

## Food Stamp Eligibility Certification Application

Please fill in the required information below.

<b>Date of request:</b>			
<b>Agency name:</b>			
<b>Agency contact name, phone:</b>			
<b>Agency address:</b>			
<b>Agency phone:</b>		<b>Agency email:</b>	
<b>Does your agency have a substance abuse treatment license from the State of Michigan?</b> <div style="text-align: center;"> <input type="checkbox"/> Yes     <input type="checkbox"/> No         </div>			
<b>If yes, agency license number:</b>			
<b>Please list coordinating agencies that your agency contracts with (use additional sheets if necessary):</b>    			
<b>Please list substance abuse treatment services that occur at your agency (use additional sheets if necessary):</b>    			

Save and submit this form electronically to [mdch-bsaas@michigan.gov](mailto:mdch-bsaas@michigan.gov), or mail to:  
 Bureau of Substance Abuse and Addiction Services  
 Attn: Substance Abuse Treatment Section  
 320 S. Walnut St.  
 Lansing, MI 48913

If applicant agency meets certification requirement, approval is sent to the agency and to the Michigan Department of Human Services, Bureau of Family Independence Services.

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Department of Community Health, Bureau of Substance Abuse and Addiction Services, use only.

Agency license confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contract with coordinating agency confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency certified Title XIX compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Date certification is completed:</b>	