



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] May 15, 2017  
MAHS Docket No.: 17-004448  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Carmen G. Fahie

### **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 [REDACTED], Michigan. Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by [REDACTED] Eligibility Specialist, and [REDACTED], Assisted Payments Supervisor.

### **ISSUE**

Did the Department properly deny Petitioner's application for Food Assistance Program (FAP) because she failed to provide the required verification to determine FAP eligibility?

### **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 [REDACTED], Petitioner applied for FAP benefits. Department Exhibit 1, pgs. 6-26.
2. On [REDACTED], the Department Caseworker sent Petitioner a Verification Checklist, DHS 3503, to provide the required verifications to determine FAP eligibility that was due by [REDACTED], to the Department. Department Exhibit 1, pgs. 28-29.

3. On [REDACTED], the Department Caseworker sent Petitioner a denial notice because she failed to provide the required verifications to determine FAP eligibility. Department Exhibit 1, pgs. 30-33.
4. On [REDACTED], the Department received a hearing request from Petitioner, contesting the Department's negative action.

### **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 [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.

In this case, Petitioner applied for FAP benefits on [REDACTED]. Department Exhibit 1, pgs. 6-26. On [REDACTED], the Department Caseworker sent Petitioner a Verification Checklist, DHS 3503, to provide the required verifications to determine FAP eligibility that was due by [REDACTED], to the Department. Department Exhibit 1, pgs. 28-29. On [REDACTED], the Department Caseworker sent Petitioner a denial notice because she failed to provide the required verifications to determine FAP eligibility. Department Exhibit 1, pgs. 30-33. On [REDACTED], the Department received a hearing request from Petitioner, contesting the Department's negative action. BEM 400. BAM 130

During the hearing, Petitioner stated that she submitted the verification for her [REDACTED] account on [REDACTED]. She provided the Department with the front and back copy of her card with her account number and her pin. The account did not have any money in it because she married her child's father, so there is no more requirement to pay child support. According to Petitioner, the account is closed and has a \$ [REDACTED] balance. The Department stated that they would not call to check on the balance in her account, but Petitioner stated that her previous Department Caseworker had because she did not know how to print a copy of her balance. The Department said that what Petitioner submitted was not sufficient, but they did not inform her that what she submitted was not sufficient and what she could submit to get the Department the required verification that they needed. This could have been done through a phone call or a case note.

**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, if any, finds that the Department did not act in accordance with Department policy when it denied Petitioner's FAP application without informing her that what she submitted was not sufficient, and how to submit the required verification that the Department could use to determine FAP eligibility.

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 of initiating a redetermination of Petitioner's eligibility for FAP retroactive to her FAP application dated [REDACTED], by sending out a new Verification Checklist, DHS 3503, for Petitioner to provide verification of [REDACTED] balance and account closure.

CF/bb



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**Carmen G. Fahie**  
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]