

**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.: 14-015772
Issue No(s): 1002
Case No.: ██████████
Hearing Date: February 9, 2014
County: Wayne (17)

ADMINISTRATIVE LAW JUDGE: Eric J. Feldman

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 February 9, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant, ██████████; and Claimant's husband/spouse, ██████████ ██████████. Participants on behalf of the Department of Human Services (Department or DHS) included ██████████, Hearings Facilitator. Also, ██████████ DHS interpreter, was present for the hearing to interpret on the behalf of Claimant and her spouse.

ISSUE

Did the Department properly deny Claimant's Cash (Family Independence Program (FIP)) application effective August 16, 2014?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. On July 28, 2014, Claimant applied for FIP benefits. See Exhibit 1, p. 1.
2. On September 6, 2014, the Department sent Claimant a Verification Checklist (VCL), which requested verification of Claimant's home rent and checking account. See Exhibit 1, pp. 3-4. The verifications were due back by September 16, 2014. See Exhibit 1, p. 3.
3. Claimant failed to submit verification of the checking account before the VCL due date.

4. On October 9, 2014, the Department sent Claimant a Notice of Action notifying her that her Cash application was denied effective August 16, 2014, ongoing, due to her failure to provide proof of the bank account. See Exhibit 1, pp. 5-8.
5. On October 31, 2014, Claimant filed a hearing request, protesting the Cash (FIP) denial. See Exhibit 1, p. 2.

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.

The State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-.119b. The Department of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to 42 CFR 435, MCL 400.10 and Mich Admin Code, R 400.3151-.3180.

Clients must cooperate with the local office in determining initial and ongoing eligibility. BAM 105 (October 2014), p. 7. This includes completion of necessary forms. BAM 105, p. 7. The local office must assist clients who ask for help in completing forms or gathering verifications. BAM 105, p. 13. Particular sensitivity must be shown to clients who are illiterate, disabled or not fluent in English. BAM 105, p. 13.

For FIP/SDA cases, the Department allows the client 10 calendar days (or other time limit specified in policy) to provide the verification that is requested. BAM 130 (October 2014), p. 6. The Department sends 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, p. 6.

At the hearing, Claimant acknowledged that she received the verification request. However, Claimant argued that there was a language barrier in her inability to provide the verification of the bank statement before the VCL due date. Upon receipt of the verification request, Claimant testified she went to her neighbor who translated the verification request. Claimant testified the neighbor never mentioned a request for the bank statement. As such, Claimant testified she submitted the home rent and/or school records before the VCL due date (locally at a DHS office – Claimant’s case appeared to transfer to a different office afterwards). Then, sometime between September 16, 2014 to October 9, 2014, Claimant and the Department spoke regarding her inability to supply the bank statement. Between these dates, Claimant testified she submitted the bank

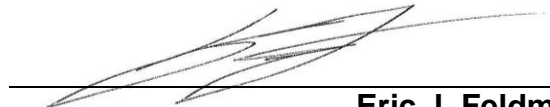
statement at the DHS office. However, Claimant testified that she found out the application had already been denied. Claimant testified her neighbor contacted the Department on her behalf regarding the application and/or verification, but appeared to receive no response.

Based on the foregoing information and evidence, the Department properly denied Claimant's Cash (FIP) application effective August 16, 2014. Claimant's main argument was that she was unable to submit the bank statement timely because of a language barrier. However, Claimant's testimony indicated that she did seek assistance from her neighbor. In fact, Claimant actually provided the home rent verification before the due date, but she still failed to supply the remaining verification (bank statement). Even though Claimant alleged the neighbor did not notify her of the bank verification, it is ultimately the Claimant's obligation to complete the necessary forms in determining her initial and ongoing eligibility. See BAM 105, p. 7. Because Claimant failed to submit the checking account verification before the due date, the Department acted in accordance with Department policy when it denied the application effective August 16, 2014. See BAM 105, p. 7; BAM 130, p. 6; and see also BEM 400 (October 2014), pp. 57-58.

DECISION AND ORDER

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 properly denied Claimant's Cash (FIP) application effective August 16, 2014.

Accordingly, the Department's Cash (FIP) decision is **AFFIRMED**.



Eric J. Feldman
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: February 13, 2015

Date Mailed: February 13, 2015

EJF/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 48909-8139

CC:

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