



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM

ORLENE HAWKS  
DIRECTOR

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

Date Mailed: March 8, 2019  
MAHS Docket No.: 19-000565  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Carmen G. Fahie

**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; 42 CFR 438.400 to 438.424; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on February 27, 2019, from Lansing, Michigan. Petitioner was represented by herself. The Department of Health and Human Services (Department) was represented by Amber Gibson, Hearing Facilitator.

**ISSUE**

Did the Department properly determine Petitioner's eligibility for the Food Assistance Program (FAP) based on income?

**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 recipient of FAP benefits.
2. On November 5, 2018, the Department Caseworker sent Petitioner a Redetermination Application, DHS-1010 that was due on November 5, 2018. Department Exhibit 1, pgs. 3-11.
3. On December 4, 2018, the Department Caseworker sent Petitioner a Notice of Missed Interview, DHS-254, that Petitioner has missed her scheduled interview to redetermine FAP benefits. The notice stated, "It is your responsibility to reschedule your interview before December 31, 2018, or your redetermination will be denied". Department Exhibit 1, pg. 12.

4. On December 27, 2018, the Department received Petitioner's completed DHS-1010. Department Exhibit 1, pg. 13.
5. On January 18, 2019, the Department Caseworker sent Petitioner a Notice of Case Action, DHS-1605, that she was approved for FAP benefits for \$15 a month effective January 2019. Department Exhibit 1, pgs. 21-24.
6. On January 8, 2019, the Department received a hearing request from Petitioner contesting the Department's negative action.

### **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 (formerly known as the Department of Human Services) administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011.

In this case, Petitioner was a recipient of FAP benefits. She receives \$ [REDACTED] in Social Security RSDI benefits, \$ [REDACTED] in Social Security SSI benefits, and \$ [REDACTED] in the State Supplement. Petitioner had \$ [REDACTED] in earned income from employment. Department Exhibit 1, pgs. 14-18.

As a result of excess income, Petitioner had a decrease in FAP benefits. Petitioner had unearned income of \$ [REDACTED] and earned income of \$ [REDACTED]. After deductions from her gross income of \$ [REDACTED], \$158 standard deduction and \$143 earned income deduction, for an adjusted gross income of \$ [REDACTED]. Petitioner was given a total shelter deduction of \$945, resulting from a housing expense of \$401.95 and heat and utility standard of \$543. Petitioner was given an adjusted excess shelter deduction of \$382, with a total shelter deduction of \$945 minus 50% of adjusted gross income of \$ [REDACTED]. Petitioner had a net income of \$ [REDACTED] which was the adjusted gross income of \$ [REDACTED] minus the excess shelter deduction of \$382. With a net income of \$ [REDACTED], Petitioner qualified with a household group size of 1 for a maximum benefit of \$192 plus \$0 in economic recovery minus 30% of net income of \$ [REDACTED] resulting in a net benefit amount of \$15. Department Exhibit 1, pgs. 19-20.

During the hearing, the Hearing Facilitator stated that Petitioner's earned income affects the amount of FAP she receives. Once she submits her check stubs for the month, the Department Caseworker runs a new budget to determine her eligibility for FAP. For example, in the month of December 2018, Petitioner was issued a FAP benefit amount

of \$15 but based on her earned income submitted she received a supplement of \$177. Department Exhibit 1, pg. 25. BAM 130, 210, and 220. BEM 500, 501, 503, 550, and 554.

### **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 acted in accordance with Department policy when it determined that Petitioner had excess income for FAP that resulted in a decrease in FAP benefits due to earned income.

Accordingly, the Department's decision is **AFFIRMED**.

CF/hb



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**Carmen G. Fahie**  
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 Administrative Hearing System (MAHS).

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

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

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

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

**DHHS**

Amber Gibson  
5303 South Cedar  
PO BOX 30088  
Lansing, MI 48911

Ingham County, DHHS

BSC2 via electronic mail

M. Holden via electronic mail

D. Sweeney via electronic mail

**Petitioner**

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