



FY2009
April 1, 2009 – March 31, 2010
Enrollment/Renewal Instructions
and
Program Policies

January 2009

Dear Michigan Drug Assistance Program (DAP) Applicant:

This information packet will assist you in completing the Michigan Drug Assistance Program application. Contained in this packet of information are important details for completing the application, eligibility information, and an explanation of the types of prescription coverage that the DAP is able to offer at this time.

If you are receiving this information as part of the annual DAP renewal process, your current coverage ends on March 31, 2009. To ensure ongoing coverage from the DAP beginning April 1, 2009, your completed application, along with all supporting documentation, must be received by the DAP office **no later than March 31, 2009.**

It is important that you read through the entire packet prior to filling out the application. If necessary information is missing from your application, the DAP staff will attempt to contact you or your representative. Missing information will cause a delay in the processing of your application and in your ability to obtain prescribed medications from the pharmacy.

Please note that the DAP is considered funds of last resort and is available only as long as funding continues. Additionally, the level of medication assistance you receive can change at any time due to availability of funding.

If you have any questions, please do not hesitate to contact the DAP office at 1-888-826-6565, Monday through Friday, from 8 a.m. to 5 p.m.

Thank you for your cooperation.

Chris Hanson, Coordinator
Michigan Drug Assistance Program
MDCH, DHWDP, HAPIS

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**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
HIV/AIDS DRUG ASSISTANCE PROGRAM
ELIGIBILITY CRITERIA – FY2009**

To receive prescription coverage from the Drug Assistance Program (DAP), applicants must meet the following criteria:

- A. Applicant must provide documentation of HIV disease. (see page 11)
- B. Applicant must be a resident of the State of Michigan.
- C. In some cases, applicant must have applied for public assistance (Medicaid and/or Adult Benefits Waiver program) with the Department of Human Services (DHS) within the past 90 days and have a pending, denial, or spend-down status. Clients being renewed by April 1, 2009, must have applied with DHS after October 1, 2008. (Please see pages 5-11 for more information on your eligibility requirements.)
- D. Applicant's gross income cannot exceed 450% of the Federal Poverty Level (F.P.L.) and will be evaluated based on FPL guidelines in effect when DAP receives your completed application.

450% of the current F.P.L. (As of January 23, 2009)

Earned Income and/or Unearned Income (income from employment or self-employment, SSI, SSDI, disability etc.)

<u>Family size</u>	<u>You can earn this per month</u>
1	\$4,061.25
2	\$5,463.75
3	\$6,866.25
4	\$8,268.75
5	\$9,671.75

***Prescription copays of \$5.00 or greater per prescription are eligible for DAP assistance.**

***Prescription copays of \$4.99 or less per prescription are not eligible for DAP assistance; and therefore, will be the applicant's responsibility.**

In all instances, DAP is to be considered the payer of last resort, therefore as other programs become available that provide prescription assistance, the DAP reserves the right to require potentially eligible persons to apply for and pursue those other programs.

VETERAN'S ADMINISTRATION (VA) ASSISTANCE

If you are a Veteran with a minimum of two years of service, you may be eligible to receive medical/prescription benefits through the Veteran's Administration (VA). Please check with the VA before applying for DAP assistance. In some cases, if you are determined eligible for medical/prescription benefits through the VA, you may be eligible for DAP assistance if you meet DAP eligibility criteria. To determine your eligibility for VA copay assistance, please do the following:

- 1. Complete the DAP application in its entirety.
- 2. Read, sign and date page 2 of the application. Provide the specific name(s) of person(s) DAP can speak to pertaining your eligibility and access to services provided by the DAP.
- 3. Submit Proof of Income - proof of income can be submitted in one or more of the following ways (unless you are self-employed, see below):
 - a) the most recent month's pay stubs (a 4 week, 30 day period);
 - b) notice of award for SSI or SSDI; and/or
 - c) a copy of a bank statement showing payroll deposits.

Through June 30, 2009, you may also submit a copy of your 2008, W-2 as proof of income.

If you are Self Employed – submit a copy of your 2008, 1040 Federal tax forms, signed and dated by a licensed preparer, or a signed and dated 2008, 1040 Federal tax form, sign by you, along with a copy of your Schedule E form, as proof of income.

If you do not have an income, and report -0- in the income field on page 1 of the application, you must apply for Medicaid and/or the Adult Medical Program at your local county Department of Human Services (DHS) office prior to submitting your application to the DAP.

Please do not submit your DAP application until your Medicaid and/or the Adult Medical Program case has been reviewed by your DHS worker and is either pending, denied, or in Medicaid spenddown status. If you have any questions please call the DAP office at 1-888-826-6565, or call Ken Pape at DHS, 1-877-342-2437.

- 4. Submit a photocopy of your Veteran's Administration card along with a completed DAP application.
- 5. Please include your recent HIV lab results on or with your application. The DAP reserves the right to ask for a computer generated lab report when necessary.

If you are a new applicant, you must provide proof of HIV status. Please see page 11 for acceptable documentation of HIV status.

- 6. When you have completed all the necessary steps listed above, mail or fax your completed application, accompanied by all required supporting documentation, to the address or fax number listed on page 15.

PRIVATE INSURANCE- PRESCRIPTION COPAY ASSISTANCE

If you have private insurance such as Blue Cross/Blue Shield (BC/BS), Health Alliance Plan (HAP), Priority Health, Physicians Health Plan (PHP), etc., and have prescription coverage that requires a copay, you may be eligible for prescription copay assistance. To determine your eligibility for copay assistance, please do the following:

- 1. Complete the DAP application in its entirety.
- 2. Read, sign and date page 2 of the application. Provide the specific name(s) of person(s) DAP can speak to pertaining your eligibility and access to services provided by the DAP.
- 3. Submit Proof of Income - proof of income can be submitted in one or more of the following ways (unless you are self-employed, see below):
 - a) the most recent month's pay stubs (a 4 week, 30 day period);
 - b) notice of award for SSI or SSDI; and/or
 - c) a copy of a bank statement showing payroll deposits.Through June 30, 2009, you may also submit a copy of your 2008, W-2 as proof of income.
If you are Self Employed – submit a copy of your 2008, 1040 Federal tax forms, signed and dated by a licensed preparer, or a signed and dated 2008, 1040 Federal tax form, sign by you, along with a copy of your Schedule E form, as proof of income.

If you do not have an income, and report -0- in the income field on page 1 of the application, you must apply for Medicaid and/or the Adult Medical Program at your local county Department of Human Services (DHS) office prior to submitting your application to the DAP.

Please do not submit your DAP application until your Medicaid and/or the Adult Medical Program case has been reviewed by your DHS worker and is either pending, denied, or in Medicaid spenddown status. If you have any questions please call the DAP office, 1-888-826-6565, or call Ken Pape at DHS at 1-877-342-2437.

- 4. Submit a photocopy of your private insurance card.
- 5. Please include your recent HIV lab results on or with your application. The DAP reserves the right to ask for a computer generated lab report when necessary.

If you are a new applicant, you must provide proof of HIV status. Please see page 11 for acceptable documentation of HIV status.

- 6. When you have completed all the necessary steps listed above, mail or fax your completed application, accompanied by all required supporting documentation, to the address or fax number listed on page 15.

MEDICARE PART D/MEDICARE Rx PLAN ASSISTANCE

If you are a Medicare recipient and do not have prescription coverage under a private insurance plan through your employer, or under a COBRA policy, you may be eligible for assistance with the out-of-pocket expenses associated with the Medicare Part D Prescription Drug Plan (PDP)/Medicare Rx Plan. To determine your eligibility for assistance with the out-of-pocket costs (premiums, deductibles, and co-insurance), you must do the following:

- 1. You must apply for the Low Income Subsidy (LIS)/Extra Help Program. This program is available to assist eligible Medicare recipients with the out-of-pocket expenses associated with Medicare Part D Prescription Plan (PDP)/Medicare Rx. You can apply for this program online at www.ssa.gov. Upon doing so, please print the confirmation of LIS/Extra Help application page and submit it with your DAP application. Applications may be obtained by calling the Social Security Administration at 1-800-772-1213, or by contacting the DAP office at 1-888-826-6565.

Please keep in mind that if you have previously applied for the LIS/Extra Help program that you must reapply annually to determine your ongoing eligibility for assistance with your out-of-pocket Medicare D expenses.

When you receive your approval or denial for LIS/Extra Help, file it in a safe place. As a Medicare recipient applying for prescription coverage from the DAP, you will need to provide a copy of your approval or denial for LIS/Extra Help along with your DAP application.

Please note: Dual Eligible (Medicaid and Medicare) individuals are **not** eligible for assistance from the DAP.

If you are approved for **partial** LIS/Extra Help you will have **reduced** out-of-pocket expenses. The DAP will assist with the remaining out-of-pocket expenses (reduced premiums, deductibles, and coinsurance).

If you are **denied** for the LIS/Extra Help, the DAP will assist with your out-of-pocket costs (premiums, deductibles, coinsurance) as long as you meet **all** other eligibility criteria.

- 2. **All individuals with Medicare must enroll in a Medicare Prescription Drug Plan (PDP)/Medicare Rx plan.** You can enroll in a plan by contacting the plan directly, or on the web at www.medicare.gov. If you need assistance reviewing Medicare plans, you may contact your HIV case manager, or call either the Medicare/Medicaid Assistance Program (MMAP) at 1-800-803-7174 or 1-800-MEDICARE. DAP staff are also available to assist in researching plans at 1-888-826-6565. Please ask for Kelley Clevenger or Chris Hanson.

-Medicare continued-

Please note that Medicare eligible individuals may only enroll in a PDP during the following times:

- Up to 3 months prior to the date you became Medicare eligible and up to 3 months after the date you first became Medicare eligible.
- During the open enrollment period scheduled November 15- December 31, each year.

If you have already enrolled in a prescription drug plan, please write the name and phone number of the plan and the plan identification number you have chosen on your application.

- 3. Complete the application in its entirety.
- 4. Read, sign and date page 2 of the application. Provide the specific name(s) of person(s) DAP can speak to pertaining your eligibility and access to services provided by the DAP.
- 5. Submit Proof of Income - proof of income can be submitted in one or more of the following ways:
 - a) the most recent month's pay stubs (a 4 week, 30 day period);
 - b) notice of award for SSI or SSDI; and/or
 - c) a copy of a bank statement showing payroll deposits.Through June 30, 2009, you may also submit a copy of your 2008, W-2 as proof of income.
If you are Self Employed – submit a copy of your 2008, 1040 Federal tax forms, signed and dated by a licensed preparer, or a signed and dated 2008, 1040 Federal tax form, sign by you, along with a copy of your Schedule E form, as proof of income.
- 6. Please submit a photocopy of your Medicare card (red, white, and blue card) with your completed DAP application.
- 7. Please submit a photocopy of your Medicare Rx/Medicare Part D prescription drug plan card with your DAP application.
- 8. Please include your recent HIV lab results on or with your application. The DAP reserves the right to ask for a computer generated lab report when necessary.

If you are a new applicant, you must provide proof of HIV status. Please see page 11 for acceptable documentation of HIV status.

- 9. When you have completed all the necessary steps listed above, mail or fax your completed application, accompanied by all required supporting documentation, to the address or fax number listed on page 15.

COUNTY HEALTH PLAN, PLAN B ASSISTANCE

County Health Plan (CHP), Plan B enrollees receive limited prescription and medical benefits. If you are enrolled in Plan B, you may be eligible for assistance with your prescription medications from the DAP. To determine your eligibility for assistance, you must do the following:

- 1. You must apply for Medicaid and/or the Adult Medical Program assistance at your local county Department of Human Services (DHS) office prior to submitting your application to the DAP. Please do not submit your DAP application until your Medicaid/Adult Medical Program case has been reviewed by your DHS worker and is either pending, denied, or in Medicaid spenddown status. If you have any questions please call the DAP office at 1-888-826-6565 or call Ken Pape at DHS at 1-877-342-2437.
- 2. Complete the DAP application in its entirety.
- 3. Read, sign and date page 2 of the application. Provide the specific name(s) of person(s) DAP can speak to pertaining your eligibility and access to services provided by the DAP.
- 4. Submit a photocopy of your County Health Plan card along with your completed DAP application.
- 5. Please include your recent HIV lab results on or with your application. The DAP reserves the right to ask for a computer generated lab report when necessary.

If you are a new applicant, you must provide proof of HIV status. Please see page 11 for acceptable documentation of HIV status.

- 6. When you have completed all the necessary steps listed above, mail or fax your completed application, accompanied by all required supporting documentation, to the address or fax number listed on page 15.

FULL DRUG ASSISTANCE PROGRAM (DAP) ELIGIBILITY

If you are **not** eligible to receive assistance with prescriptions under any other program such as Medicare, Medicaid, private insurance (Blue Cross/Blue Shield, HAP, PHP, etc.), a County Health Plan or any other program that pays for some or all of your prescription costs, you may be eligible for full DAP assistance. To determine your eligibility for assistance, you must do the following:

- 1. You **must** apply for Medicaid and/or the Adult Medical Program with the Department of Human Services (DHS) office prior to submitting your application to the DAP.

Renewal Clients: Please do not submit the DAP application until your Medicaid/Adult Medical Program application has been reviewed by your DHS worker and is either pending, denied, or in Medicaid spenddown status. Clients being renewed by April 1, 2009, must have applied for Medicaid/Adult Medical Program after October 1, 2008.

Clients renewing after April 1, 2009, must have applied for public assistance (Medicaid and/or Adult Medical program) with the Department of Human Services (DHS) within the past 90 days and have a pending, denial, or spend-down status. If you have any questions please call the DAP office at 1-888-826-6565 or call Ken Pape at DHS at 1-877-342-2437.

New Clients: You must have applied for public assistance (Medicaid and/or Adult Medical Program) with the Department of Human Services (DHS) within the past 90 days and have a pending, denial, or spend-down status. If you have any questions please call the DAP office at 1-888-826-6565 or call Ken Pape at DHS at 1-877-342-2437.

- 2. Complete the DAP application in its entirety.
- 3. Read, sign and date page 2 of the application. Provide specific name(s) of person(s) DAP can speak to pertaining your eligibility and access to services provided by the DAP.
- 4. Please include your recent HIV lab results on or with your application. The DAP reserves the right to ask for a computer generated lab report when necessary.

If you are a new applicant, you must provide proof of HIV status. Please see page 11 for acceptable documentation of HIV status.

- 5. When you have completed all the necessary steps listed above, mail or fax your completed application, accompanied by all required supporting documentation, to the address or fax number listed on page 15 or as listed on page 2 of the DAP application.

PROOF OF HIV STATUS

As a condition of funding, all clients applying for DAP assistance must provide documentation of HIV status at enrollment.

NEW MEMBERS:

New members must provide proof of HIV status in one or more of the following ways:

Laboratory Results (computer generated) showing:

1) Western Blot test with positive or reactive result

and/or

2) HIV RNA/Viral Load - must be detectable beyond the specific tests lowest reference range

If lab reports are not yet available as described above, an original doctor's signature on the application is acceptable, with your lab results to follow when available. A Nurse Practitioner, RN, or LPN signature is **not** considered acceptable proof of HIV diagnosis.

RENEWAL MEMBERS:

Renewal members please include recent lab (CD4 and Viral Load) values on your application. The DAP reserves the right to ask for a computer generated lab report when necessary.

IF YOU ARE APPROVED FOR DAP ASSISTANCE

New Members:

If you are approved for DAP assistance, you will be notified by mail within 7-10 business days by RxAmerica, the claims processing company for the DAP program. The letter will state that you have been approved for the current eligibility year, starting from the date of enrollment through March 31, 2010. Along with the letter, you will receive your DAP/RxAmerica prescription card. This card should be presented to the pharmacist when you go to pick up your medications.

If you applied for any type of copay assistance from the DAP, you will also need to submit your primary prescription coverage card (BC/BS, HAP, Humana, AARP, PHP, Medicare Rx, etc.) to the pharmacist.

Please note: Continuous 12 month coverage (April 1, 2009- March 31, 2010) of medication assistance from DAP is contingent upon a DHS decision on your Medicaid/Adult Medical Program case and as long as DAP funding allows.

**Please retain your DAP/RxAmerica card from year to year.
You will not automatically receive a new card each year.**

Renewal Members:

If you are approved for DAP assistance, you will be notified by mail within 7-10 business days. You will receive a letter from the DAP office stating that you have been renewed for another eligibility year (April 1-March 31 of following year).

Please note: Continuous 12 month coverage (April 1, 2009- March 31, 2010) of medication assistance from DAP is contingent upon a DHS decision on your Medicaid/Adult Medical Program case and as long as DAP funding allows.

Please continue to use your DAP/RxAmerica card issued to you at your initial enrollment. You will not automatically receive a new card each year.

If your card is lost or stolen, please contact the DAP office at 1-888-826-6565.

IF YOU ARE NOT ELIGIBLE TO RECEIVE ASSISTANCE FROM THE DAP

If you are not eligible to receive assistance from the DAP, you will be notified by mail within 7-10 business days. The information mailed to you will give the specific reason as to why you are not eligible. If you have questions, or if your situation has changed since the decision was made, please contact the DAP office at 1-888-826-6565.

DAP POLICIES

Medication Formulary

The Michigan DAP will only provide assistance with medications listed on the DAP Formulary. You may request a copy of the most recent DAP formulary by calling the DAP office at 1-888-826-6565 or by accessing the following web site:

http://www.rxamerica.com/media/pdf/midap_formulary.pdf

The DAP may require additional steps such as Prior Authorization or step therapy before a member can access certain medications.

The DAP may also require that certain medications be dispensed from Diplomat Specialty Pharmacy. The list of medications are, but not limited to Fuzeon, Procrit, Neupogen, and all Hepatitis C medications. The DAP reserves the right to add to this list if necessary.

DAP members must follow through on any and all prior authorization protocol put in place by a members primary insurance (Blue Cross/Blue Shield, HAP, PHP, Medicare Rx Plan, etc) before accessing assistance from the DAP.

Prescription Refill Threshold

Member prescriptions are eligible for refill after 85% (26 days) of the previous months prescription has been utilized.

Early Refills

Members in need of an early refill, or additional days supply due to travel circumstances may request authorization for a maximum of a 30 day supply by calling the DAP office at 1-888-826-6565. Additional days supply (not to exceed 90 days) or subsequent early refills of medications must be submitted in writing to the DAP office for approval. Member must state the need for such an exception, the medications that are needed and if applicable, the date the member plans to return to his/her area of residence.

Lost/Stolen Medications

Lost and/or Stolen medications are eligible for replacement one time during a 12-month period. The Michigan Drug Assistance reserves the right to request a letter of request from member's case manager or advocate and/or a police report.

Returned Mail

Any mail returned to the DAP due to incorrect address, member no longer at address, or forward time expired, etc, will result in a temporary suspension of DAP coverage until accurate address information can be obtained from the member. This ensures that all members receive DAP information in a timely manner and that accurate information is available to ensure proper processing of prescription claims.

LABORATORY TESTING

The DAP provides members with no insurance assistance with CD4, viral load, and genotype (resistance testing) testing.

In order to access this assistance member must communicate their DAP eligibility information to their physician prior to blood draw and all samples must be sent to the State of Michigan lab to be analyzed. Any questions regarding this process can be directed to the DAP office at 1-888-826-6565. Any laboratory testing done in hospital lab or sent to other diagnostics center or laboratories are not eligible for assistance from DAP.

The DAP is not responsible for the cost incurred as part of the blood draw.

Please note: That due to the fragile nature of blood samples and the requirements of shipping, limited lab draw hours may be enforced. Please contact your medical provider for more information.

IMPORTANT CONTACT INFORMATION

Michigan DAP applications and other correspondence can be mailed or faxed to:

Michigan Drug Assistance Program
109 Michigan Ave.
9th Floor
Lansing, Michigan 48913

Fax Number 517-335-7723

Toll Free Phone # 1-888-826-6565

Other Important Numbers

Department of Human Services (DHS)
HIV/AIDS Advocacy Services
Ken Pape at 1-877-342-2437

Medicare- 1-800-MEDICARE 1-800-633-4227

Social Security Administration 1-800-772-1213

Michigan Medicare/Medicaid Assistance Program (MMAP) 1-800-803-7174

DRUG ASSISTANCE PROGRAM FORMULARY

For a list of covered medications, please go the address below via the internet:

http://www.rxamerica.com/media/pdf/midap_formulary.pdf

or

Call the DAP at 1-888-826-6565 to request a copy be sent to you by mail or fax.

Level of coverage contingent upon eligibility verification, level of assistance applied for and based on the ability of DAP to coordinate with any other health insurance or government program which pays for prescriptions that you may be eligible for.

Applicants who do not meet all criteria may apply for the program, and must include a letter of special request stating the reason(s) that the DAP should consider the applicant as an exception to the established criteria.

MICHIGAN'S HIV/AIDS CASE MANAGEMENT AGENCIES

AIDS PARTNERSHIP MICHIGAN

2751 East Jefferson
Suite 301
Detroit, MI 48207
Phone: (313) 446-9800
Fax: (313) 446-9839

DISTRICT HEALTH DEPT. #10

916 Diana Street
Ludington, MI 49431
Phone: (231) 845-7381
Fax: (231) 845-0438

SACRED HEART REHAB SERVICES BAY AREA SOCIAL INTERVENTION SERVICES, INC.

515 Adams Street
Bay City, MI 48708-6527
Phone: (989) 894-2991
Fax: (989) 895-7669

HEALTH DELIVERY, INC.

1522 Janes Street
Janes Street Clinic
Saginaw, MI 48601
Phone: (989) 907-2728

CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT

2012 E. Preston Avenue
Mt. Pleasant, MI 48858
Phone: (989) 773-5921
Fax: (989) 773-4309

HIV/AIDS RESOURCE CENTER

3075 Clark Road
Suite 203
Ypsilanti, MI 48197
Phone: (734) 572-9355
Fax: (734) 572-0554

COMMUNITY AIDS RESOURCE AND EDUCATION SERVICES

629 Pioneer Street
Kalamazoo, MI 49008
Phone: (269) 381-2437 or (800) 994-2437
Fax: (269) 381-4050

HIV/AIDS RESOURCE CENTER

211 W. Ganson Street, Suite 110
Jackson, MI 49201
Phone : (517) 780-3262
Fax : (517) 780-0936

COMMUNITY AIDS RESOURCE AND EDUCATION SERVICES – BENTON HARBOR

P.O. Box 8822
Benton Harbor, MI 49023
Phone: (269) 927-2437
Fax: (269) 927-4992

MARQUETTE CO. HEALTH DEPT.

184 U.S. Hwy. 41 East
Negaunee, MI 49866
Phone: (906) 475-7651
Fax: (906) 475-4435

COMMUNITY HEALTH AWARENESS GROUP

1300 West Fort Street
Detroit, MI 48226
Phone: (313) 963-3434
Fax: (313) 963-1832

LANSING AREA AIDS NETWORK

913 West Holmes
Suite 115
Lansing, MI 48910
Phone: (517) 394-3719
Fax: (517) 394-1298

ST. MARY'S HEALTHLINK
MCAULEY HEALTH CENTER
310 Lafayette SE, Suite 410
Grand Rapids, MI 49503
Phone: (616) 913-8200 or (888) 800-7010
Fax: (616) 774-0158

HACKLEY HOSPITAL
MC CLEES CLINIC
1700 Clinton Street, Central 2
Muskegon, MI 49442
Phone: (231) 727-5571 or (231) 727-5572
Phone (toll free): (866) 727-5571
Fax: (231) 728-5674

ST. CLAIR CO. HEALTH DEPT.
3415 28th Street
Port Huron, MI 48060
Phone: (810) 987-5300
Fax: (810) 985-4487

MUNSON MEDICAL CENTER
THOMAS JUDD CARE CENTER
1221 Sixth Street
Suite 206
Traverse City, MI 49684
Phone: (231) 935-5085
Fax: (231) 935-5093

VISITING NURSE OF SE MICHIGAN
25900 Greenfield Rd.
Suite 600
Oak Park, MI 48237
Phone: (248) 967-8320
Fax: (248) 967-8720

WELLNESS AIDS SERVICES, INC.
311 East Court Street
Flint, MI 48502
Phone: (810) 232-0888
Fax: (810) 232-2418

DEAF COMMUNITY ADVOCACY
NETWORK
2111 Orchard Lake Road
Suite 101
Sylvan Lake, Michigan 48320
Phone: (248) 332-3331 Fax: (248) 332-7334
TTY: (248) 332-3323