

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-000489
Issue No.: 1002, 3002
Case No.: [REDACTED]
Hearing Date: February 11, 2015
County: WASHTENAW (DISTRICT 20)

ADMINISTRATIVE LAW JUDGE: Gary Heisler

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 February 11, 2015, from Lansing, Michigan. Participants on behalf of Claimant included himself. Participants on behalf of the Department of Human Services (Department) included Hearing Facilitator [REDACTED] and Family Independence Specialist (FIS) [REDACTED].

ISSUE

Did the Department properly close Claimant's Family Independence Program and Food Assistance Program beginning February 1, 2015?

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 Family Independence Program and Food Assistance Program benefits. Claimant's benefit group includes his spouse.
2. On December 15, 2014, Claimant reported that his spouse was no longer working.
3. On December 18, 2014, Claimant was sent a Verification Checklist (DHS-3503) which requested verification of the loss of employment, from the employer. The verification was due on December 29, 2014.
4. On December 26, 2014, Claimant's spouse's last pay check stub was submitted.
5. On January 3, 2015, Claimant was sent a Notice of Case Action (DHS-1605) which stated his Family Independence Program and Food Assistance Program would close on February 1, 2015.
6. On January 8, 2015, Claimant submitted a hearing request.

7. At this hearing Claimant submitted verification of the loss of employment, from the employer.

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 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.

During this hearing Claimant submitted the required verification of the loss of employment, from the employer. Claimant testified that he had a lot of trouble getting the employer to fill out the verification. Page 5 is the report made to the Department that Claimant's spouse was no longer employed. In the report Claimant's spouse states she was no longer employed because she is pregnant and was very sick with pneumonia. Given these circumstances, and the plethora of legal concerns an employer faces when an employee leaves, Claimant's testimony of having difficulty is completely credible.

Bridges Administration Manual (BAM) 130 Verification and Collateral Contact (2014), at page 6, under Timeliness of Verifications states:

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.

Bridges Eligibility Manual (BEM) 501 Income from Employment (2014), at page 9, under Verification Requirements, states "Do not deny or terminate assistance because an employer or other source refuses to verify income."

Claimant did not request assistance to obtain the verification of the loss of employment, from the employer. However, the evidence in this record shows Claimant was making reasonable efforts to obtain the verification and the delay in obtaining it was caused by the employer, not Claimant. The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if

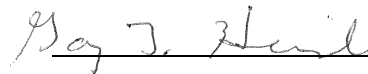
any, finds that the Department did not act in accordance with Department policy when it closed Claimant's Family Independence Program and Food Assistance Program beginning February 1, 2015.

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. Reinstate Claimant's Family Independence Program and Food Assistance Program and process in accordance with Department policy.



Gary Heisler
Administrative Law Judge
for Nick Lyon, Interim Director
Department of Human Services

Date Signed: **2/13/2015**

Date Mailed: **2/13/2015**

GFH/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:

