

**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.: 14-004594  
Issue No.: 3001  
Case No.: ██████████  
Hearing Date: July 17, 2014  
County: WAYNE (57)

**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 July 17, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included ██████ ██████, Assistance Payments Worker, and ██████████, Family Independence Manager.

**ISSUE**

Did the Department properly calculate Claimant's eligibility for Food Assistance Program (FAP) benefits?

**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 was an ongoing FAP recipient.
2. On April 8, 2014, Claimant re-applied for FAP benefits.
3. The Department calculated Claimant's eligibility for benefits and on May 13, 2014, it sent Claimant a Notice of Case Action notifying him that his FAP benefits would decrease to \$15.00 per month effective June 1, 2014.
4. On June 11, 2014, Claimant filed a Request for Hearing disputing the Department's actions.

### **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, all countable earned and unearned income available to the client must be considered in determining the Claimant's eligibility for program benefits. BEM 500 (January 2014), pp. 1 – 4. On April 8, 2014, Claimant re-applied for FAP benefits. As a result, the Department calculated Claimant's eligibility for benefits and sent Claimant a Notice of Case Action informing him that he would receive \$15.00 per month effective June 1, 2014. Claimant testified that prior to the decrease, he had been receiving \$156.00 per month in FAP benefits.

Claimant requested a hearing protesting the decrease in his FAP benefits as he believed \$15.00 per month was insufficient to meet his needs. In his application for benefits, Claimant indicated that he paid \$214.00 in shelter expenses; received \$721.00 in SSI; paid telephone expenses; and had no medical expenses. Based on this information, the Department calculated Claimant's eligibility for benefits.

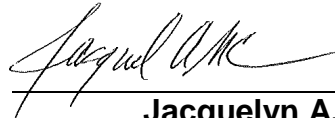
The Department presented a FAP net income budget showing that Claimant had a countable unearned income of \$735.00. Claimant testified that he is disabled. Based on Claimant's circumstances, he was eligible to receive a standard deduction of \$151.00 based on his one-person group size RFT 255 (December 2013), p. 1; BEM 556, (July 2013) p. 3. Claimant was not eligible for a shelter deduction as his shelter expense was less than 50% of his adjusted gross income. BEM 556, pp. 4-5. Claimant confirmed that he did not pay child support and did not have any dependent care expenses. Using a monthly income amount of \$735.00 and taking the appropriate deductions, the Department calculated Claimant's monthly net income amount as \$584.00. Based on the information available to the Department at the time the application was submitted, it properly determined that Claimant was entitled to a FAP benefit amount of \$15.00 per month.

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 when it determined that Claimant was eligible for FAP benefits in the amount of \$15.00 per month effective June 1, 2014.

**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: **7/23/2014**

Date Mailed: **7/23/2014**

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]  
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