

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

**IN THE MATTER OF:**

██████████  
██████████  
██████████

MAHS Reg. No.: 15-017210  
Issue No.: 3002  
Agency Case No.: ██████████  
Hearing Date: November 09, 2015  
County: Macomb-District 20

**ADMINISTRATIVE LAW JUDGE: Zainab Baydoun**

**HEARING DECISION**

Following Petitioner'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 November 9, 2015, from Detroit, Michigan. Petitioner appeared for the hearing with his brother in law, ██████████. The Department was represented by ██████████, Eligibility Specialist and ██████████, Eligibility Specialist who also served as interpreter.

**ISSUE**

Did the Department properly close Petitioner's Food Assistance Program (FAP) case on the basis that he failed to verify requested information?

**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 May 19, 2015, the Department sent Petitioner a Verification Checklist (VCL) instructing him to submit verification of his wages, loss of employment and checking account information by May 29, 2015. (Exhibit A)
2. On June 23, 2015, the Department sent Petitioner a Notice of Case Action informing him that his FAP case closed on the basis that he failed to provide the Department with requested verifications. (Exhibit B)
3. On September 17, 2015, Petitioner requested a hearing disputing the Department's actions.

### **CONCLUSIONS OF LAW**

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, verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130 (October 2014), p.1. To request verification of information, the Department sends a verification checklist (VCL) which tells the client what verification is required, how to obtain it, and the due date. BAM 130, p. 3. Although the client must obtain the required verification, the Department must assist if a client needs and requests help. If neither the client nor the Department can obtain the verification despite a reasonable effort, the Department is to use the best available information; and if no evidence is available, the Department is to use its best judgment. BAM 130, p. 3.

With respect to FAP cases, clients are given 10 calendar days to provide the verifications requested by the Department. Verifications are considered to be timely if received by the date they are due. BAM 130, pp.6-7. The Department sends a negative action notice when the client indicates a refusal to provide a verification or the time period given has elapsed and the client has not made a reasonable effort to provide it. BAM 130, pp.6- 7.

In this case, the Department testified that on May 19, 2015, it requested that Petitioner submit proof of his loss of employment, wages, and bank account checking information by May 29, 2015. (Exhibit A). The Department stated that because it did not receive any of the requested verifications by the due date, it sent Petitioner a Notice of Case Action advising of the FAP case closure. (Exhibit B). The Department initially stated that Petitioner was an ongoing FAP recipient, however, later in the hearing, the Department testified that based on the negative action effective date, it would appear that the Petitioner was a FAP applicant.

At the hearing, Petitioner could not recall if he received a copy of the VCL dated May 19, 2015, but confirmed that the address where the VCL was mailed was his correct mailing address. Petitioner further confirmed that he was having no reported mail problems. Petitioner initially stated that his niece completed and faxed some documents to the Department; however, it was later established that the document sent in was the request for hearing. Petitioner confirmed that he did not provide the Department with a proof of his bank account information or proof of his wages by the due date.

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 although it was clear that a language barrier existed and it is likely that Petitioner may not have understood

exactly what was being requested, because the Department did not receive proof of wages and bank account information by the due date, the Department acted in accordance with Department policy when it closed Petitioner's FAP case. Petitioner was informed that he is entitled to submit a new application for FAP benefits and have his eligibility determined.

**DECISION AND ORDER**

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



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

Date Signed: 11/13/15

Date Mailed: 11/13/15

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: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]