

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

**IN THE MATTER OF:**

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

Reg. No.: 14-008892  
Issue No.: 1000, 3001  
Case No.: ██████████  
Hearing Date: October 16, 2014  
County: WAYNE-DISTRICT 35

**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 October 16, 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 monthly benefit amount for Food Assistance Program 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. Claimant applied for FAP benefits.
2. On July 11, 2014, the Department sent Claimant a Notice of Case Action notifying him that he had been approved for \$12.00 per month from June 19, 2014 through June 30, 2014 and \$29.00 per month from July 1, 2014 through May 31, 2016.
3. The Department subsequently increased Claimant's FAP benefits to \$49.00 per month and then again to his current amount of \$55.00 per month.
4. On July 22, 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 Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, and 42 USC 601 to 679c. The Department (formerly known as the Family Independence Agency) administers FIP pursuant to 45 CFR 233-260, MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3101 to .3131.

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.

#### **FIP**

The hearing was requested to dispute the Department's action taken with respect to FIP program benefits. Shortly after commencement of the hearing, Claimant testified that he never applied for FIP benefits and that he had checked the box corresponding to FIP benefits on his Request for Hearing in error. As such, Claimant stated that he did not wish to proceed with a hearing relating to FIP benefits. The Request for Hearing relating to FIP benefits was withdrawn. The Department agreed to the dismissal of the hearing request as it related to FIP benefits. Pursuant to the withdrawal of the hearing request filed in this matter, the Request for Hearing regarding FIP benefits is, hereby, **DISMISSED**.

#### **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. The Claimant requested a hearing protesting the amount of his FAP benefits as he believed the amount approved by the Department was insufficient to meet the household needs. Claimant applied for FAP benefits on June 20, 2014. On July 11, 2014, the Department sent Claimant a Notice of Case Action notifying him that he had been approved for FAP benefits in the amount of \$29.00 per month effective July 1, 2014, ongoing. The Department testified that it recalculated Claimant's benefits and he was approved for FAP benefits in the amount of \$49.00 per month. The Department stated that it again calculated Claimant's benefits and determined that he was entitled to receive \$55.00 per month effective September 13, 2014.

Claimant testified that he receives \$684.00 in social security benefits. The Department confirmed that Claimant does not have any additional income. The Department stated, and the Claimant confirmed, that he does not pay any utility costs. The Department failed to present a budget with respect to the previous and current amount of FAP benefits. Further, Claimant testified that he has contacted his worker on several occasions in an effort to have the calculations explained to him. Claimant testified that

he had never seen his worker or received a return call from his worker. Accordingly, because the Department failed to present a budget as to how Claimant's FAP benefits were calculated, it is not possible to determine whether Claimant's FAP benefits were calculated properly. The Department bears the burden of establishing that it properly calculated Claimant's benefits and it failed to meet this burden.

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 did not act in accordance with policy when it determined Claimant's eligibility for FAP benefits.

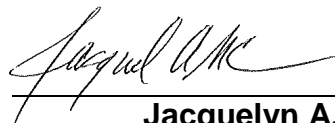
### **DECISION AND ORDER**

Pursuant to the withdrawal of the hearing request filed in this matter relating to FIP benefits, the Request for Hearing relating to FIP benefits only is, hereby, **DISMISSED**

The Department's decision relating to Claimant's FAP benefits is **REVERSED**.

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. Redetermine Claimant's eligibility for FAP benefits from June 19, 2014, ongoing;
2. Issue FAP supplements to Claimant that he was eligible to receive as of June 19, 2014, ongoing; and
3. Notify Claimant in writing with a Notice of Case Action of its decision.



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

Date Signed: **10/21/2014**

Date Mailed: **10/21/2014**

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]