



**Date Mailed:** December 2, 2025  
**Docket No.:** 25-039303  
**Case No.:** [REDACTED]  
**Petitioner:** [REDACTED]

[REDACTED]  
[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।

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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**Docket No.:** 25-039303

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

### **HEARING DECISION**

On October 23, 2025, Petitioner [REDACTED] [REDACTED] requested a hearing to dispute a Food Assistance Program (FAP) determination. As a result, a hearing was scheduled to be held on November 25, 2025. Public assistance hearings are held 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; 45 CFR 205.10; and Mich Admin Code, R 792.11002.

The parties appeared for the scheduled hearing. Petitioner appeared and represented herself. Respondent Michigan Department of Health and Human Services (Department) had Family Independence Manager Becky Fraser appear as its representative. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 24-page packet of documents provided by the Department was admitted into evidence collectively as Exhibit A.

### **ISSUE**

Did the Department properly determine Petitioner's 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 is a FAP benefit recipient.
2. Petitioner is a senior or disabled individual.
3. Petitioner was approved to receive a FAP benefit of \$ [REDACTED] per month, which was based in part on a rent expense of \$ [REDACTED] per month.
4. On August [REDACTED] 2025, Petitioner submitted a mid-certification contact notice to the Department to renew her eligibility for FAP benefits. The form asked "did your household have a change in housing expense, including having recently moved? (rent, mortgage, property taxes, insurance, etc.)" The form had a box to check for "yes" and a box to check for "no." Petitioner checked the box for "yes." In the

small explanation box, Petitioner wrote “rent \$ [REDACTED] Petitioner’s intention was to report that her rent had increased [REDACTED]

5. The Department received Petitioner’s mid-certification contact notice, the Department noticed the change in rent that Petitioner reported, and the Department concluded that Petitioner’s rent decreased to \$87.00 per month. The Department did not ask Petitioner to verify the change.
6. The Department redetermined Petitioner’s FAP benefit amount based on a rent expense of \$ [REDACTED] per month, and the Department determined that the maximum FAP benefit that Petitioner was eligible for was \$ [REDACTED] per month. The Department determined Petitioner’s FAP benefit amount based on the following:
  - a. Group size of 1
  - b. Unearned income of \$ [REDACTED] per month
  - c. Standard deduction of \$209.00 per month
  - d. Housing cost of \$ [REDACTED] per month
  - e. Heat/utility standard of \$ [REDACTED] per month
7. On August [REDACTED] 2025, the Department decreased Petitioner’s FAP benefit to \$ [REDACTED] per month, effective October 1, 2025.
8. Petitioner requested a hearing to dispute her FAP benefit amount.

### **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) 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 administers FAP pursuant to MCL 400.10, the Social Welfare Act, MCL 400.1-.119b, and Mich Admin Code, R 400.3001-.3011.

In this case, the Department decreased Petitioner’s FAP benefit amount when the Department changed Petitioner’s housing cost from \$ [REDACTED] per month to \$ [REDACTED] per month. The Department changed Petitioner’s housing cost because Petitioner reported on her mid-certification contact notice that she had a change in her rent expense. Petitioner intended to report that her rent increased \$ [REDACTED] per month, but the Department interpreted Petitioner’s report to mean that Petitioner’s rent decreased to

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\$█████ per month. The Department did not ask Petitioner for verification before the Department changed Petitioner's rent expense to ██████ per month.

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Verification is usually required for a reported change affecting eligibility or benefit level. BAM 130 (May 1, 2024), p. 1. Verification is required when information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. *Id.* Petitioner reported a change in her rent expense, which was a change that affected her benefit level. The Department interpreted Petitioner's report to mean that Petitioner's rent decreased from \$█████ per month to \$█████ per month. This was a substantial change, and it was inconsistent with Petitioner's prior rent expense, so the Department should have requested verification of the rent expense before changing it. The Department did not request verification of the rent expense, so the Department did not act in accordance with BAM 130. Therefore, the Department's decision is reversed.

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**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 did not act in accordance with its policies and the applicable law when it determined Petitioner's FAP benefit amount.

**IT IS ORDERED** that the Department's decision is **REVERSED**. The Department must request verification of Petitioner's rent expense and then redetermine Petitioner's FAP benefit amount, effective October 1, 2025. The Department must begin to implement this order within 10 days of the mailing date of this hearing decision.



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**JEFFREY KEMM  
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://rs.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.

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**Via Electronic Mail:**

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