



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

[REDACTED]
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Date Mailed: March 1, 2019
MAHS Docket No.: 18-013605
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Vicki L. 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; 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 27, 2019, from Lansing, Michigan. Petitioner personally appeared and testified.

The Department of Health and Human Services (Department) was represented by Hearing Facilitator Valarie Foley. Ms. Foley testified on behalf of the Department. The Department submitted eight exhibits which were admitted into evidence. The record was closed at the conclusion of the hearing.

ISSUE

Did the Department properly close Petitioner's Food Assistance Program (FAP) benefits for failure to timely return 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 November 20, 2018, the department mailed Petitioner a Verification Checklist requesting proof of employment and proof of loss of employment, due by November 30, 2018. [Dept. Exh. 4-5].
2. On December 11, 2018, the department mailed Petitioner a Notice of Case Action informing him that his FAP benefits were denied as of November 19, 2018 ongoing. [Dept. Exh. 6-7].

3. On December 21, 2018, the department received Petitioner's Request for Hearing. [Dept. Exh. 2-3].
4. During the hearing held on February 27, 2019, Petitioner credibly testified that he had brought in the requested proofs for the hearing, because he "did not have it to submit earlier." [Testimony of ██████████ ██████████ February 27, 2019].

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 9 (1/1/2018). 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.* Clients must take actions within their ability to obtain verifications. *Id.* at 14.

Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130, p 1 (4/1/2017). 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 7. 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, the Department mailed Petitioner a Verification Checklist with a due date of November 30, 2018. Petitioner failed to timely return the requested verifications concerning his loss of employment and pay stubs showing current employment.

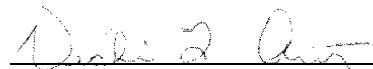
On December 11, 2018, the Department issued a Notice of Case Action indicating Petitioner's FAP application was denied for failure to timely return the requested verifications. Petitioner did not dispute that he failed to timely return verifications.

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

DECISION AND ORDER

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

VLA/nr



Vicki L. Armstrong
Administrative Law Judge
for Robert Gordon, 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) 763-0155; 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

Susan Noel
26355 Michigan Ave.
Inkster, MI
48141

Wayne 19 County DHHS- via electronic
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BSC4- via electronic mail

M. Holden- via electronic mail

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Petitioner

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