



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

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Date Mailed: March 17, 2023  
MOAHR Docket No.: 23-000430  
Agency No.: ██████████  
Petitioner: ██████████

**ADMINISTRATIVE LAW JUDGE: Danielle Nuccio**

**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 March 13, 2023. The Petitioner appeared and represented herself with the assistance of Arabic interpreter, Selwa Abdallah. The Department of Health and Human Services (MDHHS) was represented by Makala Williams, Assistant Payments Supervisor.

**ISSUE**

Did MDHHS properly deny Petitioner's application for the Food Assistance Program (FAP) for failure to timely submit the requested?

**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 ██████████ 2022, Petitioner applied for FAP benefits for a group size of six.
  - a. Petitioner reported that her husband, ██████████ (Husband), has income from self-employment.
  - b. Petitioner reported that her adult daughter, ██████████ (Daughter 1) has earned income from employment.

(Exhibit A, pp. 17-24).

2. On or about December 29, 2022, MDHHS interviewed Petitioner as part of the application process.

- a. Petitioner reported that Husband no longer has self-employment income.
  - b. Petitioner reported that her adult daughter, [REDACTED] (Daughter 2) has earned income from employment.
  - c. Petitioner reported that her adult son, [REDACTED] (Son) has earned income from employment.
  - d. Petitioner reported additional household member, [REDACTED], has earned income.
  - e. Petitioner reported that she has earned income from Retirement, Survivors, and Disability Insurance (RSDI) and Supplemental Security Income (SSI).
3. On December 29, 2022, MDHHS issued a verification checklist (VCL) to Petitioner, requesting that she submit: driver's license information for [REDACTED]; verification of employment income; and property tax and insurance bills. MDHHS requested that this information be submitted by January 9, 2023 (Exhibit A, pp. 13-16).
  4. On December 29, 2022, MDHHS issued an Employment Verification form to Petitioner, requesting that Son's Employer complete and return the form by January 9, 2023 (Exhibit B, p. 1).
  5. On December 29, 2022, MDHHS issued a Self-Employment Income and Expense Statement form to Petitioner, requesting that Husband complete and return the form (Exhibit B, p. 4).
  6. On January 9, 2023, MDHHS received an Employment Verification form on behalf of Son, stating: "not work during this period". The form was not signed by Employer (Exhibit B, pp. 1-3).
  7. On January 9, 2023, MDHHS received a Self-Employment Income and Expense Statement from Petitioner. The form had a "X" through it and stated: "no self-employment income". The form was not signed (Exhibit B, pp. 4-5).
  8. On January 11, 2023, MDHHS issued a Notice of Case Action to Petitioner, informing her that her FAP application was denied for failure to verify the information requested (Exhibit A, pp. 9-12).
  9. On January 23, 2023, MDHHS received a timely submitted hearing request from Petitioner disputing the denial of her FAP application (Exhibit A, pp. 3-7).

## **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 benefits 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's application for FAP benefits was denied for failure to return the requested verifications to MDHHS.

Petitioner reported to MDHHS during the application interview that Husband no longer had self-employment income and that Son has earned income from employment. On December 29, 2022, MDHHS issued to Petitioner: a VCL requesting that she submit verification of employment income; an Employment Verification form requesting that Son's Employer complete and return; and a Self-Employment Income and Expense Statement form requesting that Husband complete and return the form. 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. BAM 130 (January 2022), p. 1. MDHHS must allow the client 10 calendar days to provide the verification that is requested. Verifications are considered to be timely if received by the date they are due. MDHHS will issue a negative action notice when the client indicates refusal to provide a verification, or the time period given has elapsed and the client has not made a reasonable effort to provide it. BAM 130, p. 7. In this case, MDHHS requested verification of Husband's income and of Son's income in order to determine Petitioner's eligibility for FAP benefits. Therefore, the verification was properly requested by MDHHS.

In response to the request for verification, Petitioner submitted an Employment Verification form on behalf of Son, stating: "not work during this period". The form was not signed by Employer (see Exhibit B, pp. 1-3). MDHHS believed that Petitioner filled out this form, rather than submitting it to Employer for completion. Petitioner also submitted a Self-Employment Income and Expense Statement with an "X" through it and stated: "no self-employment income". The form was not signed (see Exhibit B, pp. 4-5). MDHHS testified that these forms were insufficient verification of income to determine Petitioner's eligibility for FAP benefits. Upon review, the submitted forms were inadequate to determine eligibility. Verification is requested to authenticate the client's statement. Verification needs supplementary information, such as additional

documentation to corroborate the client's statement or signed statements from Employer. Even if the household member is no longer working for a given employer, attempts must be made for the former employer to verify that employment ended. If a client is unable to obtain verification, MDHHS must assist them. In this case, Petitioner did not request assistance from MDHHS, but instead filled out the forms herself. Since Petitioner did not properly submit verification of income, MDHHS was unable to determine the household's eligibility for FAP benefits. Therefore, MDHHS acted in accordance with policy in denying Petitioner's FAP application.

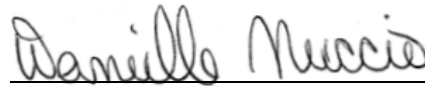
Petitioner is advised that she may re-apply for FAP benefits at any time and submit all requested information timely to MDHHS.

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 MDHHS acted in accordance with Department policy when it denied Petitioner's FAP application for failure to return verification of income.

**DECISION AND ORDER**

Accordingly, MDHHS' decision is **AFFIRMED**.

DN/mp



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**Danielle Nuccio**  
Administrative Law Judge

**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

**Via-Electronic Mail :**

**DHHS**  
MDHHS-Wayne-17-hearings  
D. Sweeney  
M. Holden  
MOAHR  
BSC4

**Via-First Class Mail :**

**Petitioner**  
[REDACTED]  
[REDACTED]  
[REDACTED] MI [REDACTED]