

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 201220955  
Issue No.: 3000  
Case No.: [REDACTED]  
Hearing Date: January 19, 2012  
County: Macomb DHS (36)

**ADMINISTRATIVE LAW JUDGE:** Christian Gardocki

**CONSENT ORDER OF DISMISSAL**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, a telephone hearing was held on January 19, 2012, in Detroit, Michigan. Participants on behalf of Claimant include the above named claimant; [REDACTED] appeared and testified on behalf of Claimant. Participants on behalf of the Department of Human Services (Department) include [REDACTED], Specialist. [REDACTED] appeared as a translator.

The Michigan Administrative Code R 400.903(1) provides as follows:

An opportunity for a hearing shall be granted to an applicant who requests a hearing because his claim for assistance is denied or is not acted upon with reasonable promptness, and to any recipient who is aggrieved by an agency action resulting in suspension, reduction, discontinuance, or termination of assistance.

In this case, on 12/5/11, the Department

- denied Claimant's application for benefits
- closed Claimant's case for benefits
- reduced Claimant's benefits

for:

- |  |   |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP).        | <input type="checkbox"/> Adult Medical Assistance (AMP).    |
| <input checked="" type="checkbox"/> Food Assistance Program (FAP). | <input type="checkbox"/> State Disability Assistance (SDA). |
| <input type="checkbox"/> Medical Assistance (MA).                  | <input type="checkbox"/> Child Development and Care (CDC).  |
| <input type="checkbox"/> State Emergency Services (SER).           |   |

Claimant requested a hearing to dispute the Department's action. Shortly after commencement of the hearing, Claimant testified that s/he now understood and accepted the actions taken by the Department. Claimant also testified that s/he did not wish to proceed with a hearing. The Department agreed to the dismissal of Claimant's hearing request. Pursuant to MAC R 400.906(1), Claimant's hearing request is hereby DISMISSED. Based on the above discussion, it is ORDERED that this matter is DISMISSED pursuant to MAC R 400.906(1).



Christian Gardocki  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

**NOTICE:** Michigan Administrative Hearing System (MAHS) 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. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision 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 timely 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 **MAY** 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, mathematical error, or other obvious errors in the hearing 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 to:  
Michigan Administrative hearings  
Reconsideration/Rehearing Request  
P. O. Box 30639  
Lansing, Michigan 48909-07322

Date Signed: January 24, 2012

Date Mailed: January 24, 2012

201220955/CG

CG/hw

cc:

