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

IN THE MATTER OF:



Reg. No.: 2014-19860 Issue No(s).: 3002 Case No.: Hearing Date: County:

January 29, 2014 DHS-SSPC West

ADMINISTRATIVE LAW JUDGE: Colleen Lack

HEARING DECISION

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CF R 431.200 to 431.250; 45 CFR 99. 1 to 99.33; and 45 CFR 205.10. After due notice, a t elephone hearing was held on January 2 9, 2014, from Lansing, Michigan. Participants on behalf of Claimant inc luded f riend and Authorized Hearing Representative. Part icipants on behalf of the Department of Hum an Services (Department) included Eligibility Specialist.

ISSUE

Did the Department pr operly deny the Claimant's F ood Assist ance Prog ram (FAP) application based on a failure to comply with verification requirements?

FINDINGS OF FACT

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

- 1. On November 18, 2013, the Claimant applied for FAP.
- 2. On November 26, 2013, a Verification Checklist was issued to the Claimant stating what verifications were needed by the December 6, 2013 due date.
- 3. On December 3, 2013, the Claimant submitted some of the requested verifications.
- 4. On December 13, 2013, a Notice of Case Action was issued to the Claimant stating the FAP case was denied based upon a failure to provide verifications.
- 5. On December 23, 2013, the Claimant filed a reques t for hearing contesting the Department's determination.

CONCLUSIONS OF LAW

Department policies are contained in the Department of Human Service s Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), D epartment of Human Servic es Reference Tables Manual (RFT), and Department of Human Services Emergency Relief Manual (ERM).

The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food Stamp Act of 197 7, as amended, 7 US C 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 271. 1 to 285.5. The Department (formerly known as the Fam ily Independence Agency) administers FAP pursuant to MCL 400.10 and Mich Admin Code, R 400.3001 to .3015.

Additionally, a Claimant must cooperate wit h the local office in determining initia I and ongoing eligibility, including c ompletion of necessary forms, and must completely an d truthfully answer all questions on forms and in interviews. BAM 105.

Verification is usually required upon application or redetermination and for a reported change affecting eligibility or benefit level. Verifications are considered timely if received by the date they are due. The Department must allow a client 10 calendar days (or other time limit specified in policy) to provide the requested verification. The Department worker must tell the client what verification is required, how to obtain it, and the due date. The client must obtain require deverification, but the Department must assist if the client needs and requests help. If neither the client nor the Department can obtain verification. If no evidence is available, the Department worker is to use their best judgment. The Depart tment is to s end a case action notice when the client indicates refusal to provide a verification, or the time period given has elaps ed and the client has not made a reasonable effort to provide it. BAM 130.

For FAP, if the client cont acts the Department prior to the due date requesting an extension or assistance in obtaining verifications, the Department must assist them with the verifications but not grant an extens ion. The Department worker must explain to the client they will not be given an extens ion and their case will be denied once the due date is pas sed. Also, the Department worker s hall explain their elig ibility and it will b e determined based on their compliance date if they return required verifications. BAM 130. The Department must re-register the F AP application if the client complies within 60 days of the application date. BAM 115 and BAM 130.

On November 26, 2013, a Verification Checklist was issued to the Claimant stating what verifications were needed by the Dec ember 6, 2013 due date. Specifically the Department requested proofs regarding: wages, salaries, tips, and commissions; loss of employment; checking account; and child support current. Regarding wages, one of the following proofs was requested: last 30 days of check stubs or earning statements; employer statement; DHS-38 Verificati on of Employment form; or DHS-356 9 Agricultural Income Verifica tion form. Regarding loss of employment, the one of the following proofs was requested: employment records, employer statement, or DHS-38 Verification of Employment form. (Exhibit A, pages 6-7)

On December 3, 2013, the Cla imant returned one pay stub, documentation of the child support payment, and a bank stat ement. (Exhibit A, pages 8-11) The Department asserts that the Claimant did not provide pay stubs for 30 days, verification of the loss of employment and v erification of new employment. It is noted that the Verification Checklist did not indic ate a Verification of Employment form for the new employment was needed in addition to 30 days of check stubs or earning statements. However, if 30 days of pay stubs were not provided, then other acceptable proof of the new employment, such as the Verification of Employment form, should have been submitted to satisfy the request for verification of wages.

The testimony of the Eligib ility Specialist and the Claim ant's Authorized Hearing Representative indicated that the Claimant's employment wit h Gill ended on or about November 18, 2013 and it was a while before he got his first paycheck from McDonalds. The Claimant's Authorized He aring Representative stated this is why the Claimant submitted the only paycheck stub he had.

There is no evidence that the Claimant prov ide the requested verification that his prior employment ended. Further, the Claimant did not provide either 30 days of pay stubs or other verification of his wages for the past 30 days. The Eligib ility Specialist testified that the Department did not re ceive any requests from the Claimant for assis tance with obtaining verifications prior to the December 6, 2013 du e date. Accordingly, th e Department's determination to deny the Claimant's F AP app lication must be upheld. The Claimant may wish to re-apply for FAP at any time.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department acted in accordance with Department policy when it denied the Claimant's FAP application.

DECISION AND ORDER

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

Mein of

Colleen Lack Administrative Law Judge for Maura Corrigan, Director Department of Human Services

Date Signed: February 7, 2014

Date Mailed: February 7, 2014

NOTICE OF APPEAL: 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 or Reconsideration was made, within 30 days of the receipt d ate of the Decision and Order of Rec onsideration or Rehearing Decision.

Michigan Administrative Hearing System (MAHS) may order a rehe aring or reconsideration on either its own motion or at the req uest of a p arty within 30 days of the mailing date of this De cision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final deci sion cannot be implemented within 90 days of the filing of the original request (60 days for FAP cases).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existe d at the time of the original hearing that could affect the
 outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights
 of the client;
- Failure of the ALJ to a ddress in the hearing d ecision relevant issues raised in the hearing request.

The Department, AHR or the claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

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

CL/hj

