



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

SHELLY EDGERTON  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

Date Mailed: February 21, 2018  
MAHS Docket No.: 18-000630  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris**

**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; 42 CFR 438.400 to 438.424; 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, 2018, from Detroit, Michigan. The Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by [REDACTED], FIM and [REDACTED], Eligibility Specialist.

**ISSUE**

Did the Department properly deny the Petitioner's Food Assistance (FAP) application for failure to verify information?

**FINDINGS OF FACT**

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

1. The Petitioner was sent a redetermination for her food assistance on November 1, 2017 which was not completed, and her food assistance benefits closed on December 1, 2017.
2. The Petitioner reapplied for FAP on December 7, 2017 listing her address as [REDACTED]. Exhibit 4
3. On December 7, 2017 the Department sent a Verification Checklist (VCL) to Petitioner requesting verification of rent, wages and proof of residence address which were due December 18, 2017. Exhibit 5

4. On December 11, 2017 the Petitioner returned check stubs and on December 18, 2017 a rent receipt with an incomplete address and no identification as to who signed the receipt. The receipt was for [REDACTED], Petitioner's address in September 2017. Money order receipts were also sent but they did not indicate who the money order was issued to. Exhibit 9
5. The Department also attempted to verify Petitioner's address by the pay stubs submitted but they did not contain an address. Exhibit 8
6. In addition, the Petitioner did not provide current identification ID as it was expired. Exhibit 18
7. The Department sent the Petitioner a Notice of Case Action on December 21, 2017 denying the Petitioner's FAP application effective December 7, 2017 due to failure to verify residential address.
8. The Petitioner filed a timely hearing request on January 3, 2018 protesting 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.

In this case, the Department denied an application filed by the Petitioner for Food Assistance on December 7, 2017 due to her failure to verify her address. Several documents were supplied by the Petitioner, however none of the documents provided an address. The Petitioner listed her rent as [REDACTED] a month in the application. The following proofs were submitted by Petitioner, an expired Michigan ID with an address that did not match her mailing or current alleged address for either [REDACTED] (mailing address) or [REDACTED]. No utility bills were provided to show an address, the rent receipt did not list her complete current address, the amount of the monthly rent was unclear and there was no date on the receipt. The pay stubs provided did not contain Petitioner's address and no lease was provided.

The Department must verify information at application and for FAP if rent is claimed the Department must verify shelter expense. In addition, if information regarding an eligibility factor is unclear, inconsistent, incomplete or contradictory verification is necessary and appropriate. In this case the Petitioner listed [REDACTED], [REDACTED] on her FAP application as the address where she lived, however she indicated at the hearing where she lived was [REDACTED] and the same address was used on her most recent application which is pending and not the subject of this hearing. At the hearing, the Petitioner advised the Chalmers address was her mailing address. Clients are allowed 10 days to provide verification. BAM 130 (April 2017), p. 1.

Send 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. BAM 130, p. 7
- Before determining eligibility, give the client a reasonable opportunity to resolve any discrepancy between his statements and information from another source. BAM 1340, p.9

In this case, the Department advised the Petitioner what it wanted and several ways to provide the information. Establishing residence and rent are basic requirements for receipt of benefits and based upon the evidence presented the documents Provided by the Petitioner did not establish the required information.

The Department must verify shelter expenses at application:

Verify shelter expenses at application and when a change is reported. If the client fails to verify a reported change in shelter, remove the old expense until the new expense is verified.

Acceptable verification sources include, but are **not** limited to:

- Cancelled checks, receipts or money order copies, if current. The receipt must contain minimum information to identify the expense, the amount of the expense, the expense address if verifying shelter, the provider of the service and the name of the person paying the expense.
- DHS-3688, Shelter Verification form. A copy of this form will be sent to the FAP group and a task and reminder sent to the specialist when a change of address is done in Bridges. The due date will be on the form. The

specialist must monitor for return of the form and take appropriate action if it is or is **not** returned.

- Current lease. BEM 554 (August 2017), 14-15.

In addition, BEM 221 requires that in order to be eligible for FAP benefits identity must be verified and failure of the head of household to verify identity, results in group ineligibility. BEM 212, (July 2017) p. 1.


Based upon the documentation provided the Department correctly determined that Petitioner did not provide sufficient information to verify her rent or her residence as the information and documentation provided did not provide the documentation of information requested by the Department so that it could complete processing of the application.

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 denied Petitioner's application for Food Assistance for failure to verify information and residence.

#### **DECISION AND ORDER**

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

LF/tm



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**Lynn M. Ferris**  
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]  
[REDACTED]  
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