

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

**IN THE MATTER OF:**

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

Reg. No.: 15-007080  
Issue No.: 3002  
Case No.: ██████████  
Hearing Date: June 08, 2015  
County: WAYNE-DISTRICT 57  
(CONNER)

**ADMINISTRATIVE LAW JUDGE: Lynn M. 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; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on June 8, 2015, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant's Legal Guardian, ██████████. A witness, ██████████, also appeared for the Claimant. The Claimant did not appear. Participants on behalf of the Department of Health and Human Services (Department) included ██████████ ██████████, Assistance Payments Supervisor.

**ISSUE**

Did the Department properly deny the Claimant's application for FAP for failure to verify income?

**FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. The Claimant reapplied for FAP benefits on February 23, 2015 when the Department's Bridges computer failed to schedule a redetermination for February 2015. Exhibit 1. On the same day as the application, the Claimant's Guardian provided the Department a pay stub for February 14, 2015 with the application. Exhibit 1 and 2.
2. The Department issued verification checklists on April 7, 2015 requesting verification of employment and/or the last 30 days of check stubs. Exhibit 4.

3. Additional pay stubs were timely submitted by the Claimant on April 7, 2015 in response to the Verification checklist. The Claimant returned pay stubs for March 2015 and a missing pay stub for March 14, 2015. Exhibit 5 and Exhibit 5 A. These pay stubs were for February and March 2015. Exhibit 3.
4. The Department issued a Notice of Case Action on April 23, 2015 and denied the Claimant's FAP application effective February 1, 2015 for failure to provide verification of earned income for the period January 3, 2015 through February 1, 2015.
5. The Claimant's Guardian requested a hearing on May 12, 2015 protesting the denial/ closure of Claimant's FAP application/case.

### **CONCLUSIONS OF LAW**

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and Human Services Emergency Relief Manual (ERM).

The Food Assistance Program (FAP) [formerly known as the Food Stamp program] is established by the Food and Nutrition Act of 2008, 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 Department of Human Services) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011.

In this case, the Department had the Claimant reapply for FAP benefits in lieu of completing a redetermination as, due to an error, the Bridges system did not produce and mail a redetermination. Thereafter, the application was filed by the Claimant's Guardian and a pay sub dated February 14, 2015 was provided with the application. This pay stub also contained year to date information beginning January 2015. Exhibit 2. Thus, had the Department reviewed the pay stub they would have had income for the last 30 days as requested. Thereafter, the Claimant's Guardian provided pay stubs for March 2015 thinking that she had satisfied the request for verification of the April 7, 2015 Verification Checklist which requested pay stubs for the last 30 days. Once the pay stubs were submitted the verification of employment was no longer necessary because the April 7, 2015 Verification Checklist requested the last 30 days pay stubs or Verification of Employment; (return one of the following). Exhibit 4. The Verification Of Employment noted that the pay periods requested were for January 1, 2015 through February 1, 2015, but the same notation was not indicated on the April 7, 2015 Verification Checklist. Exhibit 3. The Claimant's Guardian had inquired of the Department as to what pay stubs were required and was told the last 30 days.

Based upon the facts, testimony and evidence presented, it is clear that the Claimant did not fail to cooperate and was not properly informed as to what the Department required. The Claimant's Guardian provided the information that she was asked to provide and thus the application should not have been denied for failure to verify information. BAM 130 (October 1, 2014). The Department is required to tell the client what is needed:

### **All Programs**

Tell the client what verification is required, how to obtain it, and the due date; see **Timeliness of Verifications** in this item. Use the DHS-3503, Verification Checklist (VCL), to request verification. BAM 130, p. 3

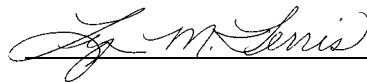
The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did not act in accordance with Department policy when it denied the Claimant's application for failure to verify income.

### **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 February 23, 2015 FAP application and determine Claimant's eligibility for FAP benefits as of February 1, 2015 and advise the Claimant's Guardian what pay stubs, if any, are required to complete the Department's eligibility determination. Should the Department require additional verification, the Department shall request verification with specificity with respect to the dates of the pay stubs required.



**Lynn M. Ferris**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **6/16/2015**  
Date Mailed: **6/16/2015**  
LMF / cl

**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 copy of the claim or application for appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Hearing Decision from 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]  
[REDACTED]