

MICHIGAN DEPT. OF HEALTH AND HUMAN SERVICES  
BARRY LAWSUIT PROCESSING UNIT  
PO BOX 30784  
LANSING MI 48909-9561

<FIRST NAME FIELD><LAST NAME FIELD>  
<STREET\_ADDRESS>  
<CITY>, <STATES> <ZIP\_CODE>

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

Mailing Date: <date mailed>

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## FOOD ASSISTANCE NOTICE OF DENIAL OF PAYMENT FOR BACK BENEFITS UNDER THE *BARRY v. LYON* LAWSUIT

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*If you do not understand this, call 877-522-8050*  
*Si usted no entiende esto, llame a 877-522-8050*  
مقرلا بلع لاصتالاب مق ، اذه مهفت ال تنك اذإ 877-522- 8050

Dear <FIRST NAME FIELD><LAST NAME FIELD>,

The Michigan Department of Health and Human Services (MDHHS) has reviewed your Food Assistance case because MDHHS sent you a “criminal justice disqualification” notice between December 30, 2012 and January 9, 2015.

**We have decided you are NOT eligible for back Food Assistance benefits.**

In the *Barry v Lyon* lawsuit, a federal court decided that the criminal justice disqualification notices and the MDHHS policy that disqualifies a person based ONLY on an outstanding felony warrant are illegal. Under federal law, MDHHS owes you for any Food Assistance you would have received if <NAME OF DISQUALIFIED PERSON> had not been disqualified under the felony warrant policy used between December 30, 2012 and January 9, 2015.

After reviewing your case, it appears that your Food Assistance was stopped, denied, or cut because <NAME OF DISQUALIFIED PERSON> was disqualified because of an outstanding felony warrant **and also because** <enter other reason(s) and specific manual item>.

Therefore, we have decided you would not have gotten more Food Assistance benefits even if MDHHS had not imposed a “criminal justice disqualification” notice based on **<NAME OF DISQUALIFIED INDIVIDUAL>**’s felony warrant.

If you believe the disqualification for:  
**<enter other reason(s) and specific manual item>**

is wrong, you may request an administrative hearing to determine whether the disqualification was correct. If the hearing officer decides your disqualification for that reason(s) was not correct, we will send you a notice explaining how you can get either a lump sum of back benefits or the actual amount of benefits you lost.

### **HOW DO I REQUEST A HEARING?**

Fill out the enclosed Hearing Request for Food Assistance Program Form and return it to the Barry Processing Unit at:

Michigan Department of Health and Human Services  
Barry Lawsuit Processing Unit  
P.O. Box 30784  
Lansing, MI 48909-9561

**This form must be received by MDHHS at the address above within 90 days from the mailing date of this notice.**

Keep a copy of the filled-in Hearing Request form and write the date you mail it on your copy.

### **WHAT HAPPENS IF I REQUEST A HEARING?**

MDHHS will offer to meet with you to talk about the reason for your hearing request in order to see if your request can be settled without a hearing. They may try to settle the matter without a hearing. This meeting is voluntary. You do not have to meet with them.

If your case is not settled without a hearing, you will receive a Notice of Hearing with the date and time of the hearing and how to attend the hearing.

You can represent yourself at the hearing or have a friend, relative, advocate or lawyer represent you. Look under “Questions?” below for information about finding legal help.

**If you do not attend the hearing**, your request for a hearing will be dismissed and you will not get any back benefits.

**You must give a complete, current address on your Hearing Request** so that you will receive the Notice of Hearing. **If your address or phone number changes** before you receive the Notice of Hearing, please contact the:

Michigan Department of Health and Human Services  
Barry Lawsuit Processing Unit  
PO Box 30784  
Lansing, MI 48909-9561  
877-522-8050

**If you are in jail or prison and you request a hearing**, you must either (a) arrange to use a phone to call in to the hearing office on the date and time of the hearing, or (b) give a working phone number where you can be reached on the date and time of the hearing.

## **QUESTIONS?**

Call the local, free legal services or legal aid near you or call 313-578-6826. Visit [aclumich.org/publicbenefits](http://aclumich.org/publicbenefits) for answers to many common questions.

Contact the MDHHS Barry Lawsuit Processing Unit at 877-522-8050.

To find your local, free legal services office, go to <http://michiganlegalhelp.org/> (click on Find a Lawyer) or look in your yellow pages under "Attorneys."



# HEARING REQUEST FOR FOOD ASSISTANCE PROGRAM

Please fill in all information. Please print clearly. (\*Denotes a required field.)

• Be sure to **SIGN THE FORM** and keep a copy of this form (front and back) with the date you mailed it.

• Mail this form to: Michigan Department of Health and Human Services  
Barry Lawsuit Processing Unit  
P.O. Box 30784  
Lansing, MI 48909-9561

• MDHHS must receive your signed and completed form **within 90 days** of the date your NOTICE OF DENIAL OF PAYMENT FOR BACK BENEFITS was mailed to you. If it is not received in that time, your request for a hearing will be denied.

• If you are incarcerated (in jail or prison) you must complete Section 3 of this form.

## Section 1 – Person Requesting Hearing

*First Name	*Middle Initial	*Last Name	Telephone Number (   )   -	
MDHHS Case Number (if known)	Date of Birth (Month, Day, Year)		Social Security Number	
*Street Address or PO Box	*City	*County	*State	*Zip Code
Email Address	If you want help (interpreter) at your hearing because you speak a language other than English or use sign language, please tell us what language you use/speak:			

**Section 2 – If someone agreed to represent you at a hearing, please have that individual complete and sign this section:**

Name of Representative			Representative Telephone Number (   )   -	
Address (No. & Street, Apt No)			Representative Signature	Date Signed
City	State	Zip Code		

I received a notice denying me the lump-sum payment in the *Barry v Lyon* lawsuit because I had multiple reasons for disqualification. I believe that the denial was erroneous and unlawful.

*Signature	*Date
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**Form continued on reverse side.**

**Section 3 – If you are in Jail or Prison, please complete this section:**

What is your <b>prisoner ID number</b> ?	What is the complete <b>name of the of the jail or prison</b> you are in:
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**Give the complete address of the jail or prison if not provided in Section 1 of this form:**

Street Address or PO Box	City	County	State	Zip Code
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Your hearing will be held by telephone. Please **choose one** of these ways to attend your hearing (you will receive a notice when it is scheduled) following (check **one** box):

- I want to call in to the hearing. Please send me the phone number I should call when you send me the Notice of Hearing.
- I want the hearing officer to call me. The working phone number where I can be reached at the date and time the hearing is scheduled will be: ( ) - .

**I understand that I am responsible to make the arrangements for the hearing, whether I will be calling the hearing officer or the hearing officer will be calling me.**

The prison or jail official who can be contacted about my attendance is:

Name	Title	Telephone Number ( ) -
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