

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 15-013405
Issue No.: 5001, 3000, 2000
Case No.: [REDACTED]
Hearing Date: September 10, 2015
County: WASHTENAW (DISTRICT 20)

ADMINISTRATIVE LAW JUDGE: Kevin Scully

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. After due notice, telephone hearing was held on September 10, 2015, from Lansing, Michigan. Participants on behalf of Claimant included [REDACTED] and his mother [REDACTED]. [REDACTED], Assistance Payments Supervisor represented the Department of Health and Human Services (Department). Witnesses on behalf of the Department included [REDACTED], Eligibility Specialist.

ISSUE

Did the Department of Health and Human Services (Department) properly deny the Claimant's application for State Emergency Relief (SER) benefits?

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 Department received the Claimant's application for State Emergency Relief (SER), Food Assistance Program (FAP), and Medical Assistance (MA) on June 22, 2015.
2. On June 29, 2015, the Department notified the Claimant that it had denied his application for State Emergency Relief (SER) benefits.
3. On July 22, 2015, the Department notified the Claimant that he was approved for Food Assistance Program (FAP) benefits effective June 22, 2015, his application date.
4. On July 15, 2015, the Department received the Claimant's request for a hearing protesting the denial of his State Emergency Relief (SER) application.

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 State Emergency Relief (SER) program is established by the Social Welfare Act, MCL 400.1-.119b. The SER program is administered by the Department (formerly known as the Department of Human Services) pursuant to MCL 400.10 and Mich Admin Code, R 400.7001-.7049.

SER serves all persons physically present in Michigan. In addition SER applicants must:

- Complete the application process.
- Meet financial and non-financial requirements.
- Have an emergency which threatens health or safety and can be resolved through issuance of SER.
- Take action within their ability to help themselves. For example, obtain potential resources and/or apply for assistance.
- Not have caused the emergency.
- Cooperate in providing information about income, assets, living arrangements, and other persons living in the home.

The Department will deny SER services for applicants who fail to meet any of the above requirements. Department of Health and Human Services Emergency Relief Manual (ERM) 101 (March 1, 2013), p 1.

State Emergency Relief (SER) assists individuals and families to resolve or prevent homelessness by providing money for rent, security deposits, and moving expenses. The Department will issue SER benefits for relocation services for clients that are homeless or at risk of becoming homeless. Department of Health and Human Services Emergency Relief Manual (ERM) 303 (October 1, 2013), pp 1-2.

A SER application may establish eligibility for relocation services by establishing homelessness with any of the following:

- Eviction, judgment, or court order from last residence. Note: A demand for possession non-payment of rent or notice to quit is not acceptable.

- Group's statement that they are living with others to escape domestic violence.
- Group's statement that they are sleeping in a car, or on the street and there is no housing they can return to.
- Fire department report, newspaper article, etc. verifying a fire or natural disaster.
- Statement from the releasing facility for persons exiting jail, prison, a juvenile facility, a hospital, a medical setting, foster care, a substance abuse facility or a mental health treatment setting indicating there is no available housing and the person has no residence to return to.
- Signed and dated statement on official letterhead of the agency or service provider, which identifies the persons and the homeless assistance program they are eligible for. ERM 303, p 6.

The Department received the Claimant's SER application on June 22, 2015, seeking relocation assistance. Relocation assistance is available for applicants that are homeless or at risk of becoming homeless. Verification of homelessness is required before the Department may issue these benefits. On June 29, 2015, the Department had not received verification that the Claimant was homeless or at risk of homelessness, and it denied the SER application.

The Claimant's mother testified that the Claimant was living with her and that her home was at risk of foreclosure. The Claimant's mother argued that this put the Claimant at a risk of homelessness.

Department policy requires that an application for SER benefits provide verification of homelessness. While an eviction order is one method of establishing homelessness, the policy allows for other forms of verification depending on the circumstances. In this case, the Claimant failed to establish that he provided the Department with verification of homelessness or a risk of becoming homeless.

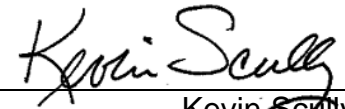
Furthermore, the Claimant provided the Department with verification of a housing obligation as of August of 2015. Applicant's for SER benefits are required to seek all available recourses to resolve their emergency situation. The evidence presented on the record supports a finding that the Claimant was able to resolve his emergency without receiving SER 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 denied the Claimant's application for SER benefits because the Claimant failed to establish an emergency that required SER benefits to resolve.

The Claimant testified that he has been approved for FAP and MA benefits and that these issues have been resolved before the hearing.

DECISION AND ORDER

Accordingly, the Department's decision is AFFIRMED.



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

Date Signed: **9/11/2015**

Date Mailed: **9/11/2015**

KS ■

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 party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (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:

