

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2014-32963
Issue No(s): 5001
Case No.: [REDACTED]
Hearing Date: April 17, 2014
County: Berrien

ADMINISTRATIVE LAW JUDGE: Darryl T. Johnson

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 three-way telephone hearing was held on April 17, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant's spouse, [REDACTED]. Participants on behalf of the Department of Human Services (Department) included Family Independence Managers [REDACTED] and [REDACTED], and Eligibility Specialist [REDACTED].

ISSUES

Did the Department properly deny Claimant's application for State Emergency Relief (SER) 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 SER on March 6, 2014 to avoid an eviction from her residence.
2. Claimant and her spouse receive Retirement, Survivor and Disability Income totaling \$ [REDACTED] per month.
3. Claimant and her spouse had a monthly rental obligation of \$ [REDACTED].
4. Claimant and her spouse were sued in the [REDACTED] by their landlord for \$ [REDACTED] and a judgment for damages and eviction was entered on March 12, 2014.
5. To receive SER, Claimant had to contribute a co-pay of \$ [REDACTED] toward her emergency. (Exhibit 1 Page 4-3.)

6. To receive SER, Claimant also had a shortfall in the rent payments over the preceding six months of \$ [REDACTED] (Exhibit 1 Page 4-4.)
7. When her shortfall (\$ [REDACTED]) was combined with her co-pay (\$ [REDACTED]) the total (\$ [REDACTED]) exceeded the need (\$ [REDACTED]).
8. Claimant requested a hearing on March 19, 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 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.

The Claimant did not participate in the hearing. Her husband was present and testified.

The Department's witness testified that the Claimant and her husband had a combined income of \$ [REDACTED] per month from RSDI. Claimant applied for SER for relocation services after she and her husband were sued for eviction and a money judgment. After their application the Judgment was entered for \$ [REDACTED]. When the couple's income was adjusted by \$ [REDACTED] which represented the income need standard for their group of 2 (ERM 208, Exhibit 1 Page 5) they were left with a co-pay of \$ [REDACTED]. Claimant had paid the monthly rent through 2013 but did not pay the rent in January or February 2014. Their rent shortfall was \$ [REDACTED]. The shortfall combined with the copay results in a total of \$ [REDACTED]. That exceeded their need of \$ [REDACTED].

"The total copayment is the amount the SER group must pay toward their emergency. Copayment amounts are deducted from the cost of resolving the emergency." ERM 208 at 2 (10/1/13).

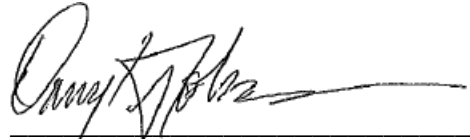
"If the client failed without good cause to make required payments, a shortfall amount is determined. The client must pay the shortfall amount toward the cost of resolving the emergency. Verification that the shortfall has been paid must be received before any SER payment can be made." ERM 208 at 4 (10/1/13).

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 acted in accordance with Department policy when it denied Claimant's SER application. Because the combined shortfall (which the Claimant must pay) and co-pay (which the

Claimant must pay) exceeded the need, an award of SER would not have resolved the Claimant's condition.

DECISION AND ORDER

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



Darryl T. Johnson
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: April 18, 2014

Date Mailed: April 18, 2014

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.

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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

DTJ/las

cc:

