

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

**IN THE MATTER OF:**



Reg. No.: 14-008627  
Issue No.: 3002; 6002  
Case No.: [REDACTED]  
Hearing Date: September 09, 2014  
County: OAKLAND-DISTRICT 2 (MADISON)

**ADMINISTRATIVE LAW JUDGE: Carmen Fahie**

**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, telephone hearing was held on Tuesday, September 09, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED], APW and [REDACTED], APSup.

**ISSUE**

Due to a failure to comply with the verification requirements, did the Department properly deny Claimant's application for Food Assistance Program (FAP)? Child Development and Care (CDC)?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, including testimony of witnesses, finds as material fact:

1. Claimant  applied for FAP and CDC benefits.
2. Claimant was required to submit requested verification by July 3, 2014.
3. On July 16, 2014, the Department reduced Claimant's benefits.
4. On July 16, 2014, the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action.
5. On July 30, 2014, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the Department's action.

### 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), and Department of Human Services Reference Tables Manual (RFT).

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.

Additionally, the Claimant applied for FAP and CDC. She applied for FAP on [REDACTED]. Department Exhibit 2-13. On [REDACTED], the Department Caseworker sent the Claimant a Verification Checklist for written verification of that was due [REDACTED]. Department Exhibit 14-16. On [REDACTED], the Claimant submitted a Shelter Verification, DHS 3688, but it did not have the [REDACTED], so it could not be used. Department Exhibit 16-17. As a result, the Department Caseworker sent the Claimant a notice on [REDACTED], that FAP was approved for \$ [REDACTED] due to failure to provide shelter verification. Department Exhibit 18-24. BEM 130. BAM 130. The Claimant applied for CDC on [REDACTED]. The Claimant's CDC case was denied in [REDACTED]. There was no documentation in the case file and no information submitted in the hearing packet.

The Department met their burden that the Claimant's FAP application was properly processed and the Claimant is only eligible for \$ [REDACTED] in FAP benefits. However, the Department has not met their burden that they properly processed the Claimant's CDC application.

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 determined that the Claimant was only eligible for \$ [REDACTED] in FAP benefits because she failed to provide the required verification that may have increased her FAP benefits.. Department failed to satisfy its burden of showing that it acted in accordance with Department policy when it did not have the

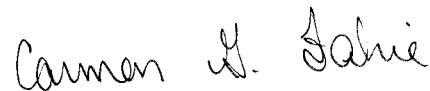
supporting documentation from Wayne County as to why the Claimant's CDC application was denied.

**DECISION AND ORDER**

Accordingly, the Department's decision is AFFIRMED IN PART with respect to FAP and REVERSED IN PART with respect to CDC.

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. Initiate a redetermination of the Claimant's eligibility for CDC retroactive to her application date of [REDACTED] by sending out a verification checklist, dhs, 3503.
2. Provide the Claimant with written notification of the Department's revised eligibility determination.
3. Issue the Claimant any retroactive benefits she/he may be eligible to receive, if any.



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

Date Signed: **9/23/2014**

Date Mailed: **9/23/2014**

**NOTICE OF APPEAL:** A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or 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

CGF / tb

cc:

