



**Date Mailed:** August 15, 2025  
**Docket No.:** 25-025488  
**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]

### **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 August 6, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by April Sprague, Hearing Facilitator. Department Exhibit 1, pp. 1-62 was received and admitted.

### **ISSUE**

Did the Department properly determine 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 April [REDACTED] 2025, Petitioner submitted a semi-annual contact report. Petitioner reported self-employment income on this report.
2. On April [REDACTED] 2025, a Verification Checklist with a May 2, 2025, deadline was sent to Petitioner requesting verification of self-employment income.
3. Petitioner did not submit verifications regarding self-employment prior to the deadline.
4. On May [REDACTED] 2025, a Notice of FAP Closure was sent to Petitioner informing her that her FAP would be closing effective May 31, 2025, for failing to verify income.
5. On July [REDACTED] 2025, Petitioner submitted a blank hearing request, and it was processed as a FAP request because verbal requests for hearing are allowed for FAP.
6. Petitioner did not request a hearing regarding Medicaid.

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## **CONCLUSIONS OF LAW**

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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.

### **Timeliness of Verifications**

FIP, SDA, RCA, Child Development and Care (CDC), FAP

Allow the client 10 calendar days (or other time limit specified in policy) to provide the verification that is requested. Exception: For CDC, if the client cannot provide the verification despite a reasonable effort, extend the time limit at least once. Exception: For CDC, at redetermination, if a signed redetermination form is received prior to the end of the redetermination month, and verifications are missing or incomplete, send a VCL. Verifications are due by the end of the redetermination month, or within 10 days after they are requested, which ever allows more time. Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email or Mi Bridges document upload), the date of the transmission is the receipt date. Verifications that are submitted after the close of regular business hours through the drop box or by delivery of a MDHHS representative are considered to be received the next business day. Send a negative 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. BAM 130

In this case, Petitioner submitted a semi-annual contact report and stated that she had self-employment income. A Verification Checklist was sent to Petitioner requesting verification of self-employment income. Petitioner did not submit verification of self-employment income prior to the deadline and her case was processed for closure. On May 10, 2025, a Notice of FAP Closure was sent to Petitioner informing her that her FAP case would be closing effective May 31, 2025. That action was proper and correct and consistent with Department policy. BAM 130 Petitioner did not give an adequate explanation why she did not provide verifications prior to the deadline.

Petitioner did not request a hearing for Medical Assistance so issues related to Medical Assistance were not addressed in this decision.

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## **DECISION AND ORDER**

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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 case for failing to verify self-employment income.

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



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**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](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.

25-025488

**Via Electronic Mail:**

**Respondent**

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FLINT, MI 48501

**MDHHS-GENESEE-UNIONST-  
HEARINGS@MICHIGAN.GOV**

**Via First Class Mail:**

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]