



Date Mailed: March 21, 2025

Docket No.: 25-006871

Case No.: [REDACTED]

Petitioner: [REDACTED]

[REDACTED]

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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

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; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a hearing was held via telephone conference on March 11, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Julie Parrish, Supervisor.

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-21.

### ISSUE

Did the Department properly close Petitioner's Food Assistance Program (FAP) benefit case?

### 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 October [REDACTED] 2024, Petitioner submitted a Redetermination for her medical benefits case. Petitioner reported her living together partner (LTP) had income from self-employment. (Exhibit A, pp. 5-11)

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2. On October █ 2024, a Verification Checklist was issued to Petitioner requesting verification for the FAP benefit case of Petitioner's LTP's self-employment income with a due date of November 1, 2024. Self-employment forms were also sent. (Exhibit A, pp. 12-14 and 21)
  3. A November █ 2024 case comment documented that the Department did not receive the requested self-employment verification. (Exhibit A, p. 21)
  4. On January █ 2025, a Notice of Case Action was issued to Petitioner stating the FAP case would close effective March 1, 2025, based on a failure to provide verification of self-employment. (Exhibit A, pp. 17-20)
  5. On February 5, 2025, Petitioner filed a hearing request contesting the Department's determination. (Exhibit A, p. 4)

### **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 general, verification is to be obtained when information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. The Department must tell the client what verification is required, how to obtain it, and the due date. The client must obtain required verification, but the Department must assist if the client needs and requests help. If neither the client nor the Department can obtain verification despite a reasonable effort, the Department should use the best available information. If no evidence is available, the Department is to use their best judgment. BAM 130, May 1, 2024, pp. 1-4.

For FAP, the Department must allow the client 10 calendar days (or other time limit specified in policy) to provide the verification requested. The Department is to send a case 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. For FAP if the client contacts the department prior to the due date requesting an extension or assistance in obtaining verifications, the Department is to assist the client

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with the verifications but not grant an extension. The Department is to explain to the client they will not be given an extension and their case will be denied once the Verification Checklist due date is passed. Also, their eligibility will be determined based on their compliance date if they return required verifications. The Department is to reregister the application if the client complies within 60 days of the application date. BAM 130, pp. 7-8.

In this case, Petitioner submitted a Redetermination for her medical benefits case on October █ 2024. Petitioner reported her living together partner (LTP) had income from self-employment. (Exhibit A, pp. 5-11). On October █ 2024, a Verification Checklist was issued to Petitioner requesting verification for the FAP benefit case of Petitioner's LTP's self-employment income with a due date of November █ 2024. Self-employment forms were also sent. (Exhibit A, pp. 12-14 and 21). A November █ 2024 case comment documented that the Department did not receive the requested self-employment verification. (Exhibit A, p. 21). On January █ 2025, a Notice of Case Action was issued to Petitioner stating the FAP case would close effective March 1, 2025, based on a failure to provide verification of self-employment. (Exhibit A, pp. 17-20).

Petitioner testified that she did not receive the October █ 2024 Verification Checklist until she received the copy in the Department's Hearing Summary packet. Petitioner noted that she submitted the documentation needed for the six month FAP review in August 2024 and was told nothing further was needed because she marked that there had been no changes. (Petitioner Testimony).

Overall, the evidence supports the Department's determination to close Petitioner's FAP benefit case based on the failure to provide requested verifications. It appears that the information provided on the October █ 2024 MA Redetermination indicated there had been a change in the amount of self-employment income. (Exhibit A, pp. 7 and 15). Accordingly, the Department properly requested verification. The October 22, 2024 Verification Checklist was sent to Petitioner's address of record and there was no indication it came back to the Department as returned mail. (Exhibit A, p. 21). The Department did not receive any response to the Verification Checklist from Petitioner and the requested verifications were not submitted by the due date. Pursuant to the BAM 130 policy, the Department is to send a case 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.

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**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 closed Petitioner's FAP benefit case.

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

*Colleen Lack*

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**COLLEEN LACK**  
**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](http://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. 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](mailto: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. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

**Via Electronic Mail:**

**Respondent**

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**HOLDENM**

**BSC3HEARINGDECISIONS**

**MOAHR**

**Via First Class Mail:**

**Petitioner**

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