



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

██████████  
██████████  
██████████, MI ██████████

Date Mailed: January 10, 2025  
MOAHR Docket No.: 24-013448  
Agency No.: ██████████  
Petitioner: ██████████

**ADMINISTRATIVE LAW JUDGE: Jeffrey Kemm**

### **HEARING DECISION**

On December 10, 2024, Petitioner ██████████ requested a hearing to dispute her Food Assistance Program (FAP) benefits. As a result, a hearing was scheduled to be held on January 8, 2025. Public assistance hearings are held 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; 45 CFR 205.10; and Mich Admin Code, R 792.11002.

The parties appeared for the scheduled hearing. Petitioner appeared and represented herself. Respondent Michigan Department of Health and Human Services (Department) had Assistance Payments Supervisor Shaun-Tee Chambell and Assistance Payments Worker Megan LaForge appear as its representatives. Neither party had any additional witnesses.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 33-page packet of documents provided by the Department was admittedly collectively as Exhibit A.

### **ISSUE**

Did the Department properly determine Petitioner's FAP benefit amount?

### **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 is a FAP benefit recipient.
2. Petitioner has four children that live with her: ██████████  
██████████

3. [REDACTED] live with Petitioner full time.
4. [REDACTED] is a full-time student at University of Toledo. [REDACTED] started attending school at University of Toledo in the fall of 2024. [REDACTED] lives in Toledo during the school semesters, and she returns home during school breaks.
5. Petitioner pays \$277.00 for rent.
6. Petitioner is responsible for paying for utilities, including heating/cooling.
7. Petitioner pays for internet.
8. Petitioner received [REDACTED] per month from Social Security RSDI (in 2024).
9. [REDACTED] and [REDACTED] each received [REDACTED] per month from Social Security RSDI (in 2024).
10. Petitioner received [REDACTED] per month for child support.
11. [REDACTED] was born [REDACTED]
12. [REDACTED] is employed by Molly Maid. Molly Maid pays [REDACTED] weekly. [REDACTED] received the following gross pay from Molly Maid:
  - a. [REDACTED] paid September 6, 2024.
  - b. [REDACTED] paid September 13, 2024.
  - c. [REDACTED] paid September 20, 2024.
  - d. [REDACTED] paid September 27, 2024.
  - e. [REDACTED] paid October 4, 2024.
  - f. [REDACTED] paid October 11, 2024.
  - g. [REDACTED] paid October 18, 2024.
13. [REDACTED] paid October 25, 2024. The Department processed a semi-annual contact report for Petitioner's case, and the Department determined that Petitioner was eligible for a maximum FAP benefit amount of \$63.00 per month for a group size of five, effective November 1, 2024. The Department determined Petitioner's FAP benefit amount using the following information:
  - a. Group size of five.
  - b. [REDACTED] per month in earned income.
  - c. [REDACTED] per month in unearned income.

- d. \$254.00 per month for a standard deduction.
  - e. \$277.00 per month for housing costs.
  - f. \$664.00 per month for a heat/utility standard.
14. The Department determined that Petitioner had [REDACTED] per month in earned income due to [REDACTED] employment.
15. Petitioner is disputing her FAP benefit amount.

### **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) 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 administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011.

The Department determines a client's monthly FAP benefit amount by determining the client's group size and net household income, and then looking that information up in its applicable Food Issuance Table. BEM 212 (October 1, 2024), BEM 213 (October 1, 2024), BEM 550 (October 1, 2024), BEM 554 (October 1, 2024), BEM 556 (October 1, 2024), RFT 255 (October 1, 2024), and RFT 260 (October 1, 2024).

Petitioner's countable household income consists of both earned and unearned income. Petitioner's household has earned income due to [REDACTED] employment. [REDACTED] is a mandatory member of Petitioner's group because she lives with Petitioner, Petitioner is her mother, and [REDACTED] is less than [REDACTED] years old. BEM 212 (October 1, 2024), p. 1. Since [REDACTED] is a mandatory member of Petitioner's group, her earned income must be included in Petitioner's household income.

The Department determined that [REDACTED] earned income was [REDACTED] per month based on the paystubs that Petitioner provided to the Department. When the Department determines how much earned income is countable, the Department uses actual gross income amounts received in the past and converts it to a standard monthly amount. BEM 505 (October 1, 2023), pp. 3-4. The Department uses income from the past 30 days as long as it appears to accurately reflect what is expected to be received in the benefit month. *Id.* at 6. The Department converts weekly pay to a standard monthly amount by multiplying it by 4.3. *Id.* at 8.

Petitioner provided the Department with [REDACTED] paystubs. Those paystubs showed that [REDACTED] received an average weekly pay of [REDACTED] based on her four most recently weekly paystubs. Average weekly pay of [REDACTED] is equal to a monthly income of [REDACTED] when it is multiplied by 4.3. Thus, Petitioner's household had earned income of [REDACTED] per month.

Petitioner also had unearned income due to the income that Petitioner's household received from Social Security RSDI benefits and child support. Petitioner received [REDACTED] per month for RSDI, [REDACTED] received [REDACTED] per month for RSDI, [REDACTED] received [REDACTED] per month for RSDI, and Petitioner received [REDACTED] per month for child support. This totals [REDACTED]. Thus, Petitioner's household had unearned income of [REDACTED] per month.

Based on Petitioner's gross earned income of [REDACTED] per month, Petitioner's gross unearned income of [REDACTED] per month, Petitioner's housing cost of \$277.00 per month, and Petitioner's obligation to pay heating/cooling utilities, Petitioner's net income is [REDACTED] per month. Based on Petitioner's net income of [REDACTED] per month and Petitioner's group size of five, the maximum FAP benefit amount that Petitioner is eligible for is \$98.00 per month. This FAP benefit amount is different than the amount the Department determined that Petitioner was eligible for because the Department used a different earned income amount when it calculated Petitioner's FAP benefit amount.

Petitioner's FAP benefit of \$98.00 per month was calculated based on a group size of five, which includes [REDACTED]. However, it is unclear if [REDACTED] should be included in Petitioner's group size because she is a full-time student at University of Toledo. If [REDACTED] did not meet the requirements of BEM 245, then she cannot be included in Petitioner's group. The Department must redetermine Petitioner's FAP eligibility and determine whether [REDACTED] met the requirements of BEM 245 to be included in Petitioner's group.

If the Department determines that [REDACTED] did not meet the requirements of BEM 245 to be included in Petitioner's group, then the Department must exclude [REDACTED] from Petitioner's group size. This will cause Petitioner to be ineligible for FAP benefits because Petitioner will have a net income of [REDACTED] per month and a group size of four.

If the Department determines that [REDACTED] met the requirements of BEM 245 to be included in Petitioner's group, then the Department must include [REDACTED] in Petitioner's Group size. As discussed above, this will cause Petitioner to be eligible for a FAP benefit of \$98.00 per month.

### **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 did not

act in accordance with its policies and the applicable law when it determined Petitioner's Food Assistance Program benefit amount.

**IT IS ORDERED** the Department's decision is **REVERSED**. The Department shall redetermine Petitioner's FAP eligibility, effective November 1, 2024, consistent with this decision. The Department shall begin to implement this decision within 10 days of the date of mailing of this hearing decision.

JK/pe



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**Jeffrey Kemm**  
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**

Trista Waishkey  
Washtenaw County DHHS  
22 Center St.  
Ypsilanti, MI 48198  
**MDHHS-Washtenaw-Hearings@michigan.gov**

**Interested Parties**

BSC4  
B. Cabanaw  
M. Holden  
N. Denson-Sogbaka  
EQAD  
MOAHR

**Via First Class Mail:**

**Petitioner**

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