



FH
[REDACTED]

**STATE OF WISCONSIN
Division of Hearings and Appeals**

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

FOO/155298

PRELIMINARY RECITALS

Pursuant to a petition filed February 04, 2014, under Wis. Admin. Code § HA 3.03(1), to review a decision by the La Crosse County Department of Human Services in regard to FoodShare benefits (FS), a hearing was held on March 17, 2014, at Viroqua, Wisconsin.

The issue for determination is

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: Tom Miller

La Crosse County Department of Human Services
300 N. 4th Street
PO Box 4002
La Crosse, WI 54601

ADMINISTRATIVE LAW JUDGE:

John P. Tedesco
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Vernon County.
2. Petitioner had a FoodShare case as a two-person household. His wife was the other household member.
3. The case underwent periodic case eligibility review in January 2014.

4. The agency budgeted income from social security for petitioner in the amount of \$842 and \$439 for petitioner's wife. The total income budgeted was \$1,281 per month.
5. The agency applied the \$152 standard deduction and excess medical expenses of \$26.18.
6. A shelter deduction of \$71.80 was applied.
7. Net income for the household was budgeted as \$1,031.22.
8. The county determined an allotment of \$37 and sent notice of this amount on 1/28/14.
9. Petitioner appealed notice of this \$37 allotment.
10. In preparation for hearing, petitioner submitted an additional bill for acupuncture which had not previously been submitted and calculated. The agency also determined that a dental bill had been entered as \$72 instead of the correct amount of \$97. The agency then applied an excess medical deduction of \$47.01 and a shelter deduction of \$82.02. The agency determined the correct net adjusted income is \$999.97. After making these changes, the new allotment is \$47.

DISCUSSION

In determining the amount of FS to be issued each month, the county must budget all of the recipient's nonexempt income. 7 C.F.R. §273.9(b). From that income, certain deductions are allowed. The deductions include a standard deduction, which was, at the relevant time of the agency action, \$152 per month for a two person household. 7 C.F.R. §273.9(d)(1); FoodShare Wisconsin Handbook, Appendix 4.6.2. Another deduction is the earned income deduction, which equals 20% of the household's total earned income. 7 C.F.R. §273.9(d)(2); FoodShare Wisconsin Handbook, App. 4.6.3. A third possible deduction is for medical expenses exceeding \$35 in a month for elderly or disabled persons. 7 C.F.R. §273.9(d)(3); FoodShare Wisconsin Handbook, App. 4.6.4. A fourth deduction is for child/dependent care. 7 C.F.R. §273.9(d)(4); FoodShare Wisconsin Handbook, App. 4.6.6. The final deduction is for shelter expenses; the deduction is equal to the excess expense above 50% of net income remaining after other deductions. 7 C.F.R. §273.9(d)(5); FoodShare Wisconsin Handbook, App. 4.6.7.

At hearing, petitioner did not dispute the income budgeted for the group. Petitioner also did not dispute the deductions or the methods used by the agency in reaching the allotment it reached. Petitioner's only argument at hearing was that the household's allotment of \$47 was lower than what he had been told by the worker at the time of the review.

In my review of the calculations, I am unable to determine that the agency erred in any way. Petitioner did not suggest any specific error. The allotment of \$47 appears correct.

CONCLUSIONS OF LAW

The Department did not err in determining a \$7 allotment of FS based on the information petitioner provided.

THEREFORE, it is

ORDERED

That this appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,
Wisconsin, this 1st day of April, 2014

\sJohn P. Tedesco
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on April 1, 2014.

La Crosse County Department of Human Services
Division of Health Care Access and Accountability