

designate an authorized representative (AR) on the application. (Exhibit B, pp. 1 – 7).

4. On June 28, 2024, the Department contacted Petitioner to conduct the FAP interview, and he confirmed his Social Security Number (SSN) and date of birth (DOB), and requested to withdraw his FAP application. (Exhibit A, p. 6, Entry 7).
5. On June 28, 2024, the Department sent Petitioner a Notice of Case Action (NOCA) denying Petitioner's FAP application based on his withdrawal of the application. (Exhibit A, pp. 7 – 8).
6. On July 17, 2024, the Department received a FAP application (July application) from Petitioner. The application designated Mother as Petitioner's AR.
7. On July 24, 2024, the Department contacted AR to conduct the FAP interview. AR confirmed Petitioner's SSN, DOB, and address. (Exhibit A, p. 5, Entry 10).
8. On July 24, 2024, the Department sent Petitioner a Notice of Case Action (NOCA) denying Petitioner's FAP application based on AR's withdrawal of the application. (Exhibit A, pp. 11 – 12).
9. On ██████ 2024, the Department received a FAP application (August application) from Petitioner. The application listed Petitioner's home address as ██████ ██████ Michigan ██████ (Southfield address), his mailing address as Detroit address, and designated Mother as his AR. (Exhibit A, pp. 15 – 21).
10. August 14, 2024, the Department received a request for hearing from Petitioner regarding Petitioner's June application. (Exhibit A, p. 3).
11. On August 21, 2024, the Department sent Petitioner a NOCA that approved him for FAP benefits of \$291 per month, effective September 1, 2024 ongoing and prorated from August 9, 2024, for a one-person FAP group. (Exhibit A, pp. 31 – 32).

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.

Petitioner requested a hearing to dispute that he withdrew his June application for FAP. The Department spoke to Petitioner on June 28, 2024, recorded Petitioner's request to withdraw his June application in his case records, and sent him a NOCA that denied Petitioner FAP based on his withdrawal.

A client may withdraw a FAP application any time before eligibility is determined. BAM 110 (April 2024), pp. 2, 8, 20; 7 CFR 273.2(c)(6). The Department must document the request in the client's file and send a NOCA to the client. BAM 110, pp. 20, 23; 7 CFR 273.2(c)(6). The client may reapply at any time. BAM 110, p. 20; 7 CFR 273.2(c)(6).

In this case, Petitioner submitted the June application for FAP for himself only, listed his home address as Mother's Detroit address, his phone number as **68, and did not designate an AR. (Exhibit B, pp. 1 – 7). The Department testified that it called Petitioner on June 28, 2024 at phone number ending **68 to conduct the FAP interview for Petitioner's June application. (Exhibit A, p. 6, Entry 7). The Department introduced evidence that during that call, Petitioner confirmed his SSN and DOB and stated he wanted to withdraw his FAP application. (Exhibit A, p. 6, Entry 7).

During the hearing, Mother disputed that Petitioner withdrew his June application. However, when Mother's testimony is compared to the Department's records, it is clear that her testimony was regarding Petitioner's July application only, and there was no evidence that Mother was involved with Petitioner's June application at all. (Exhibit A, pp. 5 – 6; Exhibit B, pp. 1 – 7). During the hearing, Petitioner confirmed his phone number was **68, but testified that he did not believe he spoke to the Department in June and denied that he verified his SSN and DOB with it. However, there was no evidence in support of Petitioner's testimony, and the Department's testimony and records are found to be more credible. Because the evidence established that the Department did speak to Petitioner, not Mother, on June 28 2024, and documented Petitioner's request to withdraw his June FAP application in his case file, the Department properly denied Petitioner's June FAP application based on his withdrawal of the application.

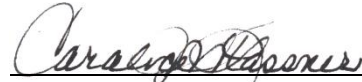
In the future, if Petitioner wishes to designate an AHR, he must do so in writing, unless the individual is a) appointed by a court as Petitioner's guardian or conservator, or b) is a licensed attorney appearing for Petitioner. Bridges Policy Glossary (BPG) (June 2024), p. 7.

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 denied Petitioner's June application based on his withdrawal of the application.

DECISION AND ORDER

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

CML/nr



Caralyce M. Lassner
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

Tracey Jones
Oakland County Southfield District III
25620 W. 8 Mile Rd
Southfield, MI 48033

MDHHS-Oakland-6303-Hearings@michigan.gov

Interested Parties

BSC4
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B. Cabanaw
MOAHR

Via-First Class Mail :

Petitioner

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

Authorized Hearing Representative

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