



Date Mailed: August 6, 2025

Docket No.: 25-024961

Case No.: [REDACTED]

Petitioner: [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

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someone translate the document.

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দ্বারা অনুবাদ করুন।

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Ky është një dokument ligjor i rëndësishëm. Ju
lутем, кини дикë та пëркtheni dokumentin.

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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 July 30, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Melissa Stanley, Hearing Facilitator. Department Exhibit 1, pp. 1-19 was received and admitted.

ISSUE

Did the Department properly determine Petitioner's Food Assistance Program (FAP) replacement 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 was a recipient of FAP benefits.
2. On May [REDACTED] 2025, Petitioner had an electrical fire at her home that caused the power to be disconnected. Petitioner's food was destroyed.
3. On June [REDACTED] 2025, Petitioner submitted a Food Replacement Affidavit.
4. On July [REDACTED] 2025, Petitioner requested hearing regarding her food replacement request.
5. On July [REDACTED] 2025, a Benefit Notice was sent to Petitioner informing her that she was approved for \$[REDACTED] in replacement FAP benefit for the month of May.

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.

Food Assistance recipients may be issued a replacement of Food Assistance Program (FAP) benefits when food purchased with FAP benefits has been destroyed in a domestic misfortune or disaster and reported timely. BAM 502

Domestic Misfortune or Disaster

Domestic misfortunes or disasters include events which occur through no fault of the client, such as fires, floods or electrical outages. Verify the circumstances through a collateral contact, a community agency, utility company or a home visit, and note it on the DHS-601. Except for households certified as part of Emergency Food Assistance for Victims of Disasters, replacement issuance shall be provided in the amount of the loss to the household, up to a maximum of one month's allotment, unless the issuance includes restored benefits which shall be replaced up to their full value. Discuss with the client the amount of food originally purchased with FAP benefits that was lost as a result of the domestic misfortune or disaster. Replace the amount the client states they have lost up to the value of the current month's allotment. BAM 502

In this case, on May █ 2025, Petitioner had an electrical fire that caused her food to be destroyed. Petitioner submitted a Food Replacement Affidavit and requested \$█ food replacement. Petitioner's request for Food Replacement and she was issued \$█ in replacement FAP benefits for the month of May 2025, the month of the fire. Petitioner was entitled to maximum replacement of the total amount of FAP she was eligible for the month of the disaster. Petitioner was entitled to \$█ for the month of May 2025 and therefore, she was entitled to replacement FAP of \$█ BEM 502 That was the amount issued by the Department and that was proper and correct and consistent with Department policy.

Petitioner testified at hearing that she believed she had lost █ in food. It was explained that the expectation is that FAP recipients will use their FAP allotment and consume their food purchases every month. According to policy, Petitioner was entitled to one month's FAP benefit as replacement and that is what she received.

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 determined Petitioner's FAP replacement amount.

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



AARON MCCLINTIC
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. 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. 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
SAGINAW COUNTY DHHS
411 E GENESEE AVE
PO BOX 5070
SAGINAW, MI 48607
MDHHS-SAGINAW-
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Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]