

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

**IN THE MATTER OF:**

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

Reg. No.: 2014 11079  
Issue No.: 3002  
Case No.: ██████████  
Hearing Date: December 5, 2013  
County: Oakland (03)

**ADMINISTRATIVE LAW JUDGE:** Lynn M. Ferris

**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 December 5, 2013, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████ ES.

**ISSUE**

Due to a failure to comply with the verification requirements, did the Department properly  deny Claimant's application  close Claimant's case  reduce Claimant's benefits for:

- |  |   |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP)?        | <input type="checkbox"/> Adult Medical Program (AMP)?       |
| <input checked="" type="checkbox"/> Food Assistance Program (FAP)? | <input type="checkbox"/> State Disability Assistance (SDA)? |
| <input type="checkbox"/> Medical Assistance (MA)?                  | <input type="checkbox"/> Child Development and Care (CDC)?  |

**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  received:  
 FIP  FAP  MA  AMP  SDA  CDC  
benefits.

2. Claimant was required to submit requested verification by October 17, 2013.
3. The claimant did submit verification of additional pay stubs and attempted to fax bank account information. The paystub information was not received by the Department but was properly faxed to the correct number and prior to the verification checklist due date. Claimant Exhibit A.
4. On September 25, 2013, the Department
  - denied Claimant's application.
  - closed Claimant's case.
  - reduced Claimant's benefits.
4. On October 22, 2013, the Department sent Claimant/Claimant's Authorized Representative (AR) notice of its action.
5. On October 28, 2013, 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 271.1 to 285.5. The Department (formerly known as the Family Independence Agency) administers FAP pursuant to MCL 400.10 and Mich Admin Code, R 400.3001 to .3015.

Additionally, as regards the claimant's failure to provide verification, it was determined at the hearing that the claimant did in fact fax additional information to the Department prior to the October 17, 2013 due date. At that time the claimant was no longer employed and testified credibly under oath that his employer was not responding to phone calls. The claimant further testified that he had requested that the Department attempt to contact the employer. The Department did not do so as it believed it had no phone number. Based on the information that was provided by the Claimant at the hearing, it is determined that the claimant did provide additional pay stubs on October 16, 2013 by fax and that bank account information was also faxed but did not go through.

Based upon the evidence presented and the testimony provided by the parties in attendance at the hearing, it is determined that the Department incorrectly denied the claimant's food assistance application as it is determined that the claimant did not refuse to cooperate, consistently attempted to obtain the necessary information, and

provided the Department with the information which he had available at the time. It is further noted that on the date of his application the claimant notified the Department that he was no longer employed. The real problem was due to the fact that the claimant did fax the information which was verified by fax confirmation; however, the Department did not receive the faxed information. It should also be noted that any review of the application by the Department must also take into account the current circumstances of the claimant as he was unemployed and his employer does not respond to inquiries at this time. Thus the Department will be required to rely on the best available information as required by policy.

Under these circumstances it cannot reasonably be determined that the claimant refused to cooperate. BAM 130 provides:

Send a negative action notice when:

- The client indicates refusal to provide a verification, **or**
- The time period given has elapsed and the client has **not** made a reasonable effort to provide it. BAM 130 pp.6, (7/1/13).

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 the claimant's Food Assistance application for failure to verify information.

### **DECISION AND ORDER**

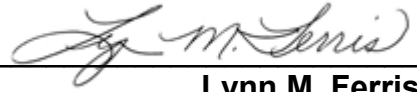
Accordingly, the Department's decision is

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. The Department shall initiate re-registration of the Claimant's Food Assistance application dated September 19, 2013 and shall process the application to determine eligibility.

- The Department shall issue a Food Assistance supplement for food assistance benefits the claimant was otherwise entitled to receive in accordance with the Department Policy.



**Lynn M. Ferris**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: December 10, 2013

Date Mailed: December 10, 2013

**NOTICE OF APPEAL:** The claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely Request for Rehearing or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. MAHS will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request (60 days for FAP cases).

A Request for Rehearing or Reconsideration may be granted 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 Department, AHR or the claimant 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 the hearing decision is mailed.

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

LMF/cl

cc:

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]