

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

IN THE MATTER OF:



Reg. No.: 14-009463
Issue No.: 3002; 5000
Case No.: [REDACTED]
Hearing Date: September 11, 2014
County: INGHAM

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 Thursday, September 11, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED], HF.

ISSUE

Due to a failure to comply with the verification requirements, did the Department properly deny Claimant's application for Food Assistance Program (FAP) and State Emergency Relief (SER)?

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 SER benefits.
2. Claimant was required to submit requested verification by July 29, 2014 and August 1, 2014.
3. On July 30, 2014 and August 15, 2014, the Department denied Claimant's application.
4. On July 30, 2014 and August 15, 2014, the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action.
5. On August 7, 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 State Emergency Relief (SER) program is established by the Social Welfare Act, MCL 400.1-.119b. The SER program is administered by the Department (formerly known as the Family Independence Agency) pursuant to MCL 400.10 and by Mich Admin Code, R 400.7001 through R 400.7049. Department policies are found in the Department of Human Services State Emergency Relief Manual (ERM).

Additionally, the Claimant applied for FAP and SER. Department Exhibit 1-20. On [REDACTED], the Department Caseworker sent the Claimant a SER Verification Checklist for written verification of that was due [REDACTED] Department Exhibit 29-30. On [REDACTED] 4, the Department Caseworker sent the Claimant a Verification Checklist for FAP for written verification that was due [REDACTED]. Department Exhibit 31-32. The Claimant failed to provide the required verifications for SER and FAP resulting in the denial of her FAP on [REDACTED] and SER on [REDACTED]. Department Exhibit 33-34 and 35-36. ERM 103, 301, 302, and 303. BEM 400, 501, and 554. BAM 105, 115, 130, 200, 210, and 220.

Subsequently, the Claimant submitted some of the required verifications. Department Exhibit 21-28. The Department Caseworker determined that the Claimant had exceeded her lifetime limit for SER. During the hearing, the Claimant withdrew her hearing request for SER because she understood the Department's action. However, the Claimant was still missing written verifications on two of her bank accounts so her FAP application could not be reconsidered.

The Department met their burden that the Claimant's FAP and SER applications should be denied because the Claimant failed to provide the required verification to determine FAP eligibility and the Claimant had exceeded her lifetime limit for SER. The Claimant withdrew her hearing request for SER.

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 denied the Claimant's SER application

because she has exceeded the lifetime limit and for FAP because she failed to submit the required verification to determine FAP eligibility. The Claimant withdrew her hearing request for SER.

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED. The Claimant withdrew her hearing request for SER and the hearing request is dismissed.

Carmen H. Fahie

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

Date Signed: **9/24/2014**

Date Mailed: **9/24/2014**

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:

