

1. On August 28, 2015, the Department received the Claimant's Child Development and Care (CDC) application.
2. On August 28, 2015, the Department sent the Claimant a Verification Checklist (DHS-3503) with a due date of September 8, 2015.
3. On September 23, 2015, the Department notified the Claimant that it had denied Child Development and Care (CDC) benefits as of August 23, 2015.
4. On November 20, 2015, the Department received the Claimant's request for a hearing protesting the denial of her Child Development and Care (CDC) 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 Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social Security Act, 42 USC 601-619, 670-679c, and 1397-1397m-5; the Child Care and Development Block Grant of 1990, PL 101-508, 42 USC 9858 to 9858q; and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193. The program is implemented by 45 CFR 98.1-99.33. The Department administers the program pursuant to MCL 400.10 and provides services to adults and children pursuant to MCL 400.14(1) and Mich Admin Code, R 400.5001-.5020.

Clients must cooperate with the local office in determining initial and ongoing eligibility and this includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (July 1, 2015), p 8.

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. The Department uses documents, collateral contacts, or home calls to verify information. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. When documentation is not available, or clarification is needed, collateral contact may be necessary. Department of Human Services Bridges Assistance Manual (BAM) 130 (July 1, 2015), pp 1-9.

The Claimant had previously been a CDC recipient. On August 28, 2015, the Department received the Claimant's CDC new application for those benefits. On August 28, 2015, the Department sent the Claimant a Verification Checklist (DHS-3503) requesting, among other things, verification of prior employment that had ended. On September 23, 2015, the Department had not received any verification of the Claimant's previous employment and it notified her that it had denied her CDC application.

The Claimant testified that she was willing to provide the Department with verification from her previous employer. The Claimant testified that she had relied on her previous employer to forward the required information to the Department.

This Administrative Law Judge finds that the Claimant had a duty to provide the Department with verification of her previous employment and that this duty could not be delegated to a third party. No evidence was presented on the record that the Claimant

requested assistance from the Department to obtain verification from her previous employer.

The Claimant argued that she was promised by her caseworker that her CDC benefits would be restored.

The Claimant has the burden of establishing eligibility to receive CDC benefits regardless of any assurances from her caseworker that her benefits would be reinstated. The Claimant failed to establish that she satisfied all the requirements of the CDC application process because she failed to establish that she had provided sufficient verification of her previous employment that had ended.

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 Child Development and Care (CDC) application.

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 Mailed: **2/16/2016**

KS/db

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]