

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

**IN THE MATTER OF:**

██████████  
██████████  
██████████

Reg. No.: 14-016776  
Issue Nos.: 3001, 6001  
Case No.: ██████████  
Hearing Date: January 5, 2015  
County: Wayne (31-Grandmont)

**ADMINISTRATIVE LAW JUDGE:** Michael J. Bennane

**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 January 5, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████  
██████████

**ISSUE**

Did the Department properly close Claimant's Food Assistance Program (FAP) case and deny her Child Development and Care (CDC) application?

**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 23, 2014, Claimant applied for CDC.
3. As of August 11, 2014, Claimant had not verified a need for CDC.
4. On August 11, 2014, Claimant reported self-employment and a continued need for CDC.
5. On August 11, 2014, the Department provided Claimant with a Child Care Provider Verification form, a Shelter Verification form, and a Self-Employment Income and Expense Statement, all of which were due on August 21, 2014.

6. On August 25, 2014 the Department sent Claimant a notice of case action informing Claimant that her FAP case was closed due to not providing verifications requested.
7. On October 16, 2014, Claimant applied for FAP.
8. On October 17, 2014, the Department sent Claimant another verification checklist, Self-Employment Income and Expense Statement and a Shelter Verification with a due date of October 27, 2014.
9. On October 23, 2014, Claimant submitted a copy of her lease, the Shelter Verification form and an incomplete Self-Employment Income and Expense Statement.
10. On October 27, 2014, the Department sent Claimant another verification checklist with a due date of November 6, 2014.
11. On November 5, 2014, Claimant provided a rent receipt and a statement that she received cash for self-employment but did not verify the income amount.
12. On November 7, 2014, a notice of case action was sent to Claimant informing her that her FAP application was denied and that her Medical Assistance (MA) had been closed.

### **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.

The Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social Security Act, 42 USC 601-619, 670-679c, and 1397-1397m-5; the Child Care and Development Block Grant of 1990, PL 101-508, 42 USC 9858 to 9858q; and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193. The program is implemented by 45 CFR 98.1-99.33. The Department administers the program pursuant to MCL 400.10 and provides services to adults and children pursuant to MCL 400.14(1) and Mich Admin Code, R 400.5001-.5020.

Claimant was a recipient of FAP and MA benefits when she applied for CDC on June 26, 2014. The Department denied the CDC application because Claimant failed to provide the Department with the documentation it had requested.

When Claimant originally applied for CDC benefits, she failed to provide the Department with documentation of the need for child care.

When the Department denied Claimant's CDC application, it also closed Claimant's FAP benefits due to Claimant's failure to provide the documentation requested.

The Department sent another verification checklist to the Claimant on October 27, 2014, again requesting self-employment income verification.

On November 7, 2014, the Department sent Claimant notices of case action informing her that her FAP and MA benefits were closed.

During the hearing, Claimant was advised to reapply for FAP and MA 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 denied Claimant's CDC application and closed Claimant's FAP and MA cases.
- did not act in accordance with Department policy when it .
- failed to satisfy its burden of showing that it acted in accordance with Department policy when it .

### **DECISION AND ORDER**

Accordingly, the Department's decision is

- AFFIRMED.**
- REVERSED.**
- AFFIRMED IN PART** with respect to                      and **REVERSED IN PART** with respect to

  
\_\_\_\_\_  
**Michael J. Bennane**  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **1/14/2015**

Date Mailed: **1/14/2015**

MJB / pf

**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: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
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