

**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.: 14-001802  
Issue No.: 3001  
Case No.: ██████████  
Hearing Date: June 2, 2014  
County: MACOMB-DISTRICT 20

**ADMINISTRATIVE LAW JUDGE: JACQUELYN A. MCCLINTON**

**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 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on June 2, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████ ██████████, Hearing Facilitator.

**ISSUE**

Did the Department properly calculate Claimant's Food Assistance Program (FAP) benefits for May 1, 2014, ongoing?

**FINDINGS OF FACT**

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

1. Claimant is an ongoing FAP recipient.
2. On March 19, 2014, the Department received Claimant's completed Semi-Annual Contact Report, which indicated that his work hours had decreased.
3. On April 8, 2014, the Department sent Claimant a Verification Checklist (VCL), which requested that he either submit the last 30 days of check stubs or a completed Verification of Employment.
4. On April 15, 2014, the Department received the completed Verification of Employment, which showed that Claimant's earnings had increased.

5. On April 22, 2014, the Department sent Claimant a Notice of Case Action notifying him that his FAP benefits would decrease from \$93.00 to \$21.00 per month due to increased income.
6. On May 2, 2014, Claimant filed a request for hearing, disputing the Department's action.

### **CONCLUSIONS OF LAW**

Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM), Department of Human Services Bridges Eligibility Manual (BEM), Department of Human Services 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 1977, as amended, 7 USC 2011 to 2036a and is implemented by the federal regulations contained in 7 CFR 273. The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001 to .3015.

In this case, Claimant completed a Semi-Annual Contact Report in which he indicated that his work hours had decreased. As a result, the Department sent Claimant a VCL requesting either the last 30 days of pay stubs or a completed Verification of Employment. Claimant returned the Verification of Employment, completed by his employer, which revealed that his gross income for March 14, 2014 was \$742.88 and \$771.75 for March 31, 2014. Claimant's employer indicated that he earned \$10.50 per hour and worked 35 hours per week.

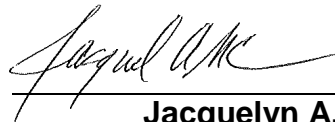
The Department presented a FAP net income budget showing Claimant's gross income as \$1,485.00. Based on the information provided by Claimant's employer, it appears the gross amount should have been slightly higher which may have further reduced Claimant's benefits. Claimant confirmed that he has a group size of one. Claimant indicated that he was not a senior, disabled or blind. Based on Claimant's circumstances, Claimant was eligible for the following deductions from his gross income under Department policy:

- a standard deduction of \$151 based on his one-person group size RFT 255 (December 2013), p. 1; BEM 556, (July 2013) p. 3; and
- an excess shelter deduction of \$478.00 which is based on monthly shelter expenses of \$575.00 and the \$553.00 heat and utility standard deduction. RFT, p. 1.

Claimant confirmed that he did not pay child support and did not have any dependent care expenses. Claimant indicated that he has recurring medical expenses but acknowledged that he had not previously provided proof of these medical expenses to the Department. 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 policy.

**DECISION AND ORDER**

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



**Jacquelyn A. McClinton**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: **6/11/2014**

Date Mailed: **6/11/2014**

JAM/cl

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration when one of the following exists:

- Newly discovered evidence that existed 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 address in the hearing decision relevant issues raised in the hearing request.

The party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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

CC: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]