

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

**IN THE MATTER OF:**

████████████████████  
████████████████████  
██

Reg. No.: 14-017398  
Issue No.: 3002  
Case No.: ██████████  
Hearing Date: January 12, 2015  
County: WAYNE-19 (INKSTER)

**ADMINISTRATIVE LAW JUDGE: Lynn Ferris**

**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 12, 2015, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. ██████████, appeared as an interpreter for the Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████ Worker.

**ISSUE**

Due to a failure to comply with the verification requirements, did the Department properly deny Claimant's application Food Assistance Program (FAP)?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, including testimony of witnesses, finds as material fact:

1. Claimant applied for food assistance on September 4, 2014
2. Claimant was required to submit requested verification by October 6, 2014.
3. The Claimant submitted verifications including pay stubs and a bank statement on October 14, 2014. Exhibit 3.
4. On October 7, 2014, the Department denied the application due to failure to verify bank account savings and checking, and earned income payment.
5. On October 7, 2014, the Department sent Claimant notice of its action.

6. On November 26, 2014, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting 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), and Department of Human Services Reference Tables Manual (RFT).

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.

Additionally, in this case, the Claimant credibly testified that he attempted to contact two caseworkers for assistance regarding the Department's request for verification for checking and savings account information prior to the due date. The Department did not return the Claimant's calls regarding the verifications. The Claimant did speak with the FIP caseworker regarding the interview and his difficulty attending due to work. The Claimant also credibly testified that he can read English but does not understand what he reads well, and speaks Arabic. The Claimant had an interpreter at the hearing to assist him.

The Claimant provided paystub verifications and bank account verifications after the verification due date. The bank account information was provided after the Claimant spoke to his bank which advised him that he could provide copies of his account from information available to him online. Unfortunately, the information the Claimant provided did not include his name or account number. At no time did the Claimant refuse to provide information, or fail to make a reasonable effort to provide the information. It was also unclear from the record whether the Department provided for the required scheduled interview before denying the Claimant's Food Assistance application, as required by BAM 115, (7/1/14A) pp. 17. The caseworker assigned to the food assistance case did not appear at the hearing.

Department policy found in BAM 130 regarding verifications provides:

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.

**Note:** For FAP only, if the client contacts the department prior to the due date requesting an extension or assistance in obtaining verifications, you must assist them with the verifications but do not grant an extension. Explain to the client they will not be given an extension and their case will be denied once the VCL due date is passed. Also, explain their eligibility will be determined based on their compliance date if they return required verifications. Re-register the application if the client complies within 60 days of the application date; see BAM 115, Subsequent Processing. BAM 130 (10/1/14) P. 6-7.

In this case the Department sent a Notice of Case Action on October 7, 2014, closing the case November 1, 2014. Exhibit 2. The Claimant submitted the verification information on October 14, 2014. Under these circumstances, it is determined that the Department should not have found a failure to provide the requested information as there clearly was no refusal by the Claimant, and a reasonable effort given the Claimant's language and reading barriers was made.

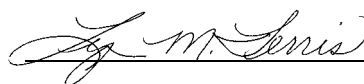
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any finds that the Department did not act in accordance with Department policy when it denied the Claimant's application for Food Assistance for failure to verify information.

### **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. The Department shall re register the Claimant's September 4, 2014 FAP application and process the application.
2. The Department shall issue a supplement to the Claimant from the application date, September 4, 2014 through the date the Claimant began to receive benefits for food assistance based upon the reapplication if the Claimant is deemed otherwise eligible in accordance with Department policy.



**Lynn Ferris**  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **1/20/2015**  
Date Mailed: **1/20/2015**  
LMF/tm

**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]