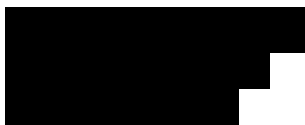


STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

**IN THE MATTER OF:**



Reg. No: 201247067  
Issue No: 3008  
Case No: [REDACTED]  
Hearing Date: May 23, 2012  
Genesee County DHS #6

**ADMINISTRATIVE LAW JUDGE:** Corey A. Arendt

**HEARING DECISION**

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 May 23, 2012, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED]. Participants on behalf of Department of Human Services (Department) included [REDACTED].

**ISSUE**

Due to a failure to comply with the verification requirements, did the Department properly  deny Claimant's application  close Claimant's case  reduce Claimant's benefits for:

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

**FINDINGS OF FACT**

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

1. Claimant  applied for  was receiving: FIP FAP MA SDA CDC.
2. On March 21, 2012, the Claimant  was  was not provided with a verification checklist (DHS-3503).
3. Claimant was required to submit requested verification by April 2, 2012.
4. On April 6, 2012, the Claimant submitted to the Department a letter. The letter indicated the Claimant's employer was out of town and therefore wouldn't be able to return the verification of employment form until his employer returned.

5. On April 9, 2012, the Department sent the Claimant a notice of case action indicating the Department was closing the Claimant's FAP benefits May 1, 2012.
6. On April 13, 2012, the Claimant submitted to the Department a verification of employment form.
7. On May 1, 2012, the Department closed the Claimant's FAP benefits for failing to return requested verifications in a timely manner.
8. On April 13, 2012, Claimant filed a hearing request, protesting closure.

### **CONCLUSIONS OF LAW**

Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

The FAP [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 (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10, *et seq.*, and 1999 AC, R 400.3001 through Rule 400.3015.

Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes completion of necessary forms. Clients must completely and truthfully answer all questions on forms and in interviews.

The client might be unable to answer a question about himself or another person whose circumstances must be known. Allow the client at least 10 days (or other timeframe specified in policy) to obtain the needed information.

Do **not** deny eligibility due to failure to cooperate with a verification request by a person **outside** the group.

In this case, the Claimant was unable to return the requested verification due to the fact the Claimant's employer was out of town on vacation. However, the Claimant did not notify the Department until after the due date had passed. That being said, the document the Claimant eventually submitted was littered with white out spaces and corrections. The Claimant's testimony in regards to why was also very inconsistent and lacked a degree of believability. I do not believe the Claimant returned a truthful and accurate document. For one, the Claimant first testified the employer completed the document; the Claimant later recanted and indicated he himself completed the form and had to make changes after realizing the form was for another employer. The two different statements contradict one another. In addition, the form was to be completed by the employer and not the Claimant.

Therefore, I cannot find the Claimant properly complied with the Department's request and as a result I find the Department acted in accordance with the applicable laws and policies in closing the Claimant's FAP benefits.

**DECISION AND ORDER**

I find based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, the Department did act properly.

Accordingly, the Department's decision is **AFFIRMED**.

/s/  
\_\_\_\_\_  
Corey A. Arendt  
Administrative Law Judge  
For Maura Corrigan, Director  
Department of Human Services

Date Signed: May 24, 2012

Date Mailed: May 24, 2012

**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 receipt 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 at

Michigan Administrative hearings

201247067/CAA

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

CAA/cr

cc:

