

KEEP THIS BOOKLET FOR YOUR RECORDS

Information Booklet

Welcome to the State of Michigan Department of Health and Human Services (MDHHS)

We have programs to help you and/or your household (everyone living in your home) with food, child care, cash and emergencies. We can also tell you about other programs and resources that may help meet your needs. We look forward to helping you and/or your household.

If you need help with reading, writing, hearing, etc., please tell us. If you need an interpreter, we will provide one or you may bring your own.

Did you consume water from the Flint Water System and live, work or receive childcare or education at an address that was served by the Flint Water System from April 2014 through present day? If yes, you may wish to apply for health care coverage at www.michigan.gov/mibridges or request a DCH-1426, Application for Health Coverage & Help Paying Costs.

Steps to Assistance

- 1 - Re-Apply online for assistance programs at www.michigan.gov/mibridges.** You may bring, mail or fax your assistance application/redetermination form to the MDHHS office in your area. You can find the address and phone number to the office in your area in your phone book under the state government section, or online at www.michigan.gov/dhs-countyoffices.
- 2 - Read this booklet and keep it.** It tells you about our programs and has important information. **When you sign the application/redetermination form, you agree to the rules in this booklet.**
- 3 - Answer the questions on the assistance application/redetermination.** We need your answers to decide what help you may receive. You can apply for all or some of our programs.
- 4 - For some programs we may need to ask for more information (proof).** We will let you know what we need.
- 5 - We will send you a letter** in the mail telling you if you are approved or denied. **Keep this letter.** It has important information, including the name, phone number, and email address of your MDHHS specialist.

If you want help you do not receive now, you have the right to apply for help today. The date MDHHS receives your assistance application/redetermination form may affect the date your benefits start. **Exception:** If you are applying for Supplemental Security Income and food assistance benefits before being released from an institution, the filing date for your benefits will be the date you get out of the facility.

Before you can be approved for help, you must complete the assistance application/redetermination form.

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.

El Michigan Department of Health and Human Services (MDHHS) no discrimina contra ningún individuo o grupo a causa de su raza, religión, edad, origen nacional, color de piel, estatura, peso, estado matrimonial, información genética, sexo, orientación sexual, identidad de sexo o expresión, creencias políticas o incapacidad.

Michigan Department of Health and Human Services لِن تمييز ادارة الخدمات الصحية و الانسانية لولاية ميشيغان (MDHHS) ضد أي فرد أو مجموعة بسبب العرق، أو الديانة، أو العمر، أو الأصل الوطني، أو اللون، أو الطول، أو الوزن، أو الحالة الزوجية، أو المعلومات الجينية، أو الجنس، أو التوجه الجنسي، أو الهوية الجنسية أو التعبير، أو المعتقدات السياسية، أو الإعاقة.

Local office address

MDHHS specialist name, phone number and email address

Food Assistance Program (FAP) Interviews

Most FAP interviews are held by telephone. However, you may request an in-person interview.

If you are also re-applying for cash assistance, you may be scheduled for an in-person interview.

We May Need Proof

For most programs, MDHHS will need proof of your household's income. If you have proof, send or bring it with your assistance application/redetermination. Some ways to prove income are:

- Check stubs Child support receipts
- Social Security award letter
- Self-employment records of income and expenses
- Tax Return

If we need proof, we will send you a list of what we need.

For some programs, we **MAY** need proof of:

- Age and/or identity Immigration status
- U.S. citizenship Pregnancy
- Relationship
- School enrollment, anyone ages 6-49
- Income that recently started or stopped
- Assets (for example, cash on hand, checking/savings accounts, credit union accounts, etc.)

If you need help getting proof, ask your MDHHS specialist.

TABLE OF CONTENTS

Programs

Food Assistance Program (FAP)	4
Health Care Coverage	4
Resident County Hospitalization (RCH)	5
Child Development and Care (CDC)	5
Family Independence Program (FIP)	6
Refugee Cash Assistance (RCA)	6
State Disability Assistance (SDA).....	7
State Emergency Relief (SER).....	7
Child Support Services	7
<i>Early On</i> ®.....	8
Low Income Home Energy Assistance Program (LIHEAP).....	8
- Home Heating Credit (HHC).....	8
- Weatherization Assistance Program (WAP)	8

Things You Must Do

Give Correct Information and Report Changes (All Programs)	9
Additional Requirement for Health Care Coverage Only	9
Repay Extra Benefits (All Programs).....	9
Provide Social Security Numbers (Most Programs)	10
Pursue Other Benefits (Most Programs)	10
Immunize Children Under Age 6 - Get Shots (FIP)	10
Child Support Actions (Most Programs)	10
Follow Work Rules and Penalties (FIP or RCA and FAP).....	11
Work Rule Deferrals and Good Cause (FIP or RCA and FAP).....	12

Important Things To Know

Penalties, Intentional Program Violation or Fraud (FAP, FIP, SDA, CDC).....	13
General Complaints	14
Hearing Rights	14
If You Think We Discriminate.....	14
Persons With Disabilities	15
Citizens and Non-Citizens/Social Security Numbers	15
Race and Ethnicity.....	15
Domestic Violence	15
If You Receive Tribal Benefits.....	15
Bridge Card	16

Repay Agreements

Medicaid Estate Recovery (MA-Long Term Care (LTC))	16
Lump Sums and Accumulated Benefits (SDA, State-Funded FIP).....	16

Information About Your Household That Will Be Shared

Information MDHHS Will Get From Others.....	16
Information MDHHS Will Give To Others.....	17
Coordination of Health Care Programs and Providers (MA)	17
Information About You, Your Child or Ward (MA).....	17

Appeal Rights (Health Care Coverage).....

Website References

Publications

Read this information booklet before you sign the assistance application/redetermination form.

Programs

Food Assistance Program (FAP)



FAP provides benefits that can be used to buy food (including seeds and plants to grow your own food) for your household. People of all ages may receive FAP.

You may be eligible for FAP benefits if you have either:

- Low/no income.
- Low/no assets.

Income

FAP eligibility and benefit amounts are based on your household income and the number of people in your FAP group. When we look at your income, we make some **deductions** and consider **allowable expenses** (see below).

Deductions from countable income:

- 20 percent of earned income, and
- A standard deduction based on the number of people in your FAP group.

Allowable expenses:

- Medical expenses over \$35 a month not paid by a third party (for persons age 60 or older, veteran with a disability or a person with a disability).

- Some housing and utility costs.
- Some child care costs and costs for care of persons with disabilities.
- Court-ordered child support paid to a non-household member.

Failure to report or verify any listed expenses will be seen as a statement by you that you do not want to receive a deduction for the unreported or unverified expenses. Verifications must be received within 10 days.

Tell us on your assistance application if you have received the Home Heating Credit or a Michigan Energy Assistance Program Payment in an amount greater than \$20 in the month of application or within the past 12 months and your heat is included in your rent. If you do not tell us about the credit, we will assume you do **not** want to receive a deduction for heat expenses.

Program requirements:

- **Follow Work Rules and Penalties** - see page 12.
- **Child Support Services** - see page 7.
- **Child Support Actions** - see page 10.

Health Care Coverage



Reapplying for Health Care Coverage may allow you access to affordable private health insurance plans that offer comprehensive coverage to help you stay well, a new tax credit that can immediately help pay your premiums for health coverage, or free or low-cost insurance from Medicaid, Healthy Michigan Plan, or MIChild (Children's Health Insurance Program).

You may be eligible for free or low-cost insurance from Medicaid, Healthy Michigan Plan, or MIChild if you are:

- Under 19
- Senior
- Disabled
- Pregnant
- Low-income
- Meet asset eligibility

You may also request help paying your Medicare premiums.

Under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. You can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.

By reapplying for Health Care Coverage, you are giving the Michigan Department of Health and Human Services the rights to pursue and get any money from other health insurance, legal settlements, or other third parties, you are also giving the Michigan Department of Health and Human Services rights to pursue and get medical support from a spouse or parent.

Resident County Hospitalization (RCH)



RCH helps individuals with low income who cannot pay for medical care when they are in the hospital overnight.

You may be eligible for RCH if you:

- Have low income, and
- Are not eligible for Medicaid, and

- Do not have other insurance to pay for inpatient hospital care.

Each county sets its own financial eligibility rules.

For more information, contact the MDHHS office in your area.

Child Development and Care (CDC)



CDC helps pay for the cost of child care.

You may be eligible if you are:

- A family with low income.
- A licensed foster parent requesting care for foster children.
- A member of a MDHHS protective services case participating in a treatment plan.
- A FIP Supplemental Security Income (SSI) recipient.
- A FIP applicant doing a required work participation program activity.

You must have a child care need at application because of:

- Work.
- High school completion classes (including General Educational Development (GED), adult basic education, and English as a second language).
- Approved education or training.
- Approved treatment activities for a health or social condition.

The child care must be provided in Michigan by a:

- Licensed child care center.
- Licensed group child care home.
- Registered family child care home.
- Michigan Department of Education (MDE) enrolled unlicensed child care provider who has completed the Great Start to Quality Orientation and:
 - provides care in the child's home, or

- is related by blood, marriage or adoption as a grandparent/great-grandparent, aunt/great-aunt, uncle/great-uncle, or sibling and provides care in his/her own home.

To apply to be an unlicensed provider, complete the application at www.michigan.gov/childcare and follow the instructions listed on the application.

Enrollment is not allowed if the provider, or an adult household member age 18 and older living with the provider, is convicted of certain crimes or on the central registry for child abuse or neglect.

What does the department pay?

CDC Payment

The actual CDC payment amount may not cover all child care expenses. The department pays part of the cost of child care for approved families.

Current reimbursement rates and the income eligibility scale can be found at www.michigan.gov/childcare.

You are responsible for any child care costs not covered by the CDC program.

Program requirements:

- **Child Support Services** - see page 7.
- **Child Support Actions** - see page 10.

Resources:

- More information about the CDC program may be obtained online at www.michigan.gov/childcare.
- If you need help finding an eligible child care provider, contact your Great Start to Quality Resource Center at 877-614-7328 or visit www.greatstarttoquality.org.

Family Independence Program (FIP) Refugee Cash Assistance (RCA)



The main goal of cash assistance programs is to help families become self-supporting and independent.

- **FIP** is temporary cash assistance for low-income families with minor children or pregnant women.
- **RCA** is temporary cash assistance for persons recently admitted into the U.S. as refugees or someone treated as a refugee.

To qualify for FIP or RCA, you must have:

- Low income, **and**
- Cash assets less than \$3,000 and property assets less than \$200,000.

You may be eligible for FIP if you are not receiving cash benefits from another state and you are either:

- Pregnant.
- A parent, legal guardian, or relative acting as a parent for a child under the age of 18 (or a high school student age 18). Children ages 6-18 must attend school full time.

FIP time limit:

You cannot receive FIP for more than the federal 60-month time limit or the state's 48-month lifetime limit unless you qualify for an exception or exemption month. This includes any cash assistance you may have received in another state.

For selected pilot counties, a substance use disorder screening tool and subsequent drug test may be required.

It is prohibited to use FIP or RCA to purchase lottery tickets, alcohol, tobacco, or for gambling, illegal activities, massage parlors, spas, tattoo shops, bail-bond activities, adult entertainment,

cruise ships, or other nonessential items.

You may be eligible for RCA if you are:

- A refugee (or someone treated as a refugee) as determined by the United States Citizenship and Immigration Services (USCIS).
- Within eight months of date of entry to the U.S., and
- Not eligible for FIP.

The FIP or RCA grant amount is based on:

- Number of people in your household group.
- Court-ordered child support expenses paid by your household.
- Total income.

Child support payments. Each month you are on FIP, current support we collect on your order is kept by the state. If you get support in a month when you are getting FIP, you must report it to your local MDHHS office, and you may need to repay it. If the support we collect is more than your FIP grant for at least two months, we may close your FIP case so you can get the child support payments directly.

Program requirements:

- **Follow Work Rules and Penalties** - see pages 12, 13, 14.
- **Child Support Services** - see page 7.
- **Child Support Actions** - see page 10.
- **Immunize Children Under Age 6 - Get Shots (FIP)** - see page 10.

State Disability Assistance (SDA)



SDA provides cash assistance to meet the basic needs of a person with a disability, a person caring for a person with a disability, or persons in a special living arrangement.

It is prohibited to use SDA to purchase lottery tickets, alcohol, tobacco, for gambling, illegal activities, massage parlors, spas, tattoo shops, bail-bond activities, adult entertainment, cruise ships, or other nonessential items.

An individual may be considered disabled for the following reasons (reasons for disability may change):

- Age 65 or older.
- Unable to work for 90 days or more because of a medical condition.
- Receiving Supplemental Security Income (SSI) or Social Security disability benefits.
- Receiving medical assistance based on disability or blindness.
- Receiving special education services.

- Receiving Michigan Rehabilitation Services.
- Diagnosed as having AIDS.
- Living in an adult foster care home, a home for the aged, a county infirmary, or a substance abuse treatment center.

You may be eligible for SDA if you are not eligible for FIP and you are any of the following (reasons for disability may change):

- 65 or older.
- Permanently or temporarily **disabled**.
- Taking care of a person with a disability who lives with you.

AND you have:

- Cash assets less than \$3,000 and property assets less than \$200,000 **and**
- Low income (different limits for single and married persons).

State Emergency Relief (SER)



SER provides limited help to households with low income who have an emergency. SER helps prevent serious harm to individuals and families who have an emergency that threatens their health or safety.

You may be eligible for SER if:

- You have low income and limited assets.
- The emergency situation is not likely to happen again (example: for help with rent or house payments, you must show you have enough income to pay your housing costs in the future).
- You have made certain required payments on your shelter, heat, electric and/or utility bills.
- The amount you need is within our limits.

Covered services include:

- Relocation payments to avoid or eliminate homelessness.*
- Mortgage, insurance and/or property tax payment, to stop forfeiture, foreclosure or tax sale.*
- Limited home repairs.
- Home heating, electric and utility bills.
- Burial costs.
- * *MDHHS works with the Salvation Army to provide emergency shelter statewide.*

The amount of help you may receive depends on the number of people in your household, income, assets, type of service requested and other factors.

To apply for SER, complete the DHS-1514 or apply online at www.michigan.gov/mibridges.

Child Support Services

FAP, CDC, and Cash Assistance:

The Office of Child Support (OCS) is part of MDHHS and is responsible for the child support program in Michigan. OCS works with the prosecuting attorney (PA), friend of the court (FOC) and agencies in other states.

The goal of OCS is to ensure that children are supported by their parents. Child support may include:

- Cash for everyday living.
- Health and/or educational benefits.
- Payment for child care costs.

Child support services can help:

- Locate a child's parent(s).

- Establish a child's legal father by:
 - Voluntary paternity papers.
 - Court action for paternity.
- Establish and enforce a court order to support the child's financial and medical needs.

You must cooperate with child support services if:

- One or both of the child's parents do not live in the home with the child; and
- You receive child care services, food, or cash from MDHHS.

OCS will send a letter asking you to complete an online form or to call OCS. Follow the directions in the letter.

Read this information booklet before you sign the assistance application/redetermination form.

Child Support Services (continued)

Child Support for Non-Assistance Families:

You do not have to receive assistance from MDHHS to apply for child support services.

To apply for services, complete the *IV-D Child Support Services Application/Referral* (DHS-1201) by:

- Applying online at www.michigan.gov/michildsupport;
- Print a DHS-1201 from the MDHHS public website at www.michigan.gov/dhs-forms.
- Call OCS at **866-540-0008**; or

- Sending a written request to:

**Office of Child Support
Case Management Unit
PO Box 30750
Lansing, MI 48909-8250**

If you complete an application online, it will be automatically sent to the Office of Child Support. Otherwise, return the completed DHS-1201 to the MDHHS in your area, the local PA or FOC or the address above.

Early On®

Early On coordinates services for families who have a child ages 0 (birth) to 3 with a disability, developmental delay, or a related medical condition.

To find out if your child is eligible, call *Early On* at **800-EarlyOn (327-5966)** or online at www.1800earlyon.org. An *Early On* coordinator in your county will:

- Let you know if your child is eligible.
- Help you decide if you want *Early On* services for your child.

There is no cost for an evaluation of *Early On* eligibility.

Early On services can include: assessment services, audiology, diagnostic medical services, early identification, family skills training, health services, home visits, nursing services, nutritional counseling, occupational therapy, pathology, psychological services, screening, service coordination, social work services, special equipment, special instruction, speech, transportation, counseling (family, group, individual), and vision services.

Low Income Home Energy Assistance Program (LIHEAP)

LIHEAP consists of federal money given to each state to help low-income individuals and families with heating costs. In Michigan, this money is used for the following programs:

- Home Heating Credit (HHC).
- State Emergency Relief (SER) - see page 7.
- Weatherization Assistance Program (WAP).

Home Heating Credit (HHC)

The HHC is available to **all** low-income households including those with rent that includes heat. The Michigan Department of Treasury determines eligibility and makes the payments.

Applications for the HHC are available at the Department of Treasury and wherever tax forms are available (www.michigan.gov/treasury, select Income Tax Forms from the Treasury Quick List on the home page). You do not need to file a state income tax return to receive the HHC. Eligibility is based on income, number of tax exemptions and household heating costs.

Weatherization Assistance Program (WAP)

WAP is a federally funded, low-income residential energy conservation program available to low-income Michigan homeowners and renters. These services reduce energy use and lower utility bills. Services may include:

- Attic insulation and ventilation.
- Wall insulation.
- Foundation insulation.
- Smoke detectors.
- Dryer venting.
- Air leakage reduction.

Applications for WAP are available at your local weatherization operator.

Resources:

- **LIHEAP** - call the toll-free MDHHS Assistance hotline at 855-275-6424 (855-ASK-MICH).
- **HHC** - www.michigan.gov/heatingassistance or call the Michigan Department of Treasury at 517-636-4486.
- **Weatherization** - www.michigan.gov/heatingassistance.

Read this information booklet before you sign the assistance application/redetermination form.

Things You Must Do

By signing the assistance application/redetermination form, you agree to do these things:

Give Correct Information and Report and Changes (All Programs)

Correct information. You must give MDHHS correct and complete information about you and everyone in your household.

If you give us incorrect or incomplete information on purpose, or you do not report a change, you may be prosecuted for perjury or fraud, or denied benefits. (See “Penalties for Intentional Program Violation Or Fraud” on page 14 for more information.)

Reporting changes. Tell your MDHHS specialist about changes or report changes online within **10 days** of the change.* If you have any doubt about whether to report a change, contact your MDHHS specialist. Your MDHHS specialist will tell you if different reporting rules apply to you, such as simplified reporters.

The types of changes you must report are:

- Employment starts, stops (within 10 days of receiving your first/last payment) or changes.
- Change in rate of pay (within 10 days of receiving the first payment reflecting the change).

- Bank accounts (opening/changes/closures), sale/purchase of property, etc.
- Change of hours worked by more than five hours per week, if it will last more than one month.
- Unearned income starts or stops (like Social Security, unemployment or retirement benefits, etc.).
- Unearned income changes by more than **\$50** per month for most programs, \$25 per month for most MA programs.
- Change in assets.
- Change of address.
- Housing or utility cost stops, starts or changes.
- Anyone moving in or out of your home.
- Changes in child care need, cost or provider.
- Changes in child support amount paid out or received.
- Health or medical insurance premiums or change in coverage.
- Changes in a child’s school attendance.

If you file for bankruptcy, you shall send a copy of the official bankruptcy notice to: MDHHS, Legal Services, PO Box 30037, Lansing, MI 48909.

Additional Requirement for Health Care Coverage Only

You must tell the Michigan Department of Health and Human Services if anything changes (and is different than) what you wrote on your reapplication. You can visit

www.michigan.gov/mibridges or call your MDHHS Specialist to report any changes. You understand that a change in your information could affect the eligibility for member(s) of your household.

Repay Extra Benefits (All Programs)

If you or anyone in your household receives benefits they are not eligible for, the adults in the household must repay the extra benefits. The benefits must be repaid even if there was no fraud. If MDHHS makes an error, the adults in the household must repay the extra benefits.

For FAP, an authorized representative (someone with access to your food benefits who can shop for you) may also be responsible for repayment of any extra FAP benefits.

Recoument. MDHHS may keep part of your future benefits as repayment for extra benefits you received.

Trafficking. FAP benefits that are sold or traded are treated as extra benefits and must be repaid.

Release of information. If you or anyone in your household received extra benefits, the information on your assistance application/redetermination, including Social Security numbers, may be given to federal, state and private agencies to help with collection.

*Exception: For FIP only, you must report a child leaving your home within five days of the date you know he or she will be absent for 30 days or more.

Things You Must Do (continued)

Provide Social Security Numbers (Most Programs)

For most programs, under federal law 42 USC 1320b-7, you must provide Social Security numbers for everyone **re-applying**.

Exceptions include:

- When applying for child care **only**, you do not have to provide a Social Security number for adults or children who do not need child care.
- Non-citizens who cannot get a Social Security number may still qualify for medical assistance for emergency services, pregnancy and child birth. (See “Citizens and Non-Citizens.”)
- When applying for FAP, you do not have to provide a social security number for anyone not applying.

- FAP clients are excused from providing and obtaining a Social Security number based on religious grounds.

MDHHS will help you apply for Social Security numbers. Give MDHHS the Social Security number as soon as you receive it. If you do not, your benefits may be reduced or denied. You may have to repay an overpayment.

MDHHS will use Social Security numbers to check whether you are eligible and receiving the correct benefits. MDHHS uses Social Security numbers to check information with other agencies. (See “Information About Your Household That Will Be Shared.”)

Pursue Other Benefits (Most Programs)

You must apply for other benefits you may qualify for, such as:

- Unemployment benefits.
- Social Security and Supplemental Security Income (SSI) benefits.

- Veterans Administration benefits.

MDHHS will tell you if you need to apply for benefits.

If you do not pursue benefits when required, your MDHHS benefits may be reduced, closed or denied.

Immunize Children Under Age 6 - Get Shots (FIP)

Children under age 6 must be immunized as recommended by the Michigan Department of Health and Human Services.

Your cash benefits may be reduced by \$25 per month until your children are up-to-date on their immunizations.

A child is exempt from the immunization requirement if:

- (S)he is under two months of age.
- Immunizations are medically inappropriate for the child.
- Immunizations are against the family’s religious beliefs.

Child Support Actions (Most Programs)

You will receive a letter about the child support program if:

- You receive FIP, FAP or CDC; and
- One or more of the child’s parents do not live with the child.

Read and follow the directions in the letter. You will need to provide more information about yourself, the minor child(ren) in your home and the parents of the minor child(ren). The letter will tell you to complete an online form or to call OCS.

While you receive benefits from FIP, FAP or CDC, you must keep working with the office of child support, the prosecuting attorney, and friend of the court to pursue paternity and/or support.

Good cause. MDHHS will not require you to pursue paternity or support if you have good cause.

To claim good cause, speak to your MDHHS specialist and ask for the “Claim of Good Cause” (DHS-2168) form. You may be asked to provide proof.

If you do not cooperate with child support actions when required, and do not have a good cause reason, MDHHS will do all of the following for at least one month:

- Remove the food assistance benefits of the person not cooperating.
- Deny or stop your medical benefits for at least one month. We will not deny or stop Medicaid for children or pregnant women.

- Deny or stop your child care benefits.
- Deny or stop cash assistance for your entire household.
- Deny SER for failure to comply with a requirement of FIP.

When you get a FIP grant, you give (assign) to MDHHS any current support for you (spousal support) or minor children in your home (child support). This means when you get FIP, some of the spousal or child support you get from someone else may go to MDHHS to pay back some of the FIP grant.

You may get a child support payment that is owed to you while on FIP. If you do get a child support payment, call your local MDHHS office to find out if you can keep it. If your MDHHS specialist tells you the payment was sent to you in error, you must return the money. If you do not return the money, you may lose your FIP grant or your grant may be reduced.

If the amount of support MDHHS collects is more than your FIP grant for at least two months, MDHHS may close your FIP case so you can receive support payments directly.

If you get MA for your children, you give (assign) your rights to current and past medical support to the Michigan Department of Health and Human Services (MDHHS). This means when you get MA, medical support payments you get from someone else will go to MDHHS.

Read this information booklet before you sign the assistance application/redetermination form.

Things You Must Do (continued)

Follow Work Rules and Penalties (FIP or RCA and FAP)

Your work rules will depend on whether you receive FIP or RCA cash assistance, FAP benefits with no cash assistance, or time-limited FAP benefits.

FIP or RCA cash assistance work rules.

Your family must complete a Family Automated Screening Tool (FAST) and develop a Family Self-Sufficiency Plan (FSSP). The FAST and FSSP requirements are for FIP only. The FSSP will list the work activities that you must do up to 40 hours per week to receive FIP. You design this plan with your MDHHS specialist and the work participation program. For RCA only, you must develop a Refugee Family Self-Sufficiency Plan (RFSSP).

- Complete the FAST (FIP only).
- Help make and comply with a FSSP (FIP only) or RFSSP (RCA only).
- Not quit, refuse work or reduce work hours.
- Not get fired from a job due to misconduct or missing work.
- Comply with assigned employment and/or self-sufficiency activities.

Penalties for breaking FIP or RCA work rules.

If you break the FIP or RCA work rules without good cause (see “Good Cause” on page 13), MDHHS will:

- Deny your application (you may reapply).
- Stop FIP for your whole family for three months for the first time, six months for the second time and permanently for the third time.
- Count all penalty months toward your state 48-month lifetime limit.
- Stop RCA for you for at least three months (but the rest of your household might be eligible).
- If you receive both FIP and FAP, we may:
 - Stop or reduce your FAP benefits for at least one month if you are not excused from FAP work rules.

- Count your FIP grant amount as income.

FAP work rules. All group members not meeting deferral criteria will be registered for work and may be required to perform specific work including cooperation with employment and training activities. (NOTE: If you receive both cash and food benefits, you must follow FIP work rules.)

- **If you are working**, you may not:
 - Quit a job of 30 hours or more per week.
 - Voluntarily reduce work hours below 30 hours per week without good cause.
- **If you are not working**, or you work less than 30 hours per week, you may not:
 - Refuse a job offer.
 - Refuse to participate in required employment-related activities that must be done to receive FAP.

Penalties for breaking FAP work rules. If you receive FAP and you break the work rules without good cause, your benefits will stop or be reduced for:

- At least one month for the first time, and
- Six months for any other time after the first time.

Time-limited food assistance rules. (NOTE: Time limits are not always in effect, so check with your MDHHS specialist.)

Special time limits and work requirements might apply to you if you are:

- A person without a disability,
- At least 18 years old but under the age of 50; and
- Living in a household with no children under age 18 (related or unrelated).

Things You Must Do (continued)

Work Rule Deferrals and Good Cause (FIP or RCA and FAP)

Work rule deferrals (excused). Some people who receive cash or food assistance may be excused from work rules. If you receive FIP and are excused from the work rules, you may have to do other activities. If you think you should be excused from work rules, talk to your MDHHS specialist.

NOTE: Reasons for being excused may change.

You may be excused from FIP or RCA work rules if you are:

- Age 65 or older.
- A parent of a baby less than 2 months old. You may be assigned to family strengthening activities once the baby is 6 weeks old.
- Working 40 hours per week.
- Caring for a child or spouse with a disability (depending on the person's needs and the child's school attendance).
- A person with a disability or medical limitations.
- Experiencing a domestic violence situation (determined by MDHHS).

You may be excused from FAP work rules if you are:

- Age 60 or older.
- Personally caring for a child under the age of 6 who is receiving FAP on your case.
- Working 30 hours per week or earning at least minimum wage times 30 hours per week.
- Attending high school, adult education or a GED program at least half-time.
- Injured, ill or personally caring for a household member with a disability.
- Applying for FAP at a Social Security office.
- In substance abuse treatment or rehabilitation.
- Applying for or receiving unemployment benefits.
- Appealing the denial of unemployment benefits.

Good cause. You have the right to claim good cause if you believe you should be excused from the FIP, RCA and/or FAP work rules. If you think

you have a good cause reason, contact your MDHHS specialist right away. NOTE: Reasons for good cause may change.

FIP or RCA or FAP - Reasons for good cause:

- An unplanned event or factor that does not allow you to meet the work rules (for example, domestic violence, religion, health or safety risk, or homelessness).
- Illness or injury.
- You requested child care that was not provided.
- You requested transportation services that were not provided.
- Long commute (more than two hours per day or more than three hours per day with child care).
- You quit a job to take a comparable job.
- Your job required you to commit illegal activities.
- You are physically or mentally unable to do the job.
- Your employer discriminated against you based on age, race, religion, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability.
- You are working 40 hours per week for at least the state minimum wage.
- Reasonable accommodation was not provided.

FAP only - You may have a good cause reason if you/your:

- Are deferred.
- Moved due to another household member's job or education/training.
- Have a job that requires you to retire or to join, resign from or refrain from joining a labor union or organization.
- Have a job that is on strike or at a lockout site.
- Have unreasonable work conditions.
- Have been offered a job that is outside of your work experience during the **first 30 days** as a mandatory FAP work participant.
- Employer is not able to keep the promise of work.

Important Things To Know

Penalties, Intentional Program Violation or Fraud (FAP, FIP, SDA, CDC)

Call 800-222-8558 to report suspected welfare fraud.

Intentional Program Violation (IPV) is when you make a false or misleading statement, hide, misrepresent or withhold facts on purpose to receive or continue to receive extra benefits.

Fraud/IPV - If we think you committed fraud/IPV, we may hold an administrative hearing, bring criminal charges or ask you to voluntarily sign a disqualification agreement.

FAP Trafficking - You may also be guilty of fraud/IPV if you trade, attempt to trade, or sell your FAP benefits or Bridge card online or in person. You may not use or attempt to use FAP benefits or Bridge cards that belong to another household for your household. You may not use FAP benefits or Bridge cards to purchase or attempt to purchase anything other than food, seeds, and plants to grow your own food for your household.

If it is proven in court that you are guilty of **fraud**:

- You are subject to criminal penalties (for example, fines up to \$250,000, jail/prison time up to 20 years, or both). You may be charged under other federal laws and a court may prevent you from receiving benefits for an additional 18 months; **and**
- You must repay any extra benefits you received because of the fraud/IPV; **and**
- You will be disqualified from receiving FIP/SDA and/or FAP benefits - see the table below.

If it is proven in an administrative hearing you are guilty of **IPV** or you voluntarily sign a disqualification:

- You will be disqualified from receiving FIP/SDA and/or FAP benefits - see the table below, **and**
- You will have to repay the extra benefits you received because of the fraud/IPV.

CDC Penalties - Violation of program rules may result in a disqualification of 6 months, 12 months or a lifetime.

<p>If you do any of the following:</p> <ul style="list-style-type: none"> • Make a false or misleading statement. • Hide, misrepresent or withhold facts to receive or continue to receive benefits. • Trade, attempt to trade, or sell less than \$500 in FAP benefits or Bridge cards online or in person. • Use or attempt to use FAP or cash benefits to buy ineligible items such as alcoholic drinks or tobacco. • Purchase beverages with FAP benefits then immediately empty the contents and return the container for the cash. • Use or attempt to use FAP benefits or Bridge cards that belong to someone else for your household. 	<p>You will lose FIP/SDA and/or FAP benefits for:</p> <ul style="list-style-type: none"> • One year for the first violation. • Two years for the second violation. • Life for the third violation.
<p>If you are:</p> <ul style="list-style-type: none"> • Found by a court or an administrative hearing to have lied about your identity or where you live to receive benefits on two or more cases at the same time. 	<p>You will lose FAP benefits for:</p> <ul style="list-style-type: none"> • 10 years.
<p>If you are:</p> <ul style="list-style-type: none"> • Convicted in court of lying about your identity or where you live to receive benefits* in two or more cases at the same time. <p>*Benefits include programs funded under Title IV-A of the Social Security Act, Medicaid and Supplemental Security Income. This penalty will not stop you from receiving MA.</p>	<p>You will lose FIP benefits for:</p> <ul style="list-style-type: none"> • 10 years.
<p>If any member of the household is found guilty in court of:</p> <ul style="list-style-type: none"> • Trading FAP benefits for drugs. 	<p>You will lose FAP benefits for:</p> <ul style="list-style-type: none"> • Two years for the first offense. • Life for the second offense.
<p>If any member of the household is found guilty in court of:</p> <ul style="list-style-type: none"> • Trading or attempting to trade FAP benefits for firearms, ammunition, or explosives. • Trading, buying or selling or attempting to trade, buy or sell FAP benefits of \$500 or more for anything other than food online or in person. • Paying or attempting to pay for food purchased on credit with FAP. 	<p>You will lose FAP benefits for:</p> <ul style="list-style-type: none"> • Life.

Read this information booklet before you sign the assistance application/redetermination form.

Important Things To Know (continued)

General Complaints

Clients have the right to make general complaints about matters other than the right to apply, non-discrimination or hearing issues. Written complaints can be sent to:

Michigan Department of Health and Human Services
Specialized Action Center
235 S. Grand Avenue
PO Box 30037
Lansing, MI 48909
or call 855-275-6424 or 855-ASK-MICH.

Hearing Rights

If you do not agree with a decision MDHHS makes to deny, reduce, or terminate benefits, or for failure to act with reasonable promptness, you have the right to request a hearing.

Food Assistance Program hearings may be requested by phone to your Specialist. Hearings for all other programs must be requested in writing. The request should include your name, address, and case number. Attach a copy of the notice, if possible. Go to www.michigan.gov/documents/FIA-Pub18_14356_7.pdf to download a form to use, or contact your specialist to request a form.

- Mail the signed and dated request to the hearings coordinator at your local Department of Health and Human Services office.
- Keep a copy of the request and any other document you attach for yourself.
- At the hearing you can explain why you think the action is wrong and present evidence.

- MDHHS must receive your request for appeal within 90 days of the mailing date of the notice or a hearing will not be granted.
- MDHHS must receive your request for an appeal within 10 days of the mailing date of the notice to continue receiving your benefits.

You may be required to repay any assistance that you receive while your appeal is pending if: (1) the Department's proposed action is upheld in the hearing decision, or (2) your request for appeal is withdrawn, or (3) you or your authorized representative do not attend this hearing.

You may choose anyone to represent you. If that person is not a lawyer or is not appointed by a court, you must give us your signed authorization and the person you wish to represent you must also sign the request. Attach a copy of the court's order if the person is court-appointed to help you. The Michigan Administrative Hearing System will deny the request for an administrative hearing made by the representative if you do not provide proof of authorization.

If You Think We Discriminate

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA

and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) fax: 202-690-7442; or
- (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at 800-221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call 202-619-0403 (voice) or 800-537-7697 (TTY).

This institution is an equal opportunity provider.

Important Things To Know (continued)

Persons With Disabilities

You do not have to tell us about disabilities, but some help is only available to persons with disabilities. If you or someone in your household has a disability, we can make exceptions or give you special help.

Tell your MDHHS specialist if you need help.

If you do not tell us about a disability now, you can tell us about it later.

If you are denied special help or an exception you need because of a disability, and you think the denial was wrong, you may file a complaint of discrimination with:

USDA - See address in previous section.

You may file electronically via: <http://www.michigan.gov/disabilityresources/0,4563,7-223-74971-352839--,00.html>

Or

This form may be printed and sent to:

MDHHS, Americans with Disabilities Act Coordinator
PO Box 30037, Suite 708
Lansing, MI 48909
855-275-6424

Citizens and Non-Citizens/Social Security Numbers

Social Security numbers and immigration papers are NOT required for a person who is:

- Not applying for help.
- An undocumented non-citizen applying only for medical assistance for emergency services, pregnancy or child birth.
- Only applying for child care. (You must give a Social Security number for the child and the child must be a U.S. citizen or show immigration papers.)

Other eligible members of your household will still be able to receive help.

You may have to provide information about income and assets of all persons in your household, even if they are not applying.

Receiving food or emergency assistance will **not** affect your immigration status. If you are here illegally, it may affect your ability to stay in the U.S.

For some programs, **persons claiming U.S. citizenship** must provide proof of citizenship and identity. Acceptable proof of citizenship includes, but is not limited to, a U.S. passport, a certificate of naturalization, or a U.S. public birth record showing birth in the U.S. or U.S. territories.

Persons receiving SSI, Social Security, Medicare, or adoption assistance, foster children and newborn “safe delivery,” babies are not required to provide proof of U.S. citizenship for MDHHS programs.

Race and Ethnicity

Answering questions about race and ethnicity is voluntary. If you do not answer these questions, your eligibility or benefit levels will not be affected.* The information is collected to ensure that program benefits are distributed without regard to race, color or national origin.

** If you choose not to answer these questions, your MDHHS specialist may choose an answer for you.*

Domestic Violence

We may be able to waive some program requirements (such as working, looking for a job, pursuing child support or going to school) if participating would:

- Put you or a family member in danger of physical or emotional harm.
- Subject you to sexual abuse.
- Otherwise be unfair to you.

You are authorized to receive domestic violence comprehensive services. Contact the MDHHS office in your area or your MDHHS specialist for more information or to access these services.

Resources:

- Online at: www.michigan.gov/domesticviolence.
- DHS-Pub-859, Is Someone Hurting You or Your Children? (also available in Spanish) - online at: www.michigan.gov/dhs-publications.

If You Receive Tribal Benefits

You cannot receive food benefits from the tribal food distribution program and the food assistance program at the same time.

You cannot receive tribal TANF (cash) from a tribe and FIP cash benefits from MDHHS at the same time.

Tribal organizations may receive LIHEAP funds from the federal government. Payments are limited to the highest amount available from either MDHHS or the tribal organization. MDHHS will ask you to prove any tribal LIHEAP payment you receive.

Read this information booklet before you sign the assistance application/redetermination form.

Bridge Card

Cash and/or food benefits are accessed by using a debit card. This debit card is called the Bridge card or Electronic Benefit Transfer (EBT) card.

Call EBT Customer Service toll-free at 888-678-8914 to:

- Report a lost, stolen or damaged card.
 - Request a replacement card (after your first replacement card, your benefits may be reduced to cover the cost of replacing any additional cards).
- This same replacement card policy applies if you have one or both of the following individuals:
- Someone who has access to your cash benefits (protective payee), or
 - For FAP, someone who you approved to purchase food for your household (authorized representative).
- Establish/change your personal ID number (PIN).
 - Find out your balance.

Repay Agreements

By signing the assistance application/redetermination, you agree to do these things:

Medicaid Estate Recovery (MA - Long Term Care (LTC))

Upon the death of an individual, the Michigan Department of Health and Human Services (MDHHS) has the legal right to seek recovery from your estate for services paid by Medicaid (including Healthy Michigan Plan). MDHHS will not make a claim against the estate while there is a legal surviving spouse or a legal surviving child who is under the age of 21, blind or disabled.

An estate consists of real and personal property. Estate Recovery only applies to certain Medicaid and Healthy Michigan Plan recipients who received Medicaid or Healthy Michigan Plan services after the implementation date of the program. MDHHS may agree not to pursue recovery if an undue hardship exists.

Lump Sums and Accumulated Benefits (SDA, State-Funded FIP)

If you receive SDA, you agree to repay MDHHS if you receive:

- Lump sum payments such as an inheritance, insurance settlement, etc., or
- Accumulated benefits paid retroactively such as unemployment benefits or workers' compensation.

If you receive SDA or state-funded FIP, you agree to repay MDHHS if you receive retroactive SSI.

You agree to allow the Social Security Administration to pay MDHHS the amount of state-funded assistance you received while your SSI claim was pending.

If the first accumulated benefit payment is sent to you, you agree to pay MDHHS right away for the state-funded assistance you received while the claim was pending.

If you disagree with the amount MDHHS keeps, see "Hearing Rights."

Information About Your Household That Will Be Shared

By signing the assistance application/redetermination, you agree that MDHHS can share information about you and your household with others, and that other agencies or people can give us information about you, as stated below:

Information MDHHS Will Get From Others

Social Security Administration information (all programs) - You agree the Social Security Administration may give MDHHS all information needed to determine your eligibility.

Quality Control (QC) and/or Office of Inspector General (OIG) Investigations - MDHHS might choose your case for a quality control review or a complete investigation. If your case is chosen, MDHHS will contact you, other people, employers and/or agencies for proof of the information provided on your assistance application/redetermination.

Law enforcement check (FAP, FIP, SER) - MDHHS may give or receive information from law enforcement officials for the purpose of catching persons fleeing to avoid the law.

Child care billing information (CDC) - Information submitted by your child care provider will be used in determining payment amounts.

Computer cross-checking (all programs) - MDHHS will check with federal, state and private agencies to make sure the information you provide on the assistance application/redetermination is correct. Verification of the information you provide may affect your household's eligibility and level of benefits. MDHHS may check wages, income, assets, unemployment benefits, income tax refunds, Social Security benefits and numbers, child support, immigration status, etc.

If you give any information that does not match, MDHHS will check to find out what is correct. You may be asked for permission to contact employers, banks, or other people.

MDHHS will check records from other states. You may be denied benefits in Michigan if you or other household members were disqualified in another state.

Read this information booklet before you sign the assistance application/redetermination form.

Information MDHHS Will Give To Others

Eligibility information (FAP) - MDHHS sends food assistance program (FAP) eligibility information to schools. This information allows your child(ren) to receive free or reduced-cost meals.

CDC - Notice will be sent to your child care provider when:

- Your CDC has been approved and authorized.

- Changes occur that impact your CDC eligibility.
- Your CDC eligibility has ended.

Undocumented Aliens - MDHHS may send information about certain undocumented aliens to the Department of Homeland Security.

Survey Information - You may be contacted for survey information to help evaluate MDHHS' quality of programs and customer service.

Coordination of Health Care Programs and Providers (MA)

The State's medical assistance program relies on a large number of managed care health programs, mental health and substance abuse programs, and private providers to deliver quality care to individuals like you. To make sure you receive a high level of care and that

your benefits are coordinated, providers in the program may share information about your care (or your child or ward) with other providers in the program when such information and consultation is clinically needed.

Information About You, Your Child or Ward (MA)

Necessary information may be shared between health plans and programs in which you participate. Health plans, programs and providers that deliver health care to you may share necessary information in order to manage and coordinate health care and benefits. This

information may include, when applicable, information relative to HIV, AIDS, AIDS-related complex (ARC) or other communicable diseases, information about behavioral or mental health services, and referral or treatment for alcohol and drug abuse as permitted by 42 CFR Part 2.

Appeal Rights (Health Care Coverage)

If you think the Health Insurance Marketplace or Medicaid, Healthy Michigan Plan, or MIChild has made a mistake, you can appeal its decision. To appeal means to tell someone at the Health Insurance Marketplace, Medicaid, Healthy Michigan Plan, or MIChild that you think the action is wrong, and ask for a fair review of the action. You can find out how to appeal by contacting the Marketplace at 800-318-2596. You can be represented in the process by someone other than yourself. Your eligibility and other important information will be explained to you.

If you want to appeal a Medicaid or Healthy Michigan Plan decision the request must be in writing. Bring or mail a signed, written hearing request to your MDHHS office. Faxes or photocopies are not acceptable. The DHS-18, Request for Hearing, is available online at www.michigan.gov/dhs-forms.

The hearing request must be signed by you or by your parents, spouse, attorney, court-appointed guardian or conservator, or by someone else you name in a signed statement.

Michigan Administrative Hearings Service (MAHS) will deny your hearing request if we receive your request more than 90 days after we mailed the notice to deny, terminate or reduce your benefits. The person who signed the hearing request cannot show a court order or signed statement from you and is not your lawyer, spouse or parent.

If you want to appeal a MIChild decision the request must be in writing. Request MIChild department review forms at the toll-free telephone number 888-988-6300.

Website References

- **Career Education and Workforce Programs:** www.michigan.gov/mdcd
- **Earned Income Tax Credit:** www.michiganeic.org
- **Energy Assistance Programs:** www.michigan.gov/heatingassistance
- **Family Automated Screening Tool (FAST):** www.michigan.gov/fast
- **Michigan Department of Education Child Development and Care:** www.michigan.gov/childcare
- **Michigan Department of Health and Human Services:** www.michigan.gov/mdhhs
 - **Applying for Assistance** www.michigan.gov/dhs-applicationprocess
 - **Cash Assistance** www.michigan.gov/dhs-cash
 - **Child Support** www.michigan.gov/childsupport
 - **Child Support Application & Case Information** www.michigan.gov/michildsupport
 - **Emergency Services** www.michigan.gov/dhs-ser
 - **Food Assistance** www.michigan.gov/foodstamps
 - **MDHHS County Offices** www.michigan.gov/dhs-countyoffices
 - **MDHHS Forms & Applications** www.michigan.gov/dhs-forms
 - **MDHHS Policy and Procedural Manuals** www.michigan.gov/dhs-manuals
 - **Office of Services to the Aging:** www.michigan.gov/osa
 - **Women, Infants and Children (WIC) program:** www.michigan.gov/wic
- **Michigan Disability Resources:** www.michigan.gov/disabilityresources

Publications

Ask your MDHHS specialist if you would like any of these publications. The following publications are available online at: www.michigan.gov/dhs-publications. Some are also available in Spanish (Sp).

- **Child Support**

Understanding Child Support: A Handbook for Parents (DHS-Pub-748) (Sp)

What Every Parent Should Know About Establishing Paternity (DHS-Pub-780) (Sp)

Fatherhood: Taking Responsibility for Your Child (DHS-Pub-806)

DNA Paternity Testing: Questions and Answers (DHS-Pub-865) (Sp)

- **Home Heating Credit**

Notice to Potential Home Heating Credit Recipients (DHS-Pub-788) (Sp)

- **State Emergency Relief**

You and Your Energy Bills (DHS-Pub-631)

MDHHS Can Help With Temporary Assistance (DHS-Pub-783)

Read this information booklet before you sign the assistance application/redetermination form.