



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: February 21, 2017  
MAHS Docket No.: 17-000732  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Vicki Armstrong

### **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 February 15, 2017, from Lansing, Michigan. Petitioner personally appeared and testified.

The Department of Health and Human Services (Department) was represented by Family Independence Manager [REDACTED] and Assistance Payment Worker [REDACTED]. [REDACTED] testified on behalf of the Department.

### **ISSUE**

Did the Department properly deny Petitioner's application for the Food Assistance Program (FAP) for failure to timely return the requested verifications?

### **FINDINGS OF FACT**

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

1. On December 21, 2016, Petitioner submitted her Redetermination for FAP. [Dept. Exh. 3-10].
2. On December 21, 2016, the Department issued a Verification Checklist with a due date of January 3, 2017. [Dept. Exh. 11-14].

3. On January 3, 2017, the Department issued Petitioner a Notice of Case Action informing her that her FAP benefits would be closed effective January 1, 2017, ongoing, for failing to participate in the FAP interview process. [Dept. Exh. 16-17].
4. Petitioner credibly testified that she timely submitted the requested verifications but for her bank statement.
5. On January 13, 2017, Petitioner reapplied for FAP benefits and submitted a Request for Hearing asking for an explanation as to why her FAP case had been closed. [Dept. Exh. 21].
6. On January 13, 2017, the Department issued Petitioner a Verification Checklist with a due date of January 23, 2017. [Dept. Exh. 22-27].
7. On February 6, 2017, Petitioner submitted the requested bank statement.
8. Assistance Payment Worker, [REDACTED], credibly testified that because Petitioner submitted the requested bank statement within the grace period, Petitioner would be receiving FAP benefits retroactive to her January 13, 2017, 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 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.

Department policy states that clients must cooperate with the local office in determining initial and ongoing eligibility. BAM 105, p 8 (7/1/2015). This includes completion of the necessary forms. *Id.* Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. *Id.* at 9. Clients must take actions within their ability to obtain verifications. *Id.* at 12.

Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130, p 1 (7/1/2015). Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. *Id.*

The Department uses the Verification Checklist, DHS-3503, to tell the client what verification is required, how to obtain it and the due date. BAM 130, p 3. The client must obtain the required verification, but the Department must assist if they need and request help. *Id.*

A client is allowed 10 calendar days (or other time limit specified in policy) to provide the verification requested by the Department. BAM 130, p 6. The Department sends a negative action notice when the client indicates refusal to provide a verification, or the time period given has elapsed and the client has not made a reasonable effort to provide it. *Id.* at 7.

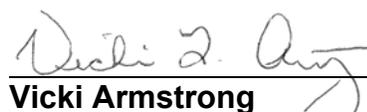
In this case, Petitioner submitted her FAP Redetermination on December 21, 2016. On December 21, 2016, the Department issued a Verification Checklist with a due date of January 3, 2017. On January 3, 2017, the Department issued a Notice of Case Action indicating Petitioner's FAP benefits would be closed effective January 1, 2017, for failure to timely return the requested verifications and participate in the required FAP interview. Petitioner stated that she now understood the actions the Department had taken.

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department acted in accordance with Department policy when it closed Petitioner's FAP benefits.

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

VLA/bb



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**Vicki Armstrong**  
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]

**Petitioner**

[REDACTED]