

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

**IN THE MATTER OF:**

████████████████████  
████████████████████  
████████████████████

Reg. No.: 2014 35133  
Issue No(s): 3008  
Case No.: ██████████  
Hearing Date: May 21, 2014  
County: Wayne County DHS 41

**ADMINISTRATIVE LAW JUDGE:** Lynn M. Ferris

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 May 21, 2014, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████, Hearing Facilitator.

**ISSUE**

Did the Department properly determine the Claimant's Food Assistance benefit allotment after it removed the Claimant's granddaughter from her Food Assistance group?

**FINDINGS OF FACT**

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

1. The Department reduced the Claimant's Food Assistance due to a change in group size effective May 1, 2014. Exhibit 1.
2. The Claimant requested that her Granddaughter be removed from her FAP group on April 15, 2014.
3. The Claimant is receiving ██████ in Food Assistance based on a group size of one person.
4. The Claimant requested a hearing on April 22, 2014 regarding the amount of her Food Assistance Allotment.

### **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.

Additionally, the Claimant requested a hearing regarding her Food Assistance (FAP) benefit amount. The Claimant's granddaughter had been included in her FAP group but on April 15, 2014, the Department removed the granddaughter from the group at the Claimant's request. The Claimant's FAP was reduced to █████ per month which is the maximum amount for a one person FAP group can receive. RFT 260 (12/1/13).

The Claimant did also question the FAP amount and after a review of the FAP budget provided, it was determined that the Shelter Housing expense as calculated by the Department in the amount █████ was incorrect and should have been \$█████. This latter amount was confirmed as correct by the Department at the hearing. The Claimant's income and all other expenses and deductions were correct.

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 removed the Claimant's granddaughter and reduced the Claimant's FAP group to one member
- did not act in accordance with Department policy when calculating the Claimant's Shelter expense.

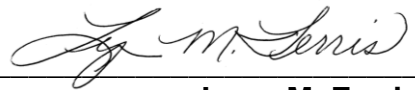
### **DECISION AND ORDER**

Accordingly, the Department's decision is

- AFFIRMED as regards group size and REVERSED with respect to calculation of housing expense.

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. The Department shall recalculate the Claimant Food Assistance and include the correct shelter amount of [REDACTED] when calculating the Claimant's FAP allotment.
2. The Department shall issue a FAP supplement to the Claimant for FAP benefits she was otherwise entitled to receive in accordance with Department policy.



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**Lynn M. Ferris**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: May 22, 2014

Date Mailed: May 23, 2014

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides or has its principal place of business in the State, 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

2014 35133/LMF

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

LMF/tm

cc: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]