



**Date Mailed:** October 30, 2025  
**Docket No.:** 25-034720  
**Case No.:** [REDACTED]  
**Petitioner:** [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED] MI [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.

**Date Mailed:** October 30, 2025

**Docket No.:** 25-034720

**Case No.:** [REDACTED]

**Petitioner:** [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 October 22, 2025. Petitioner participated and was unrepresented. The Michigan Department of Health and Human Services (MDHHS) was represented by Marcella Towns, hearing coordinator.

**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. As of August 2025, Petitioner was an ongoing recipient of FAP benefits.
1. On August 7, 2025, MDHHS received Petitioner’s FAP Redetermination form reporting a property tax obligation and no income.
2. On September 5, 2025, MDHHS interviewed Petitioner who reported performing odd jobs and receiving help from family to pay bills. During the interview, Petitioner became uncooperative when further asked about income.
3. On September 5, 2025, MDHHS mailed Petitioner a Verification Checklist (VCL) requesting written proof of Petitioner’s self-employment and family donations by September 15, 2025.
4. On September 18, 2025, MDHHS sent notice that Petitioner’s FAP eligibility would terminate beginning October 2025, due to a failure to return requested verifications of self-employment and donation income.

- 
5. On September 24, 2025, Petitioner verbally requested a hearing to dispute the termination of FAP benefits.
  6. As of October 1, 2025, Petitioner had not returned income verifications to MDHHS
- 

### **CONCLUSIONS OF LAW**

The FAP [formerly known as the Food Stamp program] is funded under the federal Supplemental Nutrition Assistance Program (SNAP) established by the Food and Nutrition Act of 2008, as amended, 7 USC 2011 to 7 USC 2036d. It is implemented by the federal regulations contained in 7 CFR 273. MDHHS administers the FAP pursuant to MCL 400.10 of the Social Welfare Act, MCL 400.1 *et seq.*, and Mich Admin Code, R 400.3001 to R 400.3031. FAP policies are contained in the BAM, BEM, and RFT.

Petitioner verbally requested a hearing to dispute a termination of FAP benefits.<sup>1</sup> Exhibit A, p. 4. A Notice of Case Action dated September 18, 2025, stated that Petitioner's FAP eligibility would end October 2025 due to Petitioner's failure to verify self-employment and/or donation income. Exhibit A, pp. 10-14. MDHHS testified that Petitioner's alleged failure was part of a FAP benefit redetermination.

For all programs, a complete redetermination is required at least every 12 months. BAM 210 (April 2025) p. 3. Bridges, the MDHHS database, automatically sends a DHS-1010, Redetermination, to the client on the fourth day of the month before the redetermination form is due. *Id.*, p. 8. FAP benefits stop at the end of the benefit period unless the redetermination process is completed and a new benefit period is certified. *Id.*, p. 3.

Redetermination verifications must be provided by the end of the current benefit period or within 10 days after they are requested, whichever allows more time. *Id.*, p. 17. A VCL should be sent after the redetermination interview for any missing verifications allowing 10 days for their return. *Id.*

Petitioner timely returned to MDHHS a redetermination form on August 7, 2025, which reported himself as the only household member, no income, and an obligation for property taxes. Exhibit A, pp. 5-6. MDHHS testified that a specialist documented that Petitioner was interviewed concerning his redetermination on September 5, 2025.<sup>2</sup> According to the specialist's interview notes, Petitioner reported performing odd jobs and receiving donations from family when asked how his bills are paid. The specialist also documented that Petitioner was uncooperative concerning specifics of the income. For purposes of clarification, MDHHS mailed Petitioner a VCL on September 5, 2025,

---

<sup>1</sup> MDHHS clients may verbally request a hearing to dispute FAP eligibility (see BAM 600).

<sup>2</sup> For non-disabled and non-aged clients, interviews are required for FAP benefit redeterminations (see BAM 210).

---

requesting proof of self-employment and donation income by September 15, 2025.<sup>3</sup> Exhibit A, pp. 7-9.

---

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.* For FAP benefits, 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
- The time period given has elapsed and the client has not made a reasonable effort to provide it. *Id.*

It was not disputed that Petitioner did not return requested income documents to MDHHS before the VCL due date of September 15, 2025, the closure notice date of September 18, 2025, or the effective date of closure of October 1, 2025. MDHHS contended that Petitioner's failure to return documents resulted in a proper closure of FAP benefits.

Petitioner denied making any comments to the specialist concerning performing odd jobs or receiving donation income. Petitioner contended the recording of the phone call, if it exists, would prove his testimony to be true. Petitioner expected the undersigned or MDHHS to have the recording available during the hearing without making any known efforts to obtain a recording.<sup>4</sup> Petitioner also contended that his circumstances have been unchanged for years and that MDHHS was violating his civil rights.

MDHHS testimony acknowledged that specialists during client interviews may inquire about a client's reported lack of income when expenses are reported and income is not. Petitioner's circumstances are consistent with MDHHS inquiring about and documenting that Petitioner reported performing odd jobs and receiving donations from family members to pay bills.

MDHHS documented that Petitioner was uncooperative during the interview when asked further about income. Because Petitioner was uncooperative when asked further about income, MDHHS properly requested documentation to clarify his circumstances.

The evidence established that MDHHS properly requested from Petitioner documented clarification of self-employment and donation income. The evidence further established that Petitioner did not return requested verifications. Thus, MDHHS properly initiated termination of Petitioner's FAP eligibility beginning October 2025. As discussed during the hearing, Petitioner's recourse is to reapply for FAP benefits.

---

<sup>3</sup> The VCL also requested verification of property taxes. Petitioner's alleged failure to verify property taxes was not a listed reason for benefit termination on the Notice of Case Action. Because it was not a basis for closure, it need not be considered further.

<sup>4</sup> As stated on the hearing notice, clients are to obtain and submit documents to be presented during the hearing at least one day before the hearing.

---

## DECISION AND ORDER

---

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 October 2025. The actions taken by MDHHS are **AFFIRMED**.



**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.

25-034720

**Via Electronic Mail:**

**Respondent**

WAYNE-INKSTER-DHHS  
26355 MICHIGAN AVE  
INKSTER, MI 48141

**MDHHS-WAYNE-19-HEARINGS@MICHIGAN.GOV**

**Via First Class Mail:**

**Petitioner**

████████████████████  
██  
██████████ MI ██████████

