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

IN THE MATTER OF:



Reg. No.: 14-010298 Issue No.: 3002; 5001 Case No.:

Hearing Date: September 24, 2014

County: OTTAWA (DISTRICT 70)

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 Wednesday, September 24, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included , HF and Exercise (Department) included , HF

<u>ISSUE</u>

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

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 \boxtimes applied for and \boxtimes received \boxtimes FAP and \boxtimes SER benefits.
- 2. Claimant was required to submit requested verification by May 7, 2014.
- 3. On May 13, 2014, the Department ⊠ denied Claimant's application. ⊠ closed Claimant's case.
- 4. On May 13, 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 was a recipient of FAP. On April 29, 2014, the Claimant applied for SER. On April 30, 2014, the Department Caseworker sent the Claimant a Verification Checklist for written verifications that were due May 7, 2014. Department Exhibit 4-5. The Claimant failed to provide the required verification of his asset verification of his Department Caseworker sent the Claimant a notice on May 13, 2014 that his SER application was denied and his FAP case was closed June 1, 2014 due to failure to provide verification. Department Exhibit 6-7. BEM 400.

During the hearing, the Claimant stated that he turned in the verification of his bank statement to the Department before the due date on May 1 or 2, 2014, but the Department did not receive the verification. The Claimant did not call to confirm if his Department Caseworker received the verification. The Claimant is eligible to reapply for FAP benefits.

The Department met their burden that the Claimant's FAP should be closed and SER application should be denied because the Claimant failed to provide the required verification to determine eligibility.

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 \boxtimes acted in accordance with Department policy when it closed the Claimant's FAP case and denied the Claimant's SER application for failure to provide the required verifications to determine eligibility.

DECISION AND ORDER

Accordingly, the Department's decision is \boxtimes AFFIRMED.

Carmen Fahie

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

Cormon II. Salvie

Date Signed: 10/3/2014

Date Mailed: 10/3/2014

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

