

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

IN THE MATTER OF:

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Reg. No.: 14-007039
Issue No.: 3008
Case No.: ██████████
Hearing Date: October 9, 2014
County: WAYNE (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 9, 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 determine Claimant's eligibility for Food Assistance Program (FAP) 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 was an ongoing recipient of FAP benefits.
2. On June 2, 2014, the Department sent Claimant a Semi-Annual Contact Report.
3. Prior to the completion of the Semi-Annual Contact Report, Claimant was receiving \$347.00 per month.
4. Claimant completed and timely returned the Semi-Annual Contact Report.
5. Claimant did not submit any proof that he was paying utility payments.
6. On July 1, 2014, the Department sent Claimant a Notice of Case Action notifying him that he would receive \$116 per month effective August 1, 2014.

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.

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 he believed that his FAP benefits had not been properly calculated as he had previously received \$347 per month and that amount was now reduced to \$116 per month following the return of a Semi Annual Contract Report received by the Department on June 30, 2014.

On July 1, 2014, the Department sent Claimant a Notice of Case Action notifying him that he would receive \$116 per month. The Notice of Case Action contained a partial budget. The budget showed Claimant with a gross income of \$1,152 with a group sized of two. Based on Claimant's circumstances, he was eligible for a standard deduction of \$151 based on his two-person group size RFT 255 (December 2013), p. 1; BEM 556, (July 2013) p. 3. The Department testified that Claimant failed to submit proof of utility payment. Claimant acknowledged that he did submit proof of utility payment with his Semi Annual Contact Report. Because Claimant did not submit proof of utility payment, he did not receive a shelter deduction.

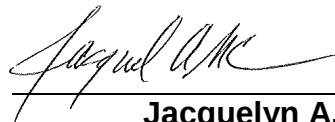
Using a gross monthly income amount of \$1,152 and taking the appropriate deductions, Claimant's monthly net income amount is \$770. Based on the information available to the Department at the time the Redetermination was submitted, it properly determined that Claimant was entitled to a FAP benefit amount of \$116 per month. At the hearing, Claimant provided proof of utility payment. The Department agreed to redetermine Claimant's eligibility for FAP benefits.

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 Claimant was eligible for FAP benefits in the amount of \$116 per month.

DECISION AND ORDER

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



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

Date Signed: **10/13/2014**

Date Mailed: **10/13/2014**

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]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
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