



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED], MI [REDACTED]

Date Mailed: August 5, 2020  
MOAHR Docket No.: 20-004093  
Agency No.: [REDACTED]  
Petitioner: [REDACTED] [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Kevin Scully

### **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. After due notice, telephone hearing was held on July 28, 2020, from Lansing, Michigan. Petitioner was represented by herself. The Department was represented by Renee Trudeau.

### **ISSUE**

Did the Department of Health and Human Services (Department) properly Petitioner's application for cash assistance?

### **FINDINGS OF FACT**

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

1. On May 21, 2020, the Department sent Petitioner a Verification Checklist (DHS-3503) with a due date of June 1, 2020 and requesting that the enclosed documents be returned to the Department. Exhibit A, pp 7-8.
2. On June 2, 2020, the Department notified Petitioner that she was not eligible for cash assistance. Exhibit A, pp 1-5.
3. On June 4, 2020, the Department received Petitioner's Jobs and Self-Sufficiency Survey (DHS-619). Exhibit A, pp 9-10.
4. On June 9, 2020, the Department received Petitioner's request for a hearing protesting the denial of her application for cash assistance.

## **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 Family Independence Program (FIP) was established pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, and 42 USC 601 to 679c. The Department (formerly known as the Department of Human Services) administers FIP pursuant to 45 CFR 233-260, MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3101-.3131.

The State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-.119b. The Department of Health and Human Services (formerly known as the Department of Human Services) administers the SDA program pursuant to 42 CFR 435, MCL 400.10 and Mich Admin Code, R 400.3151-.3180.

Clients must cooperate with the local office in determining initial and ongoing eligibility and this includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (October 1, 2019), p 9.

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. The Department uses documents, collateral contacts, or home calls to verify information. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. When documentation is not available, or clarification is needed, collateral contact may be necessary. Department of Human Services Bridges Assistance Manual (BAM) 130 (April 1, 2017), pp 1-10.

Petitioner applied for cash assistance and on May 21, 2020, the Department sent her a Verification Checklist (DHS-3503) with a due date of June 1, 2020. This form was addressed to Petitioner's correct mailing address of record and instructed her to return certain enclosed forms in order to accurately determine her eligibility for cash assistance. When Petitioner did not return the requested documents in a timely manner, the Department denied the cash assistance application.

Petitioner argued that the individual forms requested on the May 21, 2020, verification checklist were mailed to her in separate envelopes and were not enclosed with the verification checklist. Petitioner did not deny receiving the forms she was required to return but argued that the verification checklist is grammatically deficient and prevented her from fulfilling the Department's request.

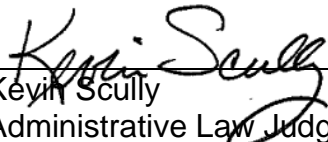
It is not disputed that Petitioner received the Jobs and Self-Sufficiency Survey (DHS-619) because she completed it and returned it to the Department. This form was not returned in a timely manner, and before it was received by the Department, the application for cash assistance had already been denied. The Verification Checklist (DHS-3503), although awkwardly drafted, was sufficient to put Petitioner on notice of the documents necessary to process her application. Returning the Jobs and Self-Sufficiency Survey (DHS-219) is a requirement to receive cash assistance and in this case, it was not returned in a timely manner.

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 cash assistance.

**DECISION AND ORDER**

Accordingly, the Department's decision is AFFIRMED.

KS/nr

  
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Kevin Scully  
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**

Renee Trudeau  
1401 Carpenter Ave.  
Iron Mountain, MI  
49801

Dickinson County DHHS- via electronic  
mail

BSC1- via electronic mail

G. Vail- via electronic mail

B. Cabanaw- via electronic mail

**Petitioner**

██████████ - via first class mail  
██████████  
██████████, MI  
██████████