

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

**IN THE MATTER OF:**

██████████  
██████████  
██████████

Reg. No.: 15-007980  
Issue No.: 3002  
Case No.: ██████████  
Hearing Date: June 18, 2015  
County: MACOMB-DISTRICT 20

**ADMINISTRATIVE LAW JUDGE: Robert J. Chavez**

**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 18, 2015, from Detroit, Michigan. Participants on behalf of Claimant included AHR ██████████ ██████████ and ██████████. Participants on behalf of the Department of Health and Human Services (Department) included ██████████ Hearings Facilitator.

**ISSUE**

Did the Department properly close Claimant's Food Assistance Program (FAP) benefits for failing to return required verification?

**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 FAP recipient.
2. On February 20, 2015, Claimant was sent a DHS-3503, Verification Checklist, requesting, most pertinently, verifications bank account balances; these verifications were requested to complete a redetermination with regards to Claimant's FAP benefits.
3. Claimant failed to return this verification.
4. On March 1, 2015, Claimant's FAP benefits were closed for failing to return this verification, and by extension, failing to complete a redetermination.
5. On May 19, 2015, Claimant requested a hearing.

### **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.

Failure to complete a redetermination can result in case closure. BAM 210. Failure to return required verifications can result in case closure. BAM 130.

During the redetermination process, Claimant submitted a spreadsheet attesting to the existence of a bank account currently not in the Department's budget and eligibility calculations. As bank accounts are an asset used to determine eligibility, per BEM 400, the Department rightly requested verification of this asset.

Claimant received the request for verification, but did not comply, and instead held that the spreadsheet submitted should have constituted adequate verification of the account in question.

The undersigned disagrees.

Any person could fill in any number in a spreadsheet; as such, a spreadsheet is no different than a personal statement to the Department, albeit one that requires a bit more work.

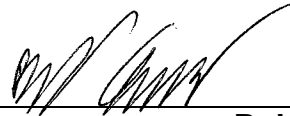
However, personal statements are not sufficient to properly assess eligibility factors. Verification from the source (in this case, the bank) was needed. Policy states that this can take the form of an account statement provided from the bank, which would usually contain several factors assuring authenticity, including account numbers, watermarks, sheets with the bank logo, and the like.

Claimant, per their own admission, did not return the requested verification, regardless of the reasons for not doing so. Therefore, per policy, benefits should have closed as the redetermination in question was not completed.

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 acted in accordance with Department policy when it closed Claimant's FAP benefits.

**DECISION AND ORDER**

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



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**Robert J. Chavez**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

Date Signed: **6/24/2015**

Date Mailed: **6/24/2015**

RJC/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 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]