



Date Mailed: September 16, 2025

Docket No.: 25-029662

Case No.: [REDACTED]

Petitioner: [REDACTED]

This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

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

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

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.

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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 September 10, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Amanda Boobyer, AP Supervisor. Department Exhibit 1, pp. 1-59 and Exhibit 2, pp. 1-6 were 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. On July [REDACTED] 2025, Petitioner submitted redetermination paperwork.
2. On July [REDACTED] 2025, a Notice of Case Action was sent to Petitioner informing her FAP benefit would be reduced to \$[REDACTED] per month effective August 1, 2025.
3. On August [REDACTED] 2025, Petitioner requested hearing disputing the determination of her FAP benefits.
4. Petitioner has \$[REDACTED] in earned income per month.
5. Petitioner receives \$[REDACTED] in unearned income per month.
6. Petitioner had rental obligation of \$[REDACTED] at the time of redetermination and was responsible for heat, utilities and internet.

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 Program (FAP) Only

Bridges uses certain expenses to determine net income for FAP eligibility and benefit levels. • For groups with no senior/disabled/disabled veteran (SDV) member, Bridges uses the following: Dependent care expense. Excess shelter up to the maximum in Reference Tables Manual (RFT) 255. Court ordered child support and arrearages paid to nonhousehold members. • For groups with one or more SDV member, Bridges uses the following: see Bridges Eligibility Manual (BEM) 550, FAP Income Budgeting: Dependent care expense. Excess shelter. Court ordered child support and arrearages paid to nonhousehold members. Medical expenses for the SDV member(s) that exceed \$35. Complete either a manually calculated or Bridges budget to document expenses every time an expense change is reported. BEM 554 (August 2025)

In this case, Petitioner had \$[REDACTED] in earned income and \$[REDACTED] in unearned income. Petitioner had rental obligation of \$[REDACTED] and was responsible for heat, electric, and internet. After deducting the earned income deduction, the standard deduction and the excess shelter deduction, Petitioner had \$[REDACTED] in net income. A FAP group of 1 with \$[REDACTED] in net income is entitled to \$[REDACTED] per month in FAP benefits, which was amount determined by the Department and it was proper and correct and consistent with Department policy. BEM 554 Petitioner testified that her rent is now \$[REDACTED] per month. Petitioner was advised to provide verification of her increased rent, and it would be considered.

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
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.

25-029662

Via Electronic Mail:

Respondent
CALHOUN COUNTY DHHS
190 E MICHIGAN AVE
PO BOX 490
BATTLE CREEK, MI 49016
**MDHHS-CALHOUN-
HEARINGS@MICHIGAN.GOV**

Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]