

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 14-005394  
Issue No.: 3008  
Case No.: [REDACTED]  
Hearing Date: July 24, 2014  
County: WAYNE-19 (INKSTER)

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

**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 three way telephone hearing was held on July 24, 2014, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Path Worker.

**ISSUE**

Did the Department properly reduce the Claimant's Food Assistance 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. The Claimant was an ongoing recipient of Food Assistance (FAP) benefits.
2. The Department issued a Notice of Case Action on June 19, 2014, reducing the Claimant's FAP allotment to [REDACTED]. Changes in the household income caused the benefit reduction. Exhibit 1 and 2.
3. The Claimant requested a timely hearing on June 13, 2014 protesting the reduction of the Claimant's FAP benefits.

### 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, in this case the Claimant requested a hearing because the Department had reduced her FAP benefits and sought an explanation regarding the reduction. As explained at the hearing FAP benefits are based in all cases on the group size, the income, earned and unearned and household housing expenses. Other expenses are also allowed including child support expense, medical expenses if the group has a disabled member and dependent care expenses. BEM 505 and BEM 554.

A complete FAP budget was presented at the hearing by the Department and the budget was reviewed at the hearing. The Claimant's FAP group consists of 2 members, the Claimant and her son. The group size used by the Department was correct. The Claimant's son is disabled, and recently began receiving SSI in the amount of \$ [REDACTED] as does the Claimant for a total unearned income of [REDACTED]. This amount was confirmed by the Claimant as correct. The Claimant's group also receives a quarterly supplement in the amount of [REDACTED] monthly for a total unearned income amount of [REDACTED]; which is the income the Department used in computing the FAP benefits. Exhibit 2. The Claimant's rent is [REDACTED] monthly and was the amount used by the Department when computing the Claimant Excess Shelter Expense. The utility allowance given to all FAP recipients who pay utilities is limited to [REDACTED]. This amount of [REDACTED] was also added as a housing expense. Based upon the total housing/shelter expense of [REDACTED] the Claimant's excess shelter deduction of [REDACTED] deducted from her adjusted gross income resulted in net income of \$550. A group size of 2 persons with a net income of [REDACTED] is entitled to receive [REDACTED] in FAP benefits. RFT 260. The budget as reviewed and presented at the hearing is correctly calculated.

The Claimant's son is disabled, and thus as explained at the hearing, the Claimant is also entitled to present and have the Department consider ongoing medical expenses which are incurred on a monthly basis to be deducted as a FAP expense, which may positively affect the amount of FAP benefits received. BEM 554 pp.8 (7/1/13)

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 calculated the Claimant's FAP allotment to be [REDACTED] beginning July1, 2014.

**DECISION AND ORDER**

Accordingly, the Department's decision is

AFFIRMED.



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

Date Signed: **7/29/2014**

Date Mailed: **7/29/2014**

LMF/tm

**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:

