

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 14-013870
Issue No.: 1002
Case No.: [REDACTED]
Hearing Date: April 08, 2015
County: WAYNE-DISTRICT 18

ADMINISTRATIVE LAW JUDGE: Susan C. Burke

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, an in-person hearing was held on April 8, 2015, in Taylor, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Hearings Facilitator.

ISSUE

Did the Department properly deny Claimant's Family Independence Program (FIP) application due to failure to verify information?

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 FIP benefits on [REDACTED]. The Department issued a Verification Checklist (VCL) on [REDACTED], requesting verification by [REDACTED].
2. Claimant attempted to contact his worker for clarification both by telephone and e-mail prior to [REDACTED].
3. The Department did not return Claimant's telephone message or e-mail prior to [REDACTED].
4. On [REDACTED], the Department issued a Notice of Case Action, denying Claimant's FIP application, due to failure to verify information.
5. On [REDACTED], Claimant 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), 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.

BAM 130 (July 2014), p. 3, instructs that the client must obtain required verification, but the local office must assist if the client requests help. In the present case, Claimant applied for FIP benefits on [REDACTED]. The Department issued a Verification Checklist (VCL) on [REDACTED], requesting verification by [REDACTED]. Claimant testified credibly, and without contradiction from the Department that he attempted to contact his worker both by telephone and by e-mail prior to [REDACTED], [REDACTED], for an explanation of the requested verification. The Department did not return Claimant's telephone message or e-mail prior to [REDACTED]. On [REDACTED] [REDACTED] the Department issued a Notice of Case Action, denying Claimant's FIP application, due to failure to verify information.

Based on the above information, it is concluded that the Department failed to follow its policy when Claimant's worker did not assist Claimant in obtaining the correct verification. In addition, BAM 105 (April 2014), p. 1, requires the Department to protect clients' rights. The Department failed to protect Claimant's rights by not assisting Claimant.

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 Department policy when it denied Claimant's FIP application.

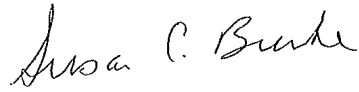
DECISION AND ORDER

Accordingly, the Department's decision 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. Re-register and reprocess Claimant's FIP application of [REDACTED].

2. Notify Claimant in writing of the Department's determination of Claimant's FIP eligibility.
3. Issue FIP supplements, for any missed payment, in accordance with Department policy.



Susan C. Burke
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **4/9/2015**

Date Mailed: **4/9/2015**

CG / hw

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 48909-8139

cc:

