

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

IN THE MATTER OF:

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

Reg. No.: 15-007518
Issue No.: 3011
Case No.: ██████████
Hearing Date: June 15, 2015
County: Wayne-District 76

ADMINISTRATIVE LAW JUDGE: Zainab Baydoun

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 three way telephone hearing was held on June 15, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant. Participants on behalf of the Department of Health and Human Services (Department) included ██████████, Eligibility Specialist, ██████████, Assistance Payment Supervisor and ██████████, Lead Support Specialist with the Office of Child Support (OCS).

ISSUE

Did the Department properly determine that Claimant was ineligible for Food Assistance Program (FAP) benefits on the basis that she failed to cooperate with child support reporting requirements?

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 FAP benefits.
2. On February 26, 2015, and March 27, 2015, the OCS sent Claimant contact letters instructing her to contact OCS within the allowable time period to provide information concerning the absent father. (Exhibit B)
3. On April 23, 2015, the OCS sent Claimant a Noncooperation Notice informing her that she was considered to be noncooperative with child support requirements. (Exhibit B)

4. On April 23, 2015, the Department sent Claimant a Notice of Case Action informing her that effective June 1, 2015, her FAP benefits would be reduced and she would be disqualified as a group member based on a failure to cooperate with child support requirements. (Exhibit A)
5. On May 7, 2015, Claimant requested a hearing disputing the Department's actions.

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.

Additionally, the custodial parents of children must comply with all requests for action or information needed to establish paternity and/or obtain child support on behalf of children for whom she receives assistance, unless a claim of good cause for not cooperating has been granted or is pending. Absent parents are required to support their children. Support includes all of the following: child support, medical support and payment for medical care from any third party. BEM 255 (April 2015), p. 1. A client's cooperation with paternity and obtaining child support is a condition of FAP eligibility. BEM 255, pp. 1, 9-13. Cooperation is required in all phases of the process to establish paternity and obtain support and includes contacting the support specialist when requested and providing all known information about the absent parent, among other things. BEM 255, p 9. Any individual required to cooperate who fails to cooperate without good cause may result in group ineligibility or member disqualification for FAP. BEM 255, pp. 9-14.

In this case, the representative from the OCS testified that because the information provided by Claimant in response to the contact letters was insufficient and because Claimant did not provide identifiable, verifiable information on the absent parent of her child, she was placed in noncooperation with child support requirements. The OCS representative stated that Claimant provided a name of a [REDACTED] as being the absent father of her child; however, the OCS was unable to locate anyone by that name in Indianapolis, where Claimant indicated he lived. On April 23, 2015, the Department sent Claimant a Notice of Case Action informing her that her FAP benefits would be

reduced and she would be disqualified as a FAP group member effective June 1, 2015, based on her failure to cooperate with child support requirements. (Exhibit A).

At the hearing, Claimant testified that she contacted OCS and provided the all of the information she had on the non-custodial father to attempt to resolve the issue with child support. Claimant stated that her child was conceived after a one night stand in Indianapolis when Claimant traveled there for a family funeral. Claimant testified that she met the absent father at a bar and that she only spoke with him once after that night, when she called to tell him she was three months pregnant. Claimant stated that he provided her with his date of birth [REDACTED] and phone number, but the phone number was later disconnected and she had no further contact with him. Claimant provided a physical description on the record and indicated that she tried locating the absent father on [REDACTED] but was unsuccessful.

The OCS representative testified that an address search revealed the name of a [REDACTED] [REDACTED] with a date of birth of [REDACTED] as having an association with Claimant's address. The OCS case notes were presented in support of the OCS testimony. (Exhibit C). The OCS representative and case notes indicated that because the child's middle and last name match those of the individual found to have been associated with Claimant's address, it determined that Claimant had more information available to her that she failed to provide.

Under the facts presented, the Department and the OCS have established that Claimant had additional information regarding the father's identity that she failed to disclose, thereby, making her ineligible FAP benefits.

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 determined that Claimant was ineligible for FAP benefits.

DECISION AND ORDER

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



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

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

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

ZB / tlf

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:

Age Group	Percentage
18-24	~5%
25-34	~95%
35-44	~15%
45-54	~55%
55-64	~90%
65-74	~10%
75-84	~25%
85+	~5%