



**Date Mailed:** November 25, 2025  
**Docket No.:** 25-038729  
**Case No.:** [REDACTED]  
**Petitioner:** [REDACTED] [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।

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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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**Petitioner:** [REDACTED] [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 November 20, 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. 1-35 was received and admitted.

### **ISSUE**

Did the Department properly close Petitioner's Food Assistance Program (FAP) case for failing to verify required information?

### **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 September [REDACTED] 2025, Petitioner submitted redetermination paperwork for his FAP benefit.
2. On September [REDACTED] 2025, a Verification Checklist was sent to Petitioner requesting verification of mortgage information, self employment and donation.
3. On October [REDACTED] 2025, submitted a letter for [REDACTED] [REDACTED] regarding the self-employment income and letter from his mother about donation.
4. On October [REDACTED] 2025, a Notice of Case Action was sent to Petitioner informing him that his FAP benefits would be closing effective November 1, 2025, for failing to verify required information.
5. On October 15, 2025, Petitioner requested hearing disputing the closure of FAP benefits and requested that his benefits continue pending the hearing.

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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, whichever 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

### **Timely Hearing Request**

All Programs

A timely hearing request is a request received by the department within 10 days of the date the notice of case action was issued. When the 10th calendar day is a Saturday, Sunday, holiday, or other non-workday, the request is timely if received by the following workday. While waiting for the hearing decision, recipients must continue to receive the assistance authorized prior to the notice of negative action when the request was filed timely. Upon receipt of a timely hearing request, reinstate program benefits to the former level for a hearing request filed because of a negative action. For MA ONLY the department must maintain benefits if a beneficiary requests a hearing before the effective date of the action. For example, if a beneficiary is provided notice their Medicaid eligibility will be terminated effective 01/01/19, the beneficiary has until

25-038729

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12/31/18 to file a request and maintain their benefit. For FAP only, these actions apply only if the benefit period has not expired. BAM 600

In this case, Petitioner acknowledged that the donation letter from his mother did not have the required information. The letter from [REDACTED] [REDACTED] also did not have all required information. Therefore, the closure for failing to verify required information was proper and correct and consistent with Department policy. BAM 130

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At hearing, Petitioner questioned whether his FAP benefits should have been reinstated pending the hearing. Because Petitioner's benefit period ended, he was not entitled to reinstatement. BAM 600

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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 required information.

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.

25-038729

**Via Electronic Mail:**

**Respondent**  
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PO BOX 5070  
SAGINAW, MI 48607  
**MDHHS-SAGINAW-  
HEARINGS@MICHIGAN.GOV**

**Via First Class Mail:**

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]