

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-000476  
Issue No.: FIP  
Case No.: [REDACTED]  
Hearing Date: April 08, 2015  
County: KALAMAZOO

**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 telephone hearing was held on April 8, 2015, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] the Claimant, and [REDACTED], mother. Participants on behalf of the Department of Human Services (Department) included [REDACTED], Hearing Facilitator.

**ISSUE**

Did the Department properly deny Claimant's application for the Family Independence Program (FIP) 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 October 6, 2014, Claimant applied for FIP.
2. Claimant attended an interview with a Department worker and provided verifications.
3. On November 12, 2014, a Verification Checklist was issued to Claimant stating what verifications were needed by the November 24, 2014, due date.
4. On November 25, 2014, a Notice of Case Action was issued to Claimant stating the FIP application was denied based on a failure to return verifications.
5. On February 20, 2015, Claimant filed a hearing request<sup>1</sup> contesting the Department's action.

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<sup>1</sup> On the February 20, 2015, hearing request, Claimant also marked that she was contesting a Food Assistance Program (FAP) determination. However, Claimant testified that the FAP issue has been resolved and withdrew the FAP portion of her hearing request on the record. Therefore, the FAP portion of this appeal is DISMISSED.

### **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.

As discussed on the record, Claimant's hearing request is found to be timely filed to contest the November 25, 2014, Notice of Case Action.

Additionally, 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 Department 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. BAM 130, 10-1-2014, pp. 1- 6.

In this case, on November 12, 2014, a Verification Checklist was issued to Claimant stating what verifications were needed by the November 24, 2014, due date. The Department asserted that Claimant did not submit the requested verifications by the November 25, 2014 due date. Therefore, on November 25, 2014, a Notice of Case Action was issued to Claimant stating the FIP application was denied based on a failure to return verifications.

Claimant testified that she had previously provided the requested verifications when she had an interview with a Department worker. The interview occurred in early October 2014, before Claimant started participating with the Partnership, Accountability, Training, Hope (PATH) program, another requirement for FIP eligibility. Claimant provided detailed testimony regarding the verifications she provided and the discussion with the Department worker. In part, Claimant testified she provided a current bank statement, the Department worker discussed privacy concerns and hacking, and the Department worker entered the account number, ran it through, then deleted this information.

Further, Claimant testified that she was confused when she received the November 12, 2014, Verification Checklist requesting verifications she already submitted and when she learned that she had a new Department worker. Claimant tried calling the new Department worker for about a week, but was never able to get ahold of her. Then, Claimant received the denial notice in the mail.

The Hearing Facilitator testified that the original Department worker did not leave any notes regarding what occurred during the interview. However, the Hearing Facilitator also testified that Department has found some of the requested verifications in Claimant's case record, and it appears they were received by the Department prior to the Verification Checklist being issued. For example, a proof of pregnancy was found in the electronic case file as being received on October 10, 2014, but was not clearly labeled. Further, a copy of Claimant's ID was found in the physical case file with no date stamp, but it is believed to have been copied in October 2014.

Overall, Claimant's testimony is found credible. Claimant provided detailed testimony regarding having submitted all of the needed verifications to her original caseworker at an interview in early October 2014 and what occurred during that interview. The Department has since found copies of at least some of the requested verifications in Claimant's case record that appear to have been received by the Department in October 2014. Further, there was no evidence that Department responded to Claimant's calls and questions about the November 12, 2014, Verification Checklist.

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 failed to satisfy its burden of showing that it acted in accordance with Department policy when it denied Claimant's FIP application based on a failure to comply with verification requirements.

### **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. Re-determine Claimant's eligibility for FIP for the October 6, 2014, application, to include allowing an opportunity to submit any verification(s) still needed, in accordance with Department policy.
2. Issue written notice of the determination in accordance with Department policy.
3. Supplement for lost benefits (if any) that Claimant was entitled to receive, if otherwise eligible and qualified in accordance with Department policy.



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

Date Signed: **4/17/2015**

Date Mailed: **4/17/2015**

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:

