

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

**IN THE MATTER OF:**

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

Reg. No.: 14-007130  
Issue No(s): 3003  
Case No.: ██████████  
Hearing Date: August 18, 2014  
County: Macomb (12)

**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 August 18, 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 after redetermining Claimant's eligibility based on a Redetermination?

**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. In June 2014, Claimant submitted a Redetermination where she disclosed that she had been employed since April 1, 2014.
3. Claimant also submitted current paystubs to the Department.
4. On July 1, 2014, the Department sent Claimant a Notice of Case Action notifying her that beginning July 1, 2014, she would receive \$15.00 per month in FAP benefits.

5. On May 21, 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. The Claimant requested a hearing protesting the amount of her FAP benefits as she believed \$15.00 per month was insufficient to meet the household needs. Additionally, Claimant believed that her group size should be three instead of two. Regarding Claimant's group size, Claimant stated that she now understood that her husband was not an eligible group member since he had not lived in the United States for five years and did not meet any of the non-citizen criteria to receive benefits.

Claimant completed a Redetermination in June 2014 in which she indicated that she began working on April 1, 2014. Claimant also provided recent paystubs. As a result, the Department recalculated Claimant's eligibility for FAP benefits. The Department presented a FAP net income budget showing Claimant's gross earned income as \$2,089.00. Claimant also receives \$466.00 per month in child support for a total gross monthly income amount of \$2,555.00. Claimant confirmed that she was not a senior, disabled or a veteran. Based on Claimant's circumstances, she was eligible for the following deductions from her gross income under Department policy:

- a standard deduction of \$151 based on her two-person group size RFT 255 (December 2013), p. 1; BEM 556, (July 2013) p. 3; and
- an excess shelter deduction of \$315.00 which is based on monthly shelter expenses of \$755.00 and the \$553.00 heat and utility standard deduction. RFT, p. 1.


Claimant confirmed that she did not have any dependent care expenses. Using a gross monthly income amount of \$2555.00 and taking the appropriate deductions, Claimant's monthly net income amount is \$1,671.00. The net income limit for a group size of two is \$1,293.00. RFT 250 (December 2013), p. 1. Under Department policy, a person with a

net income of \$1,671.00 and a group size of two is entitled to \$15.00 per month. RFT 260 (December 2013), p. 22. Accordingly, based on the information available to the Department at the time the Redetermination 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.

### **DECISION AND ORDER**

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

  
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**JACQUELYN A. MCCLINTON**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: August 26, 2014

Date Mailed: August 26, 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.

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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

JAM/cl

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]