



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

Division of Family Development
P.O. Box 716
TRENTON, NEW JERSEY 08625
(609) 588-2400

Chris Christie
Governor

Kim Guadagno
Lt. Governor

Elizabeth Connolly
Acting Commissioner

Natasha Johnson
Director

The following Decision is distributed for your information. This Decision has been made in consideration of the specific facts of this case. This Decision is not to be interpreted as establishing any new mandatory policy or procedure otherwise officially promulgated.

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES

FINAL DECISION

OAL DKT. NO. HPW 2773-15 M.B.

AGENCY DKT. NO. C075191 (ATLANTIC CO. DEPT OF FAM. & COM. DEV)

Petitioner appeals from Respondent Agency's denial of an extension of Emergency Assistance ("EA") benefits under the Housing Hardship Extension ("HHE"), and Housing Assistance Program ("HAP") pilot programs. The Agency denied Petitioner an extension of EA benefits under HHE because she incurred a sanction within the 12-month period prior to applying for HHE, and the Agency denied Petitioner an extension of EA benefits under HAP because she did not meet the required criteria. Because Petitioner appealed, the matter was transmitted to the Office of Administrative Law for a hearing. On May 5, 2015, the Honorable W. Todd Miller, Administrative Law Judge ("ALJ"), held a plenary hearing, took testimony, and admitted documents.

On May 6, 2015, the ALJ issued his Initial Decision, which affirmed the Agency's denial of an extension of EA benefits under HHE and HAP. The ALJ found that Petitioner incurred a sanction within the 12-month period prior to her application for HHE benefits, and therefore she was not eligible for HHE in accordance with N.J.A.C. 10:90-6.9((c)(1)). See Initial Decision at 5. Additionally, the ALJ found that Petitioner was not eligible for HAP, pursuant to N.J.A.C. 10:90-6.10(a), because she was not disabled, she did not have a Supplemental Security Income disability application or appeal pending, and she did not have a Med-1 form demonstrating 12 months of disability. See *id.* at 6-7, 9.

No Exceptions to the Initial decision were filed.

As the Director of the Division of Family Development, Department of Human Services, I have considered the ALJ's Initial Decision and following an independent review of the record, I concur with the ALJ's decision and hereby ADOPT the Findings of Fact and Conclusion of Law in this matter, and AFFIRM the Agency's determination.

Accordingly, the Initial Decision is ADOPTED, and the Agency's Action is AFFIRMED.

Signed Copy on File

at DFD, BARA

MAY 12 2015

Natasha Johnson

Director