



Date Mailed: February 27, 2025

Docket No.: 25-005084

Case No.: [REDACTED]

Petitioner: [REDACTED]

This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

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这是一份重要的法律文件。请让别人翻译文件。

Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

HEARING DECISION

On [REDACTED] 2025, Petitioner [REDACTED] requested a hearing to dispute public assistance benefits. As a result, a hearing was scheduled to be held on February 25, 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 with her spouse, [REDACTED]. Respondent Michigan Department of Health and Human Services (Department) had Assistance Payments Supervisor Jennifer Richard appear as its representative. Neither party had any additional witnesses.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 22-page packet of documents provided by the Department was admitted into evidence 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:

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1. Petitioner is a FAP benefit recipient.
 2. Petitioner lives with her spouse, [REDACTED] and two children.
 3. Petitioner pays a mortgage payment of \$1,173.00 per month.
 4. Petitioner pays an internet expense.
 5. On December 3, 2024, Petitioner submitted a redetermination form to renew her eligibility for FAP benefits. Petitioner reported the following pertinent information in the form:
 - a. [REDACTED] obtained employment at Dorodo, and he is paid an annual salary of [REDACTED]
 - b. Petitioner and [REDACTED] are no longer self-employed.
 - c. Petitioner pays a mortgage, and Petitioner pays bills for heat, electricity (non-heat), water/sewer, phone, and trash.
 - d. Petitioner and [REDACTED] are behind on bills because they went multiple months without any income.
 6. The Department obtained verification of [REDACTED] employment through The Work Number. The verification that the Department obtained through The Work Number showed the following information:
 - a. Dorodo pays [REDACTED] biweekly.
 - b. Dorodo pays [REDACTED] an annual salary of [REDACTED]
 - c. Dorodo paid [REDACTED] gross wages of [REDACTED] on December 27, 2024.
 - d. Dorodo paid [REDACTED] gross wages of [REDACTED] on December 13, 2024.
 7. The Department reviewed Petitioner's case, and the Department determined that the maximum FAP benefit amount that Petitioner was eligible for was \$396.00 per month. The Department determined this FAP benefit amount based on the following budgeted items:
 - a. Group size of four.
 - b. Earned income of [REDACTED] per month.
 - c. Housing costs of \$1,173.00 per month.
 - d. Standard deduction of \$217.00 per month.

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- e. Heat/utility standard of \$664.00 per month.
8. On January 6, 2025, the Department mailed a notice of case action to Petitioner to notify her that she was approved for a FAP benefit of \$396.00 per month, effective February 1, 2025.
9. Petitioner requested a hearing to dispute 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).

The Department determined that Petitioner's household's only income was [REDACTED] income from employment, and the Department determined that [REDACTED] income from employment was [REDACTED] per month. Based on the evidence presented, the Department did not properly determine [REDACTED] income. [REDACTED] receives an annual salary of [REDACTED] so his monthly income is [REDACTED] divided by 12 months, which equals [REDACTED] per month (rounded down). This is consistent with the two most recent biweekly paystubs that [REDACTED] received. Thus, the Department should have used [REDACTED] per month for [REDACTED] income from employment, and the Department should have used [REDACTED] per month as Petitioner's gross household income.

Petitioner's gross household income of [REDACTED] per month exceeded the gross income limit to be eligible for FAP benefits. The gross income limit to be eligible for FAP benefits is \$3,380.00 per month for a group size of four. RFT 250 (October 1, 2024). Petitioner's gross household income of [REDACTED] per month exceeded the limit, so Petitioner was ineligible for FAP benefits. Thus, the Department did not properly determine Petitioner's FAP eligibility.

Petitioner and [REDACTED] asserted that they are in a poor financial situation, and they need extra assistance to help them survive. When a household has income that exceeds the

applicable income limit, the household is ineligible for FAP benefits. Since Petitioner's household income exceeded the applicable income limit, Petitioner's household is ineligible for FAP benefits. Accordingly, the Department must close Petitioner's FAP benefits.

For these reasons, the Department's decision is reversed. The Department must redetermine Petitioner's FAP eligibility consistent with this hearing decision.

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 FAP eligibility.

IT IS ORDERED that the Department's decision is **REVERSED**. The Department did not properly determine Petitioner's FAP eligibility. The Department must redetermine Petitioner's FAP eligibility consistent with this hearing decision. The Department must begin to implement this order within 10 days of the mailing date of this hearing decision.



JEFFREY KEMM
ADMINISTRATIVE LAW JUDGE

APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://lrs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to MOAHR-BSD-Support@michigan.gov, **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to
Michigan Office of Administrative Hearings and Rules
Rehearing/Reconsideration Request
P.O. Box 30639
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks.

Via Electronic Mail:

Respondent

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MDHHS-KENT-HEARINGS@MICHIGAN.GOV

Interested Parties

BSC3
B. CABANAW
M. HOLDEN
N. DENSON-SOGBAKA
MOAHR

Via First Class Mail:

Petitioner

_____ MI _____

Authorized Hearing Representative

_____ MI _____