



**Date Mailed:** February 3, 2026

**Docket No.:** 25-048485

**Case No.:** [REDACTED]

**Petitioner:** [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: February 3, 2026

Docket No.: 25-048485

Case No.: [REDACTED]

Petitioner: [REDACTED]

### **HEARING DECISION**

On December 19, 2025, Petitioner [REDACTED] requested a hearing to dispute a Food Assistance Program (FAP) determination. As a result, a hearing was scheduled to be held on January 29, 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 herself. Respondent Michigan Department of Health and Human Services (Department) had Hearing Facilitator Amber Gibson appear as its representative. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 34-page packet of documents provided by the Department was admitted 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 lives with her two children, [REDACTED] and [REDACTED].
3. On November 24, 2025, Petitioner obtained employment at [REDACTED].
4. [REDACTED] paid Petitioner biweekly.
5. Petitioner notified the Department that she obtained employment at [REDACTED]. Petitioner notified the Department that she was going to receive her first paycheck on December 12, 2025. Petitioner notified the Department that she was working 6.5 hours per day and 5 days per week. Petitioner notified the Department that [REDACTED] was paying her \$ [REDACTED] per hour.

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6. The Department redetermined Petitioner's FAP eligibility based on Petitioner's reported employment information, and the Department determined that Petitioner was eligible for a maximum FAP benefit of \$458.00 per month, effective December 1, 2025.
  7. The Department determined Petitioner's FAP eligibility based on the following information:
    - a. Group size of three
    - b. Earned income of \$ [REDACTED] per month
    - c. Unearned income of \$ [REDACTED] per month
    - d. Standard deduction of \$209.00 per month
    - e. Housing cost of \$563.08 per month
    - f. Heat/utility standard of \$682.00 per month
  8. On December 10, 2025, the Department mailed a notice of case action to Petitioner to notify her that she was eligible for a FAP benefit of \$458.00 per month, effective December 1, 2025.
  9. Petitioner requested a hearing to dispute her FAP benefit amount.
  10. On January 5, 2026, the Department received verification of Petitioner's employment, and it indicated that Petitioner received her first paycheck on December 19, 2025. It indicated that [REDACTED] was paying Petitioner \$ [REDACTED] per hour.
  11. The Department also received copies of Petitioner's paychecks from [REDACTED], which showed the following information:
    - a. December 19, 2025, [REDACTED] paid Petitioner \$ [REDACTED] for 58.5 hours.
    - b. January 2, 2026, [REDACTED] paid Petitioner \$ [REDACTED] for 65 hours.
  12. The Department redetermined Petitioner's FAP eligibility based on Petitioner's payrate of \$ [REDACTED] per hour, and the Department determined that Petitioner was eligible for a maximum FAP benefit of \$230.00 per month, effective February 1, 2026.
  13. The Department determined Petitioner's FAP eligibility based on the following information:

- a. Group size of three
- b. Earned income of \$ [REDACTED] per month
- c. Unearned income of \$ [REDACTED] per month
- d. Standard deduction of \$209.00 per month
- e. Housing cost of \$563.08 per month
- f. Heat/utility standard of \$682.00 per month

14. On January 6, 2026, the Department mailed a notice of case action to Petitioner to notify her that she was eligible for a FAP benefit of \$230.00 per month, effective February 1, 2026.

### **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 determined that Petitioner was eligible for a maximum FAP benefit of \$458.00 per month, effective December 1, 2025. Petitioner is disputing her FAP benefit amount. Thus, the issue is whether the Department properly determined Petitioner's FAP benefit amount.

The Department determines a client's monthly FAP benefit amount by determining the client's group size and net household income and then looking that information up in its applicable Food Issuance Table. BEM 212 (June 1, 2025), BEM 213 (October 1, 2024), BEM 550 (April 1, 2025), BEM 554 (October 1, 2025), BEM 556 (October 1, 2025), RFT 255 (October 1, 2025), and RFT 260 (October 1, 2025).

The Department determined that Petitioner's group size was three because Petitioner was living with her two children. Petitioner reported that she was working 32.5 hours per week, her pay rate was \$ [REDACTED] per hour, and she was paid biweekly. Based on this information, the Department determined Petitioner's income. All income must be converted to a standard monthly amount when the Department budgets income. BEM 505 (June 1, 2025), p. 8. Biweekly income is multiplied by 2.15 to convert it to a

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standard monthly amount. *Id.* Thus, the standard monthly amount of Petitioner's earned income was \$ [REDACTED] (rounded down). This was calculated as follows: \$ [REDACTED] (hourly rate) x 32.5 (hours per week) x 2 (weeks per pay period) x 2.15 (multiplier for standard monthly amount). The Department properly determined Petitioner's income when it determined that Petitioner's earned income was \$ [REDACTED] per month. Petitioner did not present any evidence to establish that her child support income or housing expense were different from what the Department used in its budget.

Based on Petitioner's gross earned income of \$ [REDACTED] per month, Petitioner's unearned child support income of \$ [REDACTED] per month, Petitioner's housing cost of \$563.08 per month, and Petitioner's obligation to pay her heating/cooling utilities, Petitioner's net income was \$ [REDACTED] per month. Based on Petitioner's net income of \$ [REDACTED] and Petitioner's group size of three, the maximum FAP benefit amount that Petitioner was eligible for was \$458.00 per month. Accordingly, the Department properly determined Petitioner's FAP benefit amount when the Department determined that Petitioner was eligible for a maximum FAP benefit of \$458.00 per month, effective December 1, 2025.

Subsequently, the Department received information from [REDACTED] that indicated that Petitioner's payrate was \$ [REDACTED] rather than \$ [REDACTED]. The Department redetermined Petitioner's FAP eligibility and determined that Petitioner was eligible for a maximum FAP benefit of \$230.00 per month, effective February 1, 2026. Based on the evidence presented, the Department did not properly determine Petitioner's FAP benefit amount when the Department determined that Petitioner was eligible for a maximum FAP benefit of \$230.00 per month, effective February 1, 2026.

The revised standard monthly amount of Petitioner's earned income was \$ [REDACTED] (rounded down). This was calculated as follows: \$ [REDACTED] (hourly rate) x 32.5 (hours per week) x 2 (weeks per pay period) x 2.15 (multiplier for standard monthly amount). The Department did not properly determine Petitioner's income because it determined that Petitioner's earned income was \$ [REDACTED] per month. Based on Petitioner's gross earned income of \$ [REDACTED] per month, Petitioner's unearned child support income of \$ [REDACTED] per month, Petitioner's housing cost of \$563.08 per month, and Petitioner's obligation to pay her heating/cooling utilities, Petitioner's net income was \$1,209.00 per month. Based on Petitioner's net income of \$ [REDACTED] and Petitioner's group size of three, the maximum FAP benefit amount that Petitioner was eligible for was \$422.00 per month. Accordingly, the Department did not properly determine Petitioner's FAP benefit amount when the Department determined that Petitioner was eligible for a maximum FAP benefit of \$230.00 per month, effective February 1, 2026.

### **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 determined Petitioner's FAP

benefit amount, effective December 1, 2025, but the Department did not act in accordance with its policies and the applicable law when it determined Petitioner's FAP benefit amount, effective February 1, 2026.

**IT IS ORDERED** that the Department's decision is **AFFIRMED IN PART AND REVERSED IN PART**. The Department's decision to find Petitioner eligible for a FAP benefit of \$458.00, effective December 1, 2025, is affirmed. The Department's decision to find Petitioner eligible for a FAP benefit of \$230.00, effective February 1, 2026, is reversed. Petitioner is eligible for a FAP benefit amount of \$422.00 per month, effective February 1, 2026. 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](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

25-048485

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:**

**Respondent**

INGHAM COUNTY DHHS

5303 S CEDAR ST

PO BOX 30088

LANSING, MI 48911

**MDHHS-INGHAM-HEARINGS@michigan.gov**

**Via First Class Mail:**

**Petitioner**

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

