



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] June 8, 2017
MAHS Docket No.: 17-005334
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] [REDACTED] Hearing Facilitator; and [REDACTED], Eligibility Specialist.

ISSUE

Did the Department properly determine Petitioner's self-employment income for Food Assistance Program (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. Petitioner was a recipient of FAP benefits.
2. On [REDACTED], the Department Caseworker sent Petitioner a Verification Checklist, DHS 3503, that was due [REDACTED], for Petitioner to provide self-employment income for [REDACTED], [REDACTED], and [REDACTED]. Department Exhibit 1, pgs. 1-11.
3. On [REDACTED], the Department received the verifications back, but with the words not applicable on them and do not have self-employment income without a date or Petitioner's signature. Department Exhibit 1, pgs. 6-11.

4. On [REDACTED], the Department received a hearing request from Petitioner, contesting the closure of her FAP case because she does not sell goods on Facebook.
5. On [REDACTED], the Department Caseworker sent Petitioner a Notice of Case Action, DHS 1605, that her FAP case was closed because she failed to submit verification of self-employment income. Department Exhibit 1, pgs. 12-14.

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.

In this case, Petitioner was a recipient of FAP benefits. On [REDACTED], the Department Caseworker sent Petitioner a Verification Checklist, DHS 3503 that was due [REDACTED], for Petitioner to provide self-employment income for [REDACTED], [REDACTED], and [REDACTED]. Department Exhibit 1, pgs. 1-11. On [REDACTED], the Department received the verifications back, but with the words not applicable on them and do not have self-employment income without a date or Petitioner's signature. Department Exhibit 1, pgs. 6-11.

On [REDACTED], the Department received a hearing request from Petitioner, contesting the closure of her FAP case because she does not sell goods on [REDACTED]. On [REDACTED], the Department Caseworker sent Petitioner a Notice of Case Action, DHS 1605, that her FAP case was closed because she failed to submit verification of self-employment income. Department Exhibit 1, pgs. 12-14. BEM 502 and 400. BAM 105, 115, 130, 200, and 220.

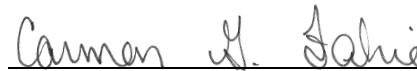
During the hearing, the Department stated that the verifications were not signed and dated by Petitioner. They did receive them before the due date. The Department Caseworker did not send Petitioner a notice that she had to sign and date verifications in order for them to be valid, but the forms were clear as to what was expected of a signature and a date. In addition, the Department did not meet their burden that anything was sold, but Petitioner failed to submit the required verifications by completing the form then signing and dating the form. If the Department has concerns about Petitioner not reporting income then they need to request a Fee Investigation as Department policy allows. Petitioner is eligible to reapply for FAP benefits.

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 acted in accordance with Department policy when it determined that Petitioner failed to complete the self-employment forms with her signature and the date by the date, which resulted in the closure of her FAP case.

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

CF/bb



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]