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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 05040-21 M.H.

AGENCY DKT. NO. C182111007 (ESSEX COUNTY DIVISION OF WELFARE)

Petitioner appeals from the Respondent Agency's termination of Work First New Jersey/General Assistance ("WFNJ/GA") and Emergency Assistance ("EA") benefits. The Agency terminated Petitioner's WFNJ/GA benefits, contending that she failed to provide the Agency with the required 12-month MED-1 form, and terminated Petitioner's EA benefits because she was no longer a WFNJ benefits recipient. Because Petitioner appealed, the matter was transmitted to the Office of Administrative Law for a hearing. On June 17, 2021, the Honorable Jude-Anthony Tiscornia, Administrative Law Judge ("ALJ"), held a telephonic plenary hearing, and took testimony.

On June 17, 2021, the ALJ issued an Initial Decision, reversing the Agency's determination. Here, the record reflects that the Agency terminated Petitioner's WFNJ/GA benefits, contending that she had provided it with a six-month MED-1 form, and not the 12-month MED-1 form required for WFNJ/GA eligibility. See Initial Decision at 2. Consequently, Petitioner's EA benefits were terminated because she was no longer a WFNJ benefits recipient. *Id.* at 1; see also N.J.A.C. 10:90-6.2(a). However, the record further indicates that, prior to the hearing, Petitioner had provided the Agency with the required 12-month MED-1 form, but that she had received no update from the Agency thereafter. See Initial Decision at 2. At the hearing, the Agency confirmed that Petitioner's 12-month MED-1 form had been received, was considered valid, and that it could not be ascertained why Petitioner's WFNJ/GA and EA benefits had been terminated, or why said benefits should remain terminated. *Ibid.* Further, the Agency testified that the termination of Petitioner's benefits may have been in error, and that the matter would be worked on internally. *Ibid.* Based on the foregoing, the ALJ concluded that Petitioner's WFNJ/GA benefits had been wrongfully terminated, and that Petitioner is permanently disabled as reflected in her 12-month MED-1 form currently held by the Agency. *Id.* at 3. The ALJ also concluded that Petitioner had not failed to comply with any WFNJ regulation or directive. *Ibid.* Accordingly, the ALJ further concluded that the Agency's termination of Petitioner's WFNJ/GA and EA benefits was improper and must be reversed, and that said benefits are to be reinstated immediately, retroactive to the date of termination. *Ibid.* I agree.

No Exceptions to the Initial Decision were received.



As Assistant Commissioner, 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 final conclusion in this matter and hereby ADOPT the Findings of Fact and Conclusion of Law.

Accordingly, the Initial Decision is hereby ADOPTED, and the Agency's determination is REVERSED.

Officially approved final version.

JUN 24 2021

Natasha Johnson

Assistant Commissioner

