



Date Mailed: January 29, 2026
Docket No.: 25-048427
Case No.: [REDACTED]
Petitioner: [REDACTED]

[REDACTED]
MI [REDACTED]

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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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Docket No.: 25-048427

Case No.: [REDACTED]

Petitioner: [REDACTED]

HEARING DECISION

On December 22, 2025, Petitioner [REDACTED] requested a hearing to dispute a Food Assistance Program (FAP) closure. As a result, a hearing was scheduled to be held on January 27, 2026. 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 himself. Respondent Michigan Department of Health and Human Services (Department) had Eligibility Specialist Amy Miller appear as its representative. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 16-page packet of documents provided by the Department was admitted collectively as Exhibit A.

ISSUE

Did the Department properly close Petitioner's FAP benefits?

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 November 3, 2025, the Department mailed a semi-annual contact form to Petitioner. The form instructed Petitioner to return the completed form to the Department by November 24, 2025, and it informed Petitioner that his FAP benefits would close if he did not return the completed form to the Department.
2. In November 2025, [REDACTED] was living with Petitioner, and she was taking care of Petitioner. In exchange, Petitioner was supporting [REDACTED] with housing, food, clothing, and other necessities. Petitioner was not paying [REDACTED] for any services. The only income that Petitioner's household was receiving was Petitioner's income from Social Security.
3. Petitioner was concerned that the Department would require [REDACTED] to meet work requirements. Petitioner tried to inform the Department that [REDACTED] was his caregiver so that the Department would not require her to meet

work requirements, but Petitioner was unable to successfully communicate his intended message to the Department.

4. On November 20, 2025, Petitioner submitted a semi-annual contact form to the Department to renew his FAP eligibility. In the “anything else” section of the semi-annual contact form, Petitioner stated, “live-in caregiver [REDACTED] – unknown how to report her work hours – 3rd time I said this – she [is] homeless without working for me.” Petitioner wrote this intending to inform the Department that [REDACTED] was not available to meet work requirements because she was Petitioner’s caregiver.
5. The Department reviewed Petitioner’s semi-annual contact form, and the Department interpreted Petitioner’s statement to mean that [REDACTED] was employed. The Department concluded that [REDACTED] had earned income that needed to be reported to the Department so that the Department could determine Petitioner’s FAP eligibility. The Department determined that it could not log Petitioner’s semi-annual contact form without information about [REDACTED] earned income.
6. On November 26, 2025, the Department unsuccessfully attempted to call Petitioner to obtain the additional information the Department needed to log Petitioner’s semi-annual contact form.
7. On November 26, 2025, the Department also mailed a quick note to Petitioner. The quick note informed Petitioner that the Department could not log his semi-annual contact form as received because Petitioner did not provide sufficient information about [REDACTED] earned income. The quick note instructed Petitioner to provide the Department with information about [REDACTED] income before the end of December.
8. On November 26, 2025, the Department mailed a courtesy letter to Petitioner to obtain information about [REDACTED] earned income. The courtesy letter instructed Petitioner to provide proof of [REDACTED] income to the Department by December 8, 2025.
9. Petitioner did not provide the Department with any additional information in response to the Department’s quick note and courtesy letter.
10. Petitioner’s FAP benefits closed, effective December 31, 2025.

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).

25-048427

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 closed Petitioner's FAP benefits because the Department determined that Petitioner reported income on his semi-annual contact form and did not provide verification of the income. Petitioner is disputing the Department's decision to close his FAP benefits. Thus, the issue is whether the Department properly closed Petitioner's FAP benefits.

A semi-annual contact notice is used for FAP groups assigned a 12-month benefit period. BAM 210 (July 1, 2025), pp. 11-12. The client must submit a complete semi-annual contact form, which means that the client must complete all sections and provide required verifications. *Id.* If the Department does not receive the complete semi-annual contact form by the tenth day of the sixth month of the benefit period, then the Department is required to issue a FAP closure notice as a reminder to return it by the last day of the month. *Id.* at 14. The complete semi-annual contact form and required verifications must be received and recorded by the Department no later than the last day of the sixth month of the benefit period. *Id.* at 11-12. When a client does not return a semi-annual contact form by the last day of the sixth month of the benefit period, the Department automatically closes the client's FAP benefits. *Id.* at 14-15. If the client reapplies, it is treated as a new application, and benefits are prorated from the application date. *Id.*

Petitioner completed all information on the semi-annual contact form, and Petitioner reported that his household income had not changed. However, Petitioner wrote a comment in the "anything else" section that caused confusion when processing Petitioner's semi-annual contact form. Petitioner wrote, "live-in caregiver [REDACTED] – unknown how to report her work hours – 3rd time I said this – she [is] homeless without working for me." This comment implied that [REDACTED] was working and receiving earned income. Thus, the Department determined that Petitioner's semi-annual contact form was incomplete because it did not include verification of [REDACTED] earned income. Therefore, the Department instructed Petitioner to provide verification of [REDACTED] earned income.

The Department is required to request verification when information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. BAM 130 (May 1, 2024), p. 1. Petitioner provided information about [REDACTED] that was unclear, inconsistent, incomplete, or contradictory when Petitioner wrote his comment in the "anything else" section. Thus, the Department properly requested verification from Petitioner. Petitioner failed to provide any additional information in response to the Department's verification request, so the Department properly determined that Petitioner's semi-annual contact form was incomplete. Since Petitioner did not provide

the Department with a complete semi-annual contact form by the last day of the sixth month of his benefit period, the Department properly closed Petitioner's FAP benefits. Petitioner may reapply for FAP benefits.

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 its policies and the applicable law when it closed Petitioner's FAP benefits.

IT IS ORDERED that the Department's decision is **AFFIRMED**.



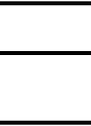
JEFFREY KEMM
ADMINISTRATIVE LAW JUDGE

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. 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.



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Via First Class Mail: **Petitioner**
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