

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 15-004137  
Issue No.: 3002  
Case No.: [REDACTED]  
Hearing Date: April 23, 2015  
County: Genesee-District 6

**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 April 23, 2015, from Lansing, Michigan. Participants on behalf of Claimant included herself. Participants on behalf of the Department of Health and Human Services (Department) included Hearing Facilitator [REDACTED]

**ISSUE**

Did the Department properly close Claimant's Food Assistance Program beginning March 1, 2015?

**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 ongoing recipient of Food Assistance Program benefits.
2. On October 17, 2014, the Department received notice from Claimant's employer that she (Claimant) would be removed from payroll from October 21, 2014 to November 21, 2014 and was expected to return to work November 24, 2014.
3. On October 20, 2014, Claimant was sent Verification Checklist (DHS-3503) requesting earned income verification. The verification was due October 30, 2014.
4. On October 30, 2014, Claimant submitted her pay stubs for September 15, 2014, September 30, 2014 and October 15, 2014.
5. On October 30, 2014, when information was entered into BRIDGES an error occurred. Claimant's case worker submitted a ticket asserting that Claimant's Food Assistance Program should close for failure to submit a final paycheck.

6. On March 3, 2015, Claimant was sent a Notice of Case Action (DHS-1605) which stated her Food Assistance Program closed March 1, 2015 for not returning check stubs.
7. On March 12, 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.

The pay stubs Claimant submitted on October 30, 2014 are in evidence. (Pages 6-8) The pay stubs show that Claimant was paid twice each month. Claimant was sent a Verification Checklist (DHS-3503) on October 20, 2014 requesting her last 30 days of check stubs. Claimant submitted the last three pay stubs she received prior to the Verification Checklist (DHS-3503). Hearing Facilitator ██████ represented the Department at this hearing and was not Claimant's case worker in October 2014. During the hearing, HF ██████ opined that the case worker in October 2014 thought Claimant was paid weekly and was expecting 4 pay stubs.

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 Claimant failed to provide the earned income verifications required by the October 20, 2014 Verification Checklist (DHS-3503).

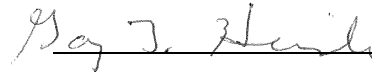
### **DECISION AND ORDER**

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-instate Claimant's Food Assistance Program from March 1, 2015.

2. Supplement Claimant any Food Assistance Program benefits she was otherwise eligible for but did not receive due to this incorrect Departmental action.



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

Date Signed: **4/27/2015**

Date Mailed: **4/27/2015**

GH/las

**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:

