



**Date Mailed:** July 17, 2025

**Docket No.:** 25-022674

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

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

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

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**Case No.:** [REDACTED]

**Petitioner:** [REDACTED] [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Christian Gardocki**

### **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 via Microsoft Teams on July 7, 2025. Petitioner participated and was represented. [REDACTED] [REDACTED] Petitioner's mother, testified and participated as Petitioner's authorized hearing representative (AHR). The Michigan Department of Health and Human Services (MDHHS) was represented by Ryane McArthur, specialist, and Tiwana Robson, specialist.

### **ISSUE**

The issue is whether MDHHS properly terminated Petitioner's Food Assistance Program (FAP) eligibility.

### **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 May 2025, Petitioner was an ongoing recipient of FAP and Medical Assistance (MA) benefits.
1. On May [REDACTED] 2025, Petitioner submitted to MDHHS redetermination documents to continue MA benefits which reported an unspecified amount of self-employment income.
2. On May [REDACTED] 2025, Petitioner submitted to MDHHS an application for MA benefits which reported no household income.
3. On May [REDACTED] 2025, Petitioner reported to MDHHS receiving \$[REDACTED] \$[REDACTED] and \$[REDACTED] in monthly income for March, April, and May 2025, respectively. Petitioner also reported performing 10 hours per week of lawncare for income.

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4. On May ■ 2025, MDHHS sent Petitioner a Verification Checklist (VCL) requesting documentation of self-employment and family donation income by June 9, 2025.
  5. On June ■ 2025, MDHHS received documentation from Petitioner's mother stating she paid Petitioner an unspecified amount to cover Petitioner's rent, utilities, and necessities at the house owned by Petitioner's mother. In exchange for the unspecified amount of money, Petitioner performed maintenance and lawncare for her mother.
  6. On June ■ 2025, MDHHS received documentation from Petitioner stating that she receives \$■ self-employment income.
  7. On June ■ 2025, MDHHS terminated Petitioner's FAP eligibility beginning July 2025 due to a failure to verify self-employment income and/or donation income.
  8. On June 16, 2025, Petitioner's AHR requested a hearing to dispute the termination of Petitioner's FAP eligibility.

### **CONCLUSIONS OF LAW**

The 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. MDHHS administers the FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011. MA policies are contained in the Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM), and Reference Tables Manual (RFT).

Petitioner requested a hearing to dispute a termination of FAP benefits. Exhibit A, pp. 4-6. A Notice of Case Action dated June 10, 2025, stated that Claimant's FAP eligibility would end July 2025 due to a failure to verify self-employment and/or unearned income. Exhibit A, pp. 32-36.

Self-employment income must be verified when questionable. BEM 502 (May 2024) p. 6. Donations from persons outside of the benefit group must be verified when questionable. BEM 503 (January 2025) p. 11.

For all programs, MDHHS is to tell the client what verification is required, how to obtain it, and the due date. BAM 130 (May 2024) p. 3. MDHHS is to use the DHS-3503, Verification Checklist (VCL), to request verification. *Id.* MDHHS is to allow the client 10 calendar days (or other time limit specified in policy) to provide the verification that is requested. *Id.*, p. 7. MDHHS is to send a negative action notice when:

- The client indicates refusal to provide a verification, or

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- The time period given has elapsed and the client has not made a reasonable effort to provide it. *Id*
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On redetermination documents dated May █ 2025, Petitioner reported MDHHS receiving an unspecified amount of employment income. Petitioner then submitted to MDHHS on May █ 2025, an application for MA benefits reporting no income.<sup>1</sup> Exhibit A, pp. 10-16. During a telephone call with Petitioner on May █ 2025, Petitioner then reported receiving monthly income of \$█ in March 2025, \$█ in April 2025, and \$█ in May 2025. The conflicting reporting rendered the reporting to be questionable; thus, MDHHS properly sought verification.

MDHHS sent Petitioner a VCL requesting verification of self-employment income and donation income by June █ 2025.<sup>2</sup> Exhibit A, pp. 17-19. Petitioner responded by submitting documentation on June █ 2025, stating she received no self-employment. Exhibit A, p. 27. A statement from Petitioner's mother stated that she pays Petitioner's child support obligation of \$█ and an unspecified amount for Petitioner's rent, utilities, and necessities. Exhibit A, p. 26. During the hearing, Petitioner's mother acknowledged that she is the only source of Petitioner's income. She pays Petitioner's child support and pays Petitioner for performing services at her home. The written statement from Petitioner's mother which did not specify the amount of income given to Petitioner beyond the child support obligation is not found to be a reasonable effort to verify income. Whether the income is considered self-employment based on the work performed for her mother or family donations is irrelevant; either income must be verified with specific amounts.

The evidence failed to establish that Petitioner verified income by the VCL due date. Thus, MDHHS properly terminated Petitioner's FAP eligibility on 6/10/25, to be effective July 2025. As discussed during the hearing, Petitioner's recourse is to reapply for FAP benefits.

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<sup>1</sup> The purpose of Petitioner's application was not understood as Petitioner was an ongoing MA benefit recipient who had just submitted redetermination documents to continue receipt of MA benefits.

<sup>2</sup> MDHHS additionally sought a statement from the father of Petitioner's child concerning child support paid by Petitioner's mother, for Petitioner's legal obligation, which may or may not have been sent to the father of Petitioner's child. For purposes of this decision, the verification will not be deemed as required by policy.

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## **DECISION AND ORDER**

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The administrative law judge, based upon the above findings of fact and conclusions of law, finds that MDHHS properly terminated Petitioner's FAP eligibility beginning July 2025. The actions taken by MDHHS are **AFFIRMED**.



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**CHRISTIAN GARDOCKI  
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](https://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.

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**Via Electronic Mail:**

**Respondent**

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**Via First Class Mail:**

**Petitioner**

[REDACTED]

[REDACTED]

[REDACTED]

**Authorized Hearing Rep**

[REDACTED]

[REDACTED]

[REDACTED]