R 400.3151 through Rule 400.3180. |
| an 19 Th an | The Child Development and Care (CDC) program is establis hed by Titles IVA, IVE d XX of the Soc ial Security Act, the Ch ild Care and Developm ent Block Grant of 90, and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. e program is implemented by Title 45 of the Code of Fede ral Regulations, Parts 98 d 99. The Department provides services to adult and children pursuant to MCL 0.14(1) and 1999 AC. R 400.5001 through Rule 400.5015. |

| Additionally, the claimant applied for FAP benefits on November 14, 2011. Department Exhibits 1-21. The department caseworker—sent the claimant a Verification Checklist, DHS 3503 with three (3) verifica tion of employment. Department Exhibits 21-28. The claimant turned in a termination letter that—the department found insufficient because it did not name the company, contact pers—on, or contact phone—number with no gross wages or final payc heck. The department caseworker did in itially send the claimant a verification of employ ment for—that was not returned by the claim ant. The claimant testified that she thought the verifications that she submitted was sufficent of the termination letter and her last two (2)—checks from—that was not returned by the claim ant. The claimant testified that she thought the verifications that she submitted was sufficent of the termination letter and her last two (2)—checks from—that was not returned by the claim ant. The claimant testified that she thought the verifications that she submitted was sufficent of the termination letter and her last two (2)—checks from—that was not returned by the claim ant. The claimant testified that she thought the verifications that she submitted was sufficent of the termination letter and her last two (2)—checks from—that was not returned by the claim ant. The claimant testified that she claimant's daughter and her ex-husband's employer. The claimant stated that she called the department for clarification, but there was additional confusion as to what was required of—or—that was not returned by the claim ant. The claimant stated that she called the department for clarification, but there was additional confusion as to what was required of—or—that was not returned by the claim ant. The claimant stated that she called the department for clarification, but there was additional confusion as to what was required of—or—that was not returned by the claim ant. The claimant stated that she claimant and the last two (2)—that was not returned by the claim | | | |
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| DECISION AND ORDER | | | |
| The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department $\ \ \ \ \ \ \ \ \ \ \ \ \ $ | | | |
| Accordingly, the Depar tment's decision is $\ \ \ \ \ \ \ \ \ \ \ \ \ $ | | | |
| $\hfill \square$ The department is ordered to do the following within 10 days of the date of mailing of this decision and order: | | | |
| Initiate a redetermination of eligibility for the claimant's November 14, 2011 application by having the claimant submit a verification of employment from Ely Manor. | | | |
| Carmen G. Fahie Administrative Law Judge For Maura Corrigan, Director Department of Human Services Date Signed: January 23, 2012 Date Mailed: January 23, 2012 | | | |

NOTICE: Michigan Administrative Hearing Syst em (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a par ty within 30 days of the receipt date of this Dec ision and Orde r. MAHS will not or der a rehearing or reconsideration on the Department's mo tion where the final decis ion cannot be implemented within 90 days of the filing of the original request. (60 days for FAP cases)

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 ti mely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing <u>MAY</u> be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
- · misapplication of manual policy or law in the hearing decision,
- typographical errors, math ematical error, or other obvious errors in the he aring decision that effect the substantial rights of the claimant:
- the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at Michigan Administrative hearings

Re consideration/Rehearing Request P. O. Box 30639 Lansing, Michigan 48909-07322

CGF/jvd

