



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
MI [REDACTED]

Date Mailed: September 23, 2019  
MOAHR Docket No.: 19-009134  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Jeffrey Kemm

### **HEARING DECISION**

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9, 7 CFR 273.15, and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on September 19, 2019, from Lansing, Michigan. Petitioner, [REDACTED] [REDACTED] appeared and represented herself. Respondent, Department of Health and Human Services (Department), had Keeona Remmer, Assistance Payments Worker, appear on its behalf. The Department also had Jeff Koteles, Office of Child Support Lead Worker, appear as a witness. Neither party had any additional witnesses.

One exhibit was admitted into evidence during the hearing. A 53-page packet of documents provided by the Department was admitted collectively as the Department's Exhibit A.

### **ISSUE**

Did the Department properly terminate Petitioner's Food Assistance Program (FAP) benefits?

### **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 FAP benefit recipient.
2. On May 14, 2019, the Department issued a verification checklist to Petitioner to request information from Petitioner to review her eligibility for FAP benefits. The verification checklist instructed Petitioner to provide paystubs for the past 30 days for herself and her son to the Department by May 24, 2019.

3. Petitioner provided the Department with two paystubs each for herself and her son. The paystubs had pay dates of April 17, 2019, and May 1, 2019. The paystubs covered the dates of April 1, 2019, through April 28, 2019. Petitioner provided the information by the Department's due date.
4. The Department received the paystubs from Petitioner and determined that they were insufficient because Petitioner did not include the paystubs for the pay date April 3, 2019.
5. On May 14, 2019, the Department issued a notice of case action which notified Petitioner that she was denied FAP benefits effective June 1, 2019, because she did not provide information as requested on her verification checklist.
6. On [REDACTED] [REDACTED] [REDACTED] Petitioner filed a hearing request to dispute the Department's decision.

### **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 administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011.

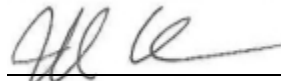
The Department terminated Petitioner's FAP benefits due to her failure to provide requested verification. The Department must tell a client what verification is required, how to obtain it, and the due date. BAM 130 (April 1, 2017), p. 3. The Department must allow the client 10 calendar days to provide requested verification. *Id.* at 7. Verifications must be received by the Department by the due date in order to be considered timely. *Id.* The Department must send a Negative Action Notice when either (a) the client indicates a refusal to provide a verification or (b) the due date lapses and the client has not made a reasonable effort to provide verifications. *Id.*

The Department did not properly terminate Petitioner's FAP benefits because Petitioner did not refuse to provide verifications or fail to make a reasonable effort. To the contrary, Petitioner provided what she reasonably believed was requested. The Department requested paystubs for the past 30 days for herself and her son, and Petitioner provided paystubs for April for herself and her son.

**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 its policies and the applicable law when it terminated Petitioner's FAP benefits.

IT IS ORDERED the Department's decision is **REVERSED**. The Department shall begin to implement this decision within 10 days.



JK/nr

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Jeffrey Kemm  
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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules  
Reconsideration/Rehearing Request  
P.O. Box 30639  
Lansing, Michigan 48909-8139

**DHHS**

Denise McCoggle  
27260 Plymouth Rd  
Redford, MI  
48239

Wayne 15 County DHHS- via electronic  
mail

BSC4- via electronic mail

M. Holden- via electronic mail

D. Sweeney- via electronic mail

**Department Representative**

Office of Child Support (OCS)-MDHHS  
201 N Washington Square  
Lansing, MI  
48933

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED], MI