



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
Christopher Seppanen  
Executive Director

MIKE ZIMMER  
DIRECTOR

[REDACTED]

Date Mailed: April 21, 2016  
MAHS Docket No.: 16-003436  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Kevin Scully**

**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. After due notice, telephone hearing was held on April 20, 2016, from Lansing, Michigan. Participants on behalf of Petitioner included [REDACTED] (Hearing Facilitator) represented the Department of Health and Human Services (Department). Witnesses on behalf of the Department included [REDACTED] (Eligibility Specialist) and [REDACTED] of the Kalamazoo County Prosecutor's Office.

**ISSUE**

Did the Department of Health and Human Services (Department) properly close the Petitioner's Food Assistance Program (FAP) 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 Petitioner was an ongoing Food Assistance Program (FAP) recipient.
2. On November 16, 2015, the Department sent the Petitioner a Redetermination (DHS-1010) with a due date of December 8, 2015. Exhibit A, p 4.
3. The Petitioner reported to the Department that she was on maternity leave from her employment.
4. On January 5, 2016, the Department sent the Petitioner a Verification Checklist (DHS-3503) requesting verification of all bank accounts and current income by January 15, 2016. Exhibit A, p 5.

5. On January 5, 2016, the Department sent the Petitioner a Verification of Employment (DHS-38) with a January 15, 2016, due date. Exhibit A, p 7.
6. On February 23, 2016, the Department notified the Petitioner that it would close her Food Assistance Program (FAP) benefits effective January 1, 2016. Exhibit A, pp 8 - 11.
7. On March 30, 2016, the Department received the Petitioner's request for a hearing protesting the closure of her Food Assistance Program (FAP) benefits. Exhibit A, p 1.

### **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.

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 (January 1, 2016), pp 1-9.

The Petitioner was an ongoing FAP recipient when the Department initiated a routine review of her eligibility to receive continuing benefits by sending her a Redetermination (DHS-1010) form. The Petitioner had reported that she was no longer working while on maternity leave, and the Department requested verification of her bank accounts and current income. The Petitioner provided verification that she was not working but failed to provide verification of all bank accounts. The Petitioner also failed to provide

verification of ending income and whether she would be receiving maternity leave pay. On February 23, 2016, the Department notified the Petitioner that it would close her Food Assistance Program (FAP) benefits.

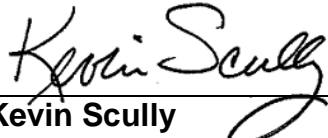
This Administrative Law Judge finds that the Petitioner had a duty to provide the Department with information necessary to determine her eligibility for continuing FAP benefits following the conclusion of her benefit period, and that she failed to make a reasonable attempt to provide this information in a timely manner.

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 closed the Petitioner's Food Assistance Program (FAP) benefits effective January 1, 2016.

**DECISION AND ORDER**

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

KS/las

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

**NOTICE OF APPEAL:** A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; 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

**DHHS**

[REDACTED]

[REDACTED]

**Petitioner**

[REDACTED]