

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

**IN THE MATTER OF:**

██████████  
██████████  
██████████

Reg. No.: 15-002982  
Issue No.: 5001  
Case No.: ██████████  
Hearing Date: April 6, 2015  
County: Wayne (17-Greenfield/Joy)

**ADMINISTRATIVE LAW JUDGE:** Jonathan W. Owens

**DECISION**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, a telephone hearing was held on April 6, 2015, from Detroit, Michigan. Participants on behalf of Claimant included ██████████. Claimant did not appear. Participants on behalf of the Department of Human Services (Department) included ██████████

**ISSUE**

Did the Department properly process Claimant's request for State Emergency Relief (SER) assistance with utility/energy services?

**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 February 9, 2015, Claimant applied for SER assistance with utility/energy services.
2. On February 11, 2015, the Department sent Claimant the SER Decision Notice.
3. On February 20, 2015, Claimant/Claimant's Authorized Hearing Representative (AHR) filed a hearing request, protesting the SER decision.

**CONCLUSIONS OF LAW**

The State Emergency Relief (SER) program is established by the Social Welfare Act, MCL 400.1-.119b. The SER program is administered by the Department (formerly known as the Family Independence Agency) pursuant to MCL 400.10 and by Mich

Admin Code, R 400.7001 through R 400.7049. Department policies are found in the Department of Human Services State Emergency Relief Manual (ERM).

In the instant case, Claimant submitted an application for SER benefits on February 9, 2015. Claimant's need was for \$73.83 in non-heat electricity and \$100.41 in heat services. Claimant's reported household income was based on Claimant's daughter's employment at two different jobs. The income was calculated to be \$1,198 per month based upon the check stubs provided. The Department also last showed two bank accounts with balances exceeding \$1,100 in August 2014. At hearing, the Department also testified that, following the denial, Claimant had submitted the same two bank account statements showing a total balance of \$255.67.


The Department testified that, at the time the application was processed, the information on record indicated Claimant had an asset copayment which exceeded the need. This was based on the earlier reported \$1,100 in bank assets. However, the Department further testified that, even giving the new balance consideration, Claimant's asset copayment would still exceed the need by \$81.43. The Department explained to Claimant that, if her bank assets were not as reported, she could reapply with documentation showing the new bank balances.

According to ERM 208 (October 1, 2014), p. 1, cash assets in excess of \$50 result in a copayment. This asset copayment cannot be waived. In the instant case, Claimant had assets in excess of \$50 at the time of application and following application. Claimant, therefore, would be required to meet the asset copayment prior to being approved for services.

In this case, Claimant had enough cash assets available to cover the need. Therefore, the Department properly denied Claimant's SER application.

#### **DECISION AND ORDER**

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

  
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**Jonathan W. Owens**  
Administrative Law Judge  
for Nick Lyon, Interim Director  
Department of Human Services

Date Signed: **4/7/2015**

Date Mailed: **4/7/2015**

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**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]