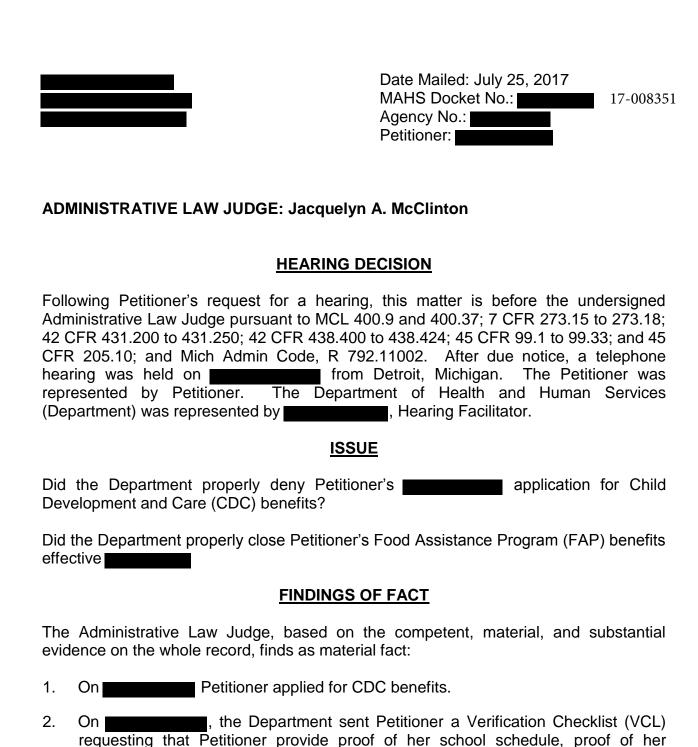
RICK SNYDER GOVERNOR

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

SHELLY EDGERTON



3. The requested information was due on or before

residential address, and proof of her child support income.

- 4. On process of the second se
- 5. On _____, the Department received verification of Petitioner's child support income but failed to log the information until ____.
- 6. On _____, the Department sent Petitioner a Notice of Case Action which notified that her application for CDC benefits had been denied.
- 7. The Notice of Case Action also notified Petitioner that her FAP case would close effective for failure to verify her child support income.
- 8. On processing, Petitioner filed a Request for Hearing disputing the Department's actions.

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.

The Child Development and Care (CDC) program is established by Titles IVA, IVE and XX of the Social Security Act, 42 USC 601-619, 670-679c, and 1397-1397m-5; the Child Care and Development Block Grant of 1990, PL 101-508, 42 USC 9858 to 9858q; and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193. The program is implemented by 45 CFR 98.1-99.33. The Department administers the program pursuant to MCL 400.10 and provides services to adults and children pursuant to MCL 400.14(1) and Mich Admin Code, R 400.5001-.5020.

Additionally, under Department policy, verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email or Mi Bridges document upload), the date of the transmission is the receipt date. Verifications that are submitted after the close of regular business hours through the drop box or by delivery of a MDHHS representative are considered to be received the next business day. The Department is required to send a negative action notice when:

• The client indicates refusal to provide a verification, or

effort to provide it. BAM 130 (April 2017), p. 7. In this case, Petitioner applied for CDC benefits on Department sent Petitioner a VCL requesting a copy of her school schedule, proof of residential address, and proof of child support income. On May 26, 2017, Petitioner attempted email her assigned worker. Petitioner sent the email The correct address was ٧. Depending on the penmanship, it is likely that the letter "a" appeared to be the number "9". The Department did not indicate that the verification relating to the rent expense was at Regarding the child support income, the Department conceded it received Petitioner's child support income on but did not log the information into its , which was after the **control of the little of the little** system until the Department testified that it closed Petitioner's FAP benefits. The Department also denied Petitioner's application for CDC benefits due to the failure to verify the need and failure to verify child support income. Petitioner clearly made a reasonable attempt to provide a copy of her school schedule Further, Petitioner timely submitted her child support income. Petitioner timely submitted her child support income, the Department improperly closed her FAP benefits effective Further because Petitioner timely submitted her child support income and made a reasonable attempt to verify her need for CDC benefits, it is found that the Department improperly denied her application for CDC benefits. 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 application for CDC benefits and also did not act in accordance with Department policy when it closed Petitioner's FAP benefits effective

The time period given has elapsed and the client has **not** made a reasonable

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:

Reregister and reprocess Petitioner's application for CDC benefits;
 Issue CDC supplements Petitioner was eligible for as a result of her application but did not receive;
 Reinstate Petitioner's FAP benefits effective;
 Issue FAP supplements Petitioner was eligible to receive but did not effective and
 Notify Petitioner of its decision in writing.

JAM/tlf

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 (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

Via Email:	
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Petitioner – First-Class Mail:	