

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

**IN THE MATTER OF:**



Reg. No.: 15-000800  
Issue No.: FOOD ASSISTANCE PROGRAM  
Case No.: [REDACTED]  
Hearing Date: February 18, 2015  
County: DHS SSPC CENTRAL

**ADMINISTRATIVE LAW JUDGE:** Colleen Lack

**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 18, 2015, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Hearing Facilitator.

**ISSUE**

Did the Department properly deny Claimant's Food Assistance Program (FAP) application based on a failure to comply with verification requirements?

**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 November 6, 2014, Claimant applied for FAP.
2. On November 7, 2014, a Verification Checklist was issued stating what verifications were needed by the November 17, 2014, due date.
3. On November 18, 2014, Claimant submitted documentation and a letter addressing some of the requested verifications.
4. On November 19, 2014, another Verification Checklist was issued stating what verifications were needed by the December 1, 2014, due date.
5. On December 5, 2014, Claimant submitted a letter he wrote regarding his employment status and listed a contact person at the prior employer.
6. On December 30, 2014, a Notice of Case Action was issued to Claimant stating the FAP application was denied based on a failure to provide verifications.

7. On January 9, 2015, Claimant submitted a Self-Employment Income and Expense Statement.
8. On January 21, 2015, Claimant filed a request for hearing contesting 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 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.

A Claimant must cooperate with the local office in determining initial and ongoing eligibility, including completion of necessary forms, and must completely and truthfully answer all questions on forms and in interviews. BAM 105, 10-1-2014, p. 7.

Verification is usually required upon application or redetermination and for a reported change affecting eligibility or benefit level. Verifications are considered timely if received by the date they are due. The Department must allow a client 10 calendar days (or other time limit specified in policy) to provide the requested verification. The Department worker must tell the client what verification is required, how to obtain it, and the due date. The client must obtain required verification, but the Department must assist if the client needs and requests help. If neither the client nor the local office can obtain verification despite a reasonable effort, the Department worker should use the best available information. If no evidence is available, the Department worker is to use their best judgment. The Department is to 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. For FAP only, if the client contacts the Department prior to the due date requesting an extension or assistance in obtaining verifications, the Department worker must assist them with the verifications but not grant an extension. The Department worker is to explain to the client they will not be given an extension and their case will be denied once the due date is passed and that their eligibility will be determined based on their compliance date if they return required verifications. The Department worker is to re-register the application if the client complies within 60 days of the application date. BAM 130, 10-1-2014, pp. 1-7.

On November 7, 2014, a Verification Checklist was issued stating what verifications were needed by the November 17, 2014, due date. Verification was requested for identity, other self-employment, wages/salaries/tips/commissions, social security number, loss of employment, and residential address.

On November 18, 2014, Claimant submitted documentation and a letter addressing some of the requested verifications.

On November 19, 2014, another Verification Checklist was issued stating what verifications were needed by the December 1, 2014, due date. Verifications were requested regarding other self-employment and home rent.

On December 5, 2014, Claimant submitted a letter he wrote regarding his employment status and listed a contact person at the prior employer. This letter cannot be considered an acceptable proof of job loss. The types of acceptable verification for loss of employment listed on the November 7, 2014, Verification Checklist were: employment records; employer statement; or DHS-38 Verification of Employment. This letter cannot be considered an employer statement because it was written by Claimant, not the employer. However, the Claimant did provide contact information for someone at that prior employer. The testimony indicates the Department later utilized the contact information for this prior employer.

On December 30, 2014, a Notice of Case Action was issued to Claimant stating the FAP application was denied based on a failure to provide verifications because Claimant had not provided acceptable proof for each of the requested verifications.

On January 9, 2015, Claimant submitted a Self-Employment Income and Expense Statement.

Claimant contests the Department's action and asserted that he provided the requested verifications.

Ultimately, the evidence shows that Claimant's proofs were all submitted after the due dates and that Claimant did not provide acceptable proof for each of the requested verifications. For example, the November 7, 2014, Verification Checklist, in part, requested verification of residential address by the November 17, 2014, due date. On November 18, 2014, Claimant submitted a letter he wrote, in part addressing his address and reporting that he pays rent at his mother's home and he has some check stubs. The November 19, 2014, Verification Checklist stated additional verification of home rent was needed. Thus, the Department let Claimant know the information from the letter he wrote was not sufficient. The types of acceptable verification for home rent listed on the November 19, 2014, Verification Checklist were: rent receipt showing amount, address, landlord, renter; landlord statement, current lease, or DHS-3688 Shelter Verification Form. There was no evidence that Claimant made and response to the request that he provided further verification of home rent in response to the November 19, 2014, Verification Checklist, not even an alternative proof such as the check stubs mentioned in his letter. Further, the Self-Employment Income and Expense Statement submitted in response to the November 19, 2014, Verification Checklist was submitted on January 9, 2015, which was after the December 1, 2014 due date, after December 30, 2014, denial notice was issued, and beyond 60 days from the November 6, 2014 application date.

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 FAP application based on a failure to comply with verification requirements.

**DECISION AND ORDER**

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



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Colleen Lack  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **2/26/2015**

Date Mailed: **2/26/2015**

CL/hj

**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:

