

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

IN THE MATTER OF:

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████████████████████
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Reg. No.: 14-008465
Issue No.: 3001, 6002
Case No.: ██████████
Hearing Date: September 08, 2014
County: MACOMB (12)

ADMINISTRATIVE LAW JUDGE: Jacquelyn 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 September 8, 2014, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████, Eligibility Specialist.

ISSUE

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

Did the Department properly deny Claimant's application for Child Care and Development (CDC) 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. On May 5, 2014, Claimant applied for FAP and CDC benefits.
2. Claimant was approved for FAP benefits in the amount of \$26.00 per month.
3. On or about May 9, 2014, the Department sent Claimant a Verification Checklist (VCL) requesting wage information, dependent care expenses and provider information by May 19, 2014.
4. Claimant failed to return the requested information.

5. On July 11, 2014, the Department notified Claimant that her application for CDC had been denied.
6. On July 25, 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.

The Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social Security Act, 42 USC 601-619, 670-679c, and 1397-1397m-5; the Child Care and Development Block Grant of 1990, PL 101-508, 42 USC 9858 to 9858q; and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193. The program is implemented by 45 CFR 98.1-99.33. The Department administers the program pursuant to MCL 400.10 and provides services to adults and children pursuant to MCL 400.14(1) and Mich Admin Code, R 400.5001-.5020.

FAP

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. In this case, the Claimant requested a hearing because she believed that her FAP benefits had not been properly calculated. Claimant applied for FAP benefits on May 5, 2014. The Department stated that it used Claimant's paystubs from April 3, 2014 (\$479.75); April 10, 2014 (\$95.00); April 17, 2014 (\$490.44); and April 24, 2014 (\$353.88) and using the required formula determined that Claimant's gross monthly income was \$1,525.00.

The Department presented a FAP net income budget showing Claimant's gross income as \$1,525.00. Claimant confirmed that she has a group size of two. Based on Claimant's circumstances, she was eligible for a standard deduction of \$151 based on her two-person group size RFT 255 (December 2013), p. 1; BEM 556, (July 2013) p. 3. At the time of application, Claimant did not list any shelter or utility expenses and was therefore not entitled to a shelter deduction.

Using a gross monthly income amount of \$1,525.00.00 and taking the appropriate deductions, Claimant's monthly net income amount is \$1,069.00. Based on the information available to the Department at the time of application, it properly determined that Claimant was entitled to a FAP benefit amount of \$26.00 per month.

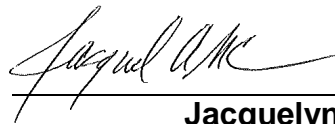
CDC

Verifications are usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130 (January 2014), p. 1. Claimant also applied for CDC benefits at the same time she applied for FAP benefits on May 5, 2014. On May 9, 2014, the Department sent Claimant a VCL requesting that she provide specific documents such as dependent care expenses and provider enrollment information by May 19, 2014. Claimant failed to return the required documents by the due date. Claimant brought the required information on the day of the hearing. Accordingly, it is found that the Department properly denied Claimant's application for CDC benefits when she failed to timely return the required documents.

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 determine that Claimant was eligible for FAP benefits in the amount \$26.00 per month. It is also found that the Department acted in accordance with Department policy when it denied Claimant's application for CDC benefits for failure to verify requested information.

DECISION AND ORDER

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



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

Date Signed: **9/12/2014**

Date Mailed: **9/12/2014**

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]