



RICK SNYDER  
GOVERNOR

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

SHELLY EDGERTON  
DIRECTOR

[REDACTED]

Date Mailed: [REDACTED]  
MAHS Docket No.: 16-004491  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Jacquelyn A. McClinton**

### **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 [REDACTED], from Detroit, Michigan. The Petitioner was represented by Petitioner. The Department of Health and Human Services (Department) was represented by [REDACTED], Assistance Payments Worker and [REDACTED], Lead Child Support Specialist with the Office of Child Support (OCS).

### **ISSUE**

Did the Department properly reduce Petitioner's FAP benefits for noncooperation with the OCS?

### **FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Petitioner is an ongoing FAP recipient.
2. On [REDACTED], the OCS sent Petitioner a First Customer Contact Letter requesting information, within 21 days, relating to the identity of the father of her child.
3. Petitioner did not respond within 21 days.

4. On [REDACTED], the OCS sent Petitioner a Final Customer Contact Letter requesting information, within 14 days, relating to the identity of the father of her child.
5. Petitioner contacted the OCS on [REDACTED] and indicated that she did not have any identifying information relating to the father of her child.
6. On [REDACTED], the OCS sent Petitioner a Noncooperation Notice which informed Petitioner that she had been placed in noncooperation status as of that date.
7. On [REDACTED], the Department sent Petitioner a Notice of Case Action which informed her that her Food Assistance Program benefits would be reduced from \$282.00 per month to \$194.00.

### 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, Department policy requires the custodial parent of children to comply with all requests for action or information needed to establish paternity and/or obtain child support on behalf of children for whom they receive assistance, unless a claim of good cause for not cooperating has been granted or is pending. BEM 255 ([REDACTED]), p. 1.

Petitioner testified that her child was conceived as a result of a one night stand. Petitioner indicated the father of her child was a dark skinned African American man whom she had not met prior to the night of conception. Petitioner identified the approximate height of the man and the bar in which the two met. Further, Petitioner indicated that no man has contacted her claiming to be the father of the child in the four years since her child was born.

The OCS testified that because Petitioner was unable to provide any identifiable information of a potential father for her child during a telephone call on [REDACTED], it placed her into noncooperation status. According to the Department's Hearing Summary, the effective date of the reduction in FAP benefits was [REDACTED].

There were no proofs offered that Petitioner has ever been able to identify the father of her child to friends or family. As such, it is found that Petitioner has provided all available information and has therefore cooperated with the OCS.

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 did not act in accordance with policy when it placed Petitioner in noncooperation status with the OCS.

**DECISION AND ORDER**

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

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Remove the [REDACTED] child support noncooperation sanction from Petitioner's FAP case;
2. Issue any FAP supplements Petitioner was entitled to receive but did not, effective [REDACTED]; and
3. Notify Petitioner in writing of its decision.

JM/hw



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**Jacquelyn A. McClinton**  
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 [REDACTED] 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]

**Department Representative**

[REDACTED]

**Petitioner**

[REDACTED]