



**Date Mailed:** August 15, 2025

**Docket No.:** 25-025590

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

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এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ  
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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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 Melissa Stanley, Hearing Facilitator. Department Exhibit 1, pp. 1-39 was received and admitted.

### ISSUE

Did the Department properly determine Petitioner's Food Assistance Program (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:

1. Petitioner was receiving \$[REDACTED] per month in FAP benefits.
2. On June [REDACTED] 2025, Petitioner submitted a semi-annual contact report.
3. On July [REDACTED] 2025, a Notice of Case Action was sent to Petitioner informing her that she was eligible for \$[REDACTED] per month in FAP benefits.
4. On July 11, 2025, Petitioner requested hearing disputing the reduction of FAP benefits.
5. Petitioner earns \$[REDACTED] per month in employment income.
6. Petitioner receives \$[REDACTED] in unearned income.
7. Petitioner has housing expense of \$[REDACTED] and is responsible for utilities.
8. Petitioner has monies garnished from her income.

## **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.

### **Family Independence Program (FIP), Refugee Cash Assistance (RCA), State Disability Assistance (SDA), Medicaid (MA), Child Development and Care (CDC) Food Assistance Program (FAP)**

Process the following case actions:

- Initial applications and reapplications; Bridges Administrative Manual (BAM) 115, Application Processing.
- BAM 210, Redeterminations.
- BAM 205, Reinstatements. Bridges will evaluate each change reported and entered in the system to determine if it affects eligibility. BAM 220

In this case, Petitioner receives \$ [REDACTED] in earned income and \$ [REDACTED] in unearned income. Petitioner has \$ [REDACTED] in housing costs. After \$518 earned income deduction, \$204 standard deduction and \$427 excess shelter deduction, Petitioner has \$ [REDACTED] in net income. A household of 2 with \$ [REDACTED] in net income is entitled to \$23 in FAP benefit, this was the amount determined by the Department and it was proper and correct and consistent with Department policy. At hearing, Petitioner questioned why her FAP benefits were recalculated when she was still within her certification period. It was explained that her case was updated following the submission of her semi-annual contact report and that is consistent with Department policy. BAM 220 Petitioner also testified that she has garnishments that reduce her income and wondered if that was taken into consideration for her budgeting. Policy does not allow for deductions for garnishments.

## **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 benefit amount.

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

*Aaron McClintic*  
**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](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**  
SAGINAW COUNTY DHHS  
411 E GENESEE AVE  
PO BOX 5070  
SAGINAW, MI 48607  
**MDHHS-SAGINAW-**  
**HEARINGS@MICHIGAN.GOV**

**Via First Class Mail:**

**Petitioner**

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