

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

IN THE MATTER OF:



Reg. No.: 15-015288
Issue No.: 3002
Case No.: [REDACTED]
Hearing Date: October 06, 2015
County: BERRIEN (DISTRICT 22)

ADMINISTRATIVE LAW JUDGE: Gary Heisler

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 October 6, 2015, from Lansing, Michigan. Participants on behalf of Claimant included herself. Participants on behalf of the Department of Health and Human Services (Department) included Assistance Payments Supervisor [REDACTED].

ISSUE

Did the Department properly deny Claimant's June 30, 2015, Food Assistance Program (FAP) application?

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 June 30, 2015, Claimant submitted a Food Assistance Program (FAP) application.
2. On July 1, 2015, Claimant was sent a Verification Checklist (DHHS-3503). The checklist specified the need to verify a savings account and a checking account.
3. On July 28, 2015, Claimant was sent a Notice of Case Action (DHHS-1605) which stated her Food Assistance Program (FAP) application was denied. In the comments section it stated the Food Assistance Program (FAP) application was denied because no bank statement for checking or savings was received.

4. On August 4, 2015, Claimant submitted a bank statement with the account numbers blacked out.
5. On August 20, 2015, Claimant submitted a hearing request.

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 accordance with Bridges Eligibility Manual (BEM) 400 Assets, the Department is required to verify that an applicant does not have assets in excess of the Food Assistance Program (FAP) asset limit of \$5,000. BEM 400 defines assets as cash, personal property and real property. The definition includes retirement plans such as IRAs, Keogh, 401(k) and deferred compensation accounts.

It is noted that on the June 30, 2015, application Claimant listed a checking account with a value of \$1 and a savings account with a value of \$0 at United Federal Union. (Pages 5 & 6) There are no accounts numbers provided on the application. Additionally Claimant listed an IRA, Keogh, 401(k) or deferred compensation account with a value of \$ [REDACTED]. Claimant did not provide an account number for the account valued at \$ [REDACTED].

The bank statement Claimant submitted on August 4, 2015 is from United, is in Claimant's name and shows July 2015 balances for a savings and checking account. During this hearing, the Department representative testified that the bank statement was not sufficient verification because the account numbers were blacked out. Claimant does not dispute blacking out the account numbers. Claimant argues that: she has always blacked out account numbers on statements submitted to the Department; previous case workers told her the Department did not need account numbers; and that the Department had sufficient information to determine that the bank statement she submitted was for the accounts she listed.

Bridges Administration Manual (BAM) 130 Verification and Collateral Contacts (7-1-2015) at page 3 states:

Obtaining Verification

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.

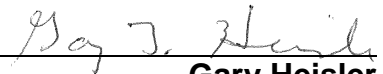
The client must obtain required verification, but the local office must assist if they need and request help.

The plain language in BAM 130, cited above, puts the burden of obtaining required verification on the client. During this hearing, neither party indicated that Claimant asserted an inability to obtain verification and requested the Department's assistance.

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 denied Claimant's June 30, 2015, Food Assistance Program (FAP) application.

DECISION AND ORDER

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



Gary Heisler

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

Date Signed: **10/12/2015**

Date Mailed: **10/12/2015**

GFH / ■

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:

