…enhancing the lives of children with special needs in Michigan

Michigan Department of Health and Human Services
Children with Special Needs Fund
PO Box 30734
Lansing, MI 48909
Phone: (517) 241-7420
Fax: (517) 335-8055
www.michigan.gov/csnfund

CSN Fund Application Guidelines

What does the CSN Fund do? The Children with Special Needs Fund (CSN Fund) provides financial assistance to children with special health care needs to purchase equipment when no other funding source is available, including state or federal programs. The CSN Fund is comprised entirely of donations and is administered through the Michigan Department of Health and Human Services (MDHHS), Children's Special Health Care Services (CSHCS) Division.

What items/equipment does the CSN Fund cover?

- Adaptive Recreational Equipment
- Air Conditioners/Central Air
- Ceiling Lifts or Stair Lifts*
- Electrical Service Upgrades
- Platform Lifts (when wheelchair ramp cannot be installed ADA-compliant)
- Therapeutic Specialty Bikes/Tricycles
- Transit Options
- Turney Seats
- Vehicle Accessibility Devices (van lifts, ramps, restraint systems, tie downs, etc.)
- Weighted Blankets/Vests
- Wheelchair Ramps (residential)

**These items are contingent on availability of a special grant. Call the CSN Fund to find out if funding is available. Requests for items not listed above may be reviewed by the CSN Fund Advisory Committee.*

Who is eligible to apply to the CSN Fund? Families with a child under the age of 21, who is enrolled or medically eligible to enroll, in the Children's Special Health Care Services (CSHCS) Program may apply for assistance for an item related to a CSHCS diagnosis. To find out if your child is eligible, contact the CSHCS office at your local health department.

Children enrolled in Adoption Medical Subsidy, Habilitation Support Waiver, Community Mental Health, or have a Trust/Insurance Settlement must apply to these sources FIRST before contacting the CSN Fund. The CSN Fund is the payor of last resort. Children covered by the Children's Waiver are **NOT** eligible for assistance from the CSN Fund.

Your Local Health Department Can Help
CSHCS staff at the local health department can assist with the application process, locating nearby vendors, and finding local agencies who may be able to help. Your local CSHCS staff may not gather the estimates for equipment on your behalf. Call your local health department or the CSHCS Family phone line at 1-800-359-3722.

What are the medical eligibility criteria? Children under age 21 and enrolled in, or medically-eligible to enroll in, CSHCS are eligible to apply for assistance from the CSN Fund for an item related to the CSHCS-qualifying diagnosis.

What are the income eligibility criteria? If the child is not currently enrolled in CSHCS, the financial assessment form (DCH-1273) must be submitted with the application or the request cannot be processed.

Does the CSN Fund reimburse for equipment or services? No, the CSN Fund will not reimburse a family, business, or funding source for equipment already provided or purchased.

Amount of Assistance Provided

The CSN Fund grants funding to families based on the following limits and/or restrictions.

Equipment	Limit	Exclusions/Restrictions	Maximum Assistance
Adaptive Recreational Equipment	No limit	No duplicate requests within 5 years	$1,500
Air Conditioners/Central Air[1]	One (1) per family	Portable units only for rental units	$550
Ceiling/Stair Lifts[2]	One (1) per family	Not allowed for rental units. Based on availability of special grant funds	TBD[4]
Electrical Upgrades	One (1) per family		$1,000
Platform Lift[3]	One (1) per family	Only when wheelchair ramp is not able to be installed ADA-compliant	$4,000
Tie Downs	No limit; replaced as needed.		$1,000
Transit Options	Up to two (2) per child. Second request considered for wheelchair replacement.	Must provide invoice with actual cost detail (not MSRP)	TBD[4]
Tricycle	Every 2-5 years		$2,300
Vehicle Accessibility Devices	Up to two (2) per family. Second request > 5 years after first request.		$10,000
Weighted Blankets, Vests	Up to two (2) per child. Second request > 5 years after first request.		$200
Wheelchair Ramps	One (1) per family per lifetime		$4,000

[1]Air conditioner units are ordered directly from distributor and do not require 3 bids.
[2] Stair/Ceiling lifts are contingent on availability of special grant funding.
[3] Platform lift is allowed only when documented that wheelchair ramp cannot be built to meet ADA guidelines.
[4]Maximum assistance for certain items are "To Be Determined" on a case-by-case basis.

Decisions

While it is our mission to help as many children as possible, not all requests can be granted. **PLEASE ALLOW FOUR TO SIX WEEKS FOR ROUTINE DECISIONS TO BE MADE.** Urgent requests should be indicated in your letter. Some requests may be reviewed by the CSN Fund Advisory Committee and require additional time for decisions to be made. Once a decision is made a letter will be mailed to you. Funding is from private donations, not by state or federal funds, therefore all decisions are final, and there is no appeal process.

Applications are available at your local health department, the website www.michigan.gov/csnfund, or through the CSN Fund office. Contact the CSN Fund at (517) 241-7420 or toll free at (800) 359-3722 with any questions. Surveys will be mailed to beneficiary after service/equipment has been paid by the CSN Fund.

SUBMIT APPLICATIONS TO:

Children with Special Needs Fund
Michigan Department of Health and Human Services
PO Box 30734
Lansing, MI 48909
OR
Fax: (517) 335-8055 **OR** Email: csnfund@michigan.gov

Guidelines for CSN Fund
Coverage Categories

*** Families with more than one (1) eligible child may be given special consideration to determine the amount of funding.***

Adaptive Recreational Equipment

- The CSN Fund will provide up to $1,500 for recreational equipment including, but not limited to, floatation devices, swings, and bike trailers. Requests will be reviewed on a case-by-case basis.

Air Conditioners/Central Air installation

- The CSN Fund may contribute a maximum of $550 towards a room air conditioner/central air installation. Indicate on the application if you prefer a window unit or portable unit.
- The CSN Fund may approve one (1) air conditioner/central air installation request per family.
- No quotes are required for portable or window air conditioners (these are ordered directly from distributor).
- One (1) bid/quote for central air requests (if the family owns the home).
- Approval for this request is contingent on a CSN Fund qualifying diagnosis.
- Requests for funding for Central Air in rental properties will not be approved.

Ceiling Lifts & Stair Lifts

- Approval for stair and ceiling lifts is contingent upon availability of funds. Contact the CSN Fund to find out if funds are available.
- This equipment will <u>not</u> be approved for a rental unit.
- Only one (1) can be granted per family.
- Three (3) bids/quotes <u>with installation diagrams</u> are required. The CSN Fund will only pay up to the amount of the lowest bid received.

Electrical Service Upgrades

- The CSN Fund may pay a maximum of $1,000 towards installing a dedicated circuit for the safe operation and function of medical equipment at home.
- A signed landlord agreement (Form DCH-2424) must be included for those living in a rental property.
- Two (2) bids/quotes for electrical service requests are required.

Platform Lift (see Wheelchair Ramps)

Therapeutic bikes/tricycles

- The CSN Fund may pay a maximum of $2,300 towards a therapeutic bike/tricycle.
- A new bike may be approved two to five years after the previous request was approved.
- Rifton Order Form DCH-1342 must be completed by a licensed medical therapist (OT or PT) who will determine the appropriate level of equipment and provide medical justification for the equipment.
- Rifton tricycle requests do not require quotes.
- AMBUCS Amtryke tricycles require one (1) quote. Visit https://www.ambucs.org/join/chapter-directory/ to find the chapter closest to you. Some chapters require specific forms to be completed. If this is the case, please include these Amtryke forms with your CSN Fund application.
- All other therapeutic tricycle requests must also include an evaluation by a licensed medical therapist (OT or PT) to indicate the appropriate type of equipment and medical justification for the equipment.

Transit Options

- The CSN Fund may cover costs of adding a transit option to a wheelchair when this option is not covered by insurance. Requests will be reviewed on a case-by-case basis. Only one transit option will be approved per child. A second request may be considered if the child's wheelchair has been replaced. Three (3) bids are not required but the vendor <u>must</u> provide an itemized quote listing each component with retail <u>and</u> dealer/vendor prices.

Vehicle Accessibility Devices *(i.e., van lift/ramp, tie-downs, wheelchair lifter, assistive seating/Turney Seat, reverse swing doors, restraint systems)*

- The CSN Fund may pay or contribute a maximum of $10,000 towards a vehicle accessibility device.
- The CSN Fund may contribute towards the replacement cost of a tie-down system.
- It is highly recommended for your child to accompany you to the vendor, if possible, so that you can get the quote for the appropriate lift system.
- The CSN Fund may approve a maximum of two (2) vehicle accessibility devices per child per lifetime. The second item will only be considered five (5) years after the first item was approved.
- 3 quotes from different vendors are required. Quotes must be itemized with cost of vehicle (if purchasing a vehicle), conversion, lift, tie downs, and other components. The CSN Fund will only pay up to the amount of the lowest bid received.

Weighted Blankets, Vests

- The CSN Fund may pay a maximum of $200 toward the purchase of a weighted blanket or vest.
- Three (3) bids/quotes for weighted blankets or vests are required.
- A second request may be submitted after five (5) years have elapsed since the first blanket/vest was approved.

Wheelchair Ramps

- The CSN Fund may pay a maximum of $4,000 towards a wheelchair ramp or platform lift for eligible children.
- The CSN Fund may approve one (1) ramp per family. However, if there are unusual circumstances, consideration may be given for a second ramp.
- All ramps funded by the CSN Fund are expected to meet Americans with Disabilities Act (ADA) requirements and any other federal, state, and/or local ordinances and requirements that may apply.
- The CSN Fund may approve a **platform lift** if a wheelchair ramp will not meet ADA standards.
- A signed landlord agreement (Form DCH-2424) must be included if you live in a rental property.
- Three (3) bids/quotes with installation diagrams are required. The CSN Fund will only pay up to the amount of the lowest bid received or the maximum amount allowed, whichever is lower.

CSN Fund will NOT cover

- Personal care items, baby/video monitors, devices, equipment and appliances routinely found in a home
- Home improvements or repairs
- Vehicle repairs and routine maintenance, or assistance with the purchase or lease of a vehicle
- Generators, humidifiers, air purifiers, heating/furnace installation
- Central air conditioning or ceiling/stair lift in a rental property.

Note: Requests other than those listed on page 1 may be reviewed by the CSN Fund Advisory Committee.

What do I need to submit to request an item?

- ☑ A complete CSN Fund Application (Form DCH-1239)
- ☑ Complete Financial Assessment Form DCH- 1273 (if your child **IS NOT** enrolled in CSHCS)
- ☑ A letter from you explaining the need and reason for the request
- ☑ A letter of medical necessity from the child's specialty physician (or assessment from PT/OT for tricycles or adaptive recreational equipment)
- ☑ Rifton (or AMTRYKE) order form completed by OT/PT (if applying for Rifton or AMTRYKE)
- ☑ Complete Documentation of Assistance form (DCH-2423) form. This is documentation showing that you have contacted at least two (2) other resources (i.e., professional organizations, community service groups/charities, insurance companies) for assistance
- ☑ The required bids/quotes must be from different vendors for the item you are requesting. These vendors must be willing to register and bill the State of Michigan
- ☑ Signed landlord agreement form (DCH-2424) form (wheelchair ramp or electrical upgrade on a rental property)

PLEASE NOTE: Requests may not be processed if the application is not completely filled out or the required documentation is not attached.

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Application

1. ***Check the item you are requesting:***

- ☐ *Adaptive Recreational Equipment*
- ☐ *Air Conditioner - Portable*
- ☐ *Air Conditioner - Window Unit*
- ☐ *Central Air Conditioning*
- ☐ *Ceiling Lift or Stair Lift*
- ☐ *Electrical Upgrade*
- ☐ *Platform Lift (in place of ramp)*
- ☐ *Therapeutic Tricycle/Bicycle*
- ☐ *Transit Option*
- ☐ *Vehicle Accessibility Device*
- ☐ *Weighted Blanket/Vest*
- ☐ *Wheelchair Ramp*
- ☐ *Other (please describe):* _____

2. ***Please read pages 1-5 of the application guidelines before you complete this application.***

Applicant's (Child) Information			***Parent or Guardian Information***	
Last Name			Last Name	
First Name			First Name	
CSHCS ID # ☐☐☐☐☐☐☐☐☐☐ *10-digits*			Relationship: ☐ Custodial Parent ☐ Legal Guardian	Do you: ☐ Rent your home? ☐ Own your home?
Date of Birth ___/___/___ DD MM YYYY			Interpretation or Translation Needed? ☐ Yes ☐ No *If Yes, please explain:*	
Address	City	State **Michigan**	Zip Code	
Home Phone #	Cell Phone #	Email	Preferred Method of Contact: ☐ Home Phone ☐ Cell Phone ☐ Email	
CSHCS Local Health Department (County where you live)	Did your local CSHCS Health Department assist with this application? ☐ Yes ☐ No			

3. ***If applying for an Air Conditioner, please read page 3 of the application guidelines.***

Room square footage: ☐

4. ***Please check any program from which your child currently receives services:***

- ☐ Adoption Medical Subsidy*
- ☐ Children's Waiver (not eligible for CSN Fund)
- ☐ Community Mental Health*
- ☐ Habilitation Support Waiver*
- ☐ Trust/Insurance Settlement*

*You must apply to this agency/program first. If your request is denied, a copy of the denial letter needs to be submitted with this application. The CSN Fund is the payor of last resort.

5. ***Preferred Vendor Information (if applicable):*** ☐

Application Checklist: ***(Read pages 1-5 on the application guideline to ensure your application is complete)***

- ☐ Complete application Form DCH-1239
- ☐ Complete Financial Assessment Form DCH- 1273 (ONLY *if your child is not enrolled in the CSHCS program)*
- ☐ A letter from you explaining the need and reason for the request
- ☐ A letter of medical necessity from the child's specialty physician
- ☐ Complete Documentation of Assistance Form DCH-2423
- ☐ Bids/quotes required for the item you are requesting *(Please read Application guideline pg. 1-5)*
- ☐ Complete Rifton Order Form DCH-1342 (*for Rifton Tricycle Requests only)*
- ☐ Signed landlord agreement Form DCH-2424 (*for a wheelchair ramp or electrical upgrade on a rental property)*

Signature(s): *I certify that the information on this form is true and complete to the best of my knowledge. I understand that this application may be reviewed by the CSN Fund Advisory Committee.*

Signature of requester	Date	Signature of parent/guardian	Date

Authority: Public Act 368, P.A. of 1978
Completion: Is voluntary, but the information is necessary to receive funding from CSN Funds.
DCH-1239 (03/2021) Previous editions are obsolete.

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Financial Assessment

If you are NOT enrolled in Children Special Health Care Services (CSHCS) you must complete this Financial Assessment form and include it with your CSN Fund Application (DCH-1239)

Applicant's Information	***Custodial/Non-custodial Parent or Guardian Information***
Last Name	Last Name
First Name	First Name

Does the child live in a foster home or private placement agency? ☐ Yes ☐ No

Income information

Enter the total number of claimed exemptions from your most recent federal tax form..... _____

Enter the responsible party's income from the most recent **Federal Tax Form**
(2019 is Line 8b or 2020 is Line 11 of the Federal 1040) ..... $ _____

The person signing is the: *(check one)*

☐ Custodial Parent ☐ Non-Custodial Parent ☐ Legal Guardian ☐ Foster Parent of Child
☐ Adult Client *(between 18 to 21 years old)*

Income Verification

- I certify under the penalty of perjury that the information on this form is true, complete, and accurate to the best of my knowledge.
- I authorize the State of Michigan to verify any information on this form.

Signature of Adult Client or Legally Responsible Party	Date Signed
Print Name Signed Above	

Authority: Public Act 368, P.A. of 1978
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DCH-1273 (03/2021) Previous editions are obsolete.

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Documentation of Assistance

The Children with Special Needs Fund (CSN Fund) requires documentation showing that you have contacted at least two (2) other organizations (e.g., professional, civic, faith-based, or community-based organizations, etc.) for assistance in purchasing the equipment/item you are requesting. Please complete this form and submit it with your application. Be sure to include any letters or e-mails received from these sources.

1. Name of organization you contacted: _____

a. Date of contact: _____

b. Name of representative you contacted: _____

c. Phone number of organization: _____

d. Can they help with funding the request? ☐ YES ☐ NO

e. If yes, how much will they contribute towards the item/equipment? $ _____

2. Name of organization you contacted: _____

a. Date of contact: _____

b. Name of representative you contacted: _____

c. Phone number of organization: _____

d. Can they help with funding the request? ☐ YES ☐ NO

e. If yes, how much can they contribute towards the item/equipment? $ _____

I certify that the information on these forms is true, complete, and accurate to the best of my knowledge.

Name	
Signature of Requester	Date

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DCH-2423 (03/2021) Previous editions are obsolete.

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Landlord Agreement

*This form should be completed by the **landlord/owner** of the rental property where the requestor resides.*

1. Name of landowner/landlord:			
2. Address of the landowner/landlord:			
Street Address			Apt. #
City	State	Zip Code	
3. Address of the rental property where modification will be made:			
Street Address			Apt. #
City	State	Zip Code	
4. Name of tenant residing at the rental property above:			

I, the landlord/landowner, give permission to the Children with Special Needs Fund (CSN Fund) to fund a ☐ wheelchair ramp or ☐ electrical upgrade to the rental property at the address listed above.

I certify that the agreement between the landlord and the tenant allows the tenant to make the modification above to the property and if it doesn't, I agree to amend the lease with the tenant accordingly.

Landlord Signature _____ Date: _____

Tenant Signature: _____ Date: _____

The Children with Special Needs Fund (CSN Fund) is not liable for damages or charges incurred from damages to the property listed above during or after the modification, or restoration of the property to its original condition whether or not the tenant relocates from the property.

Authority: Public Act 368, P.A. of 1978
Completion: Is voluntary, but the information is necessary to receive funding from CSN Funds.
DCH-2424 (03/2021) Previous editions are obsolete.

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Rifton Tricycle Order Form

Complete this form ONLY when Requesting Rifton Tricycles.

Note: To be completed by the child's physical/occupational therapist.

For therapist:

1. Measure your client to determine the size you need. (See dimension chart for help).
2. Select the appropriate size and color.
3. Select the accessories needed.

User dimensions (inches)	R120 small	R130 medium	R140 large
Inside leg length	17–22	22–28	25–35

Key user dimension: inside leg length
The extended leg should reach from seat to pedal comfortably when both feet and torso are strapped into place.

Important: User's weight must not exceed the maximum working load. Rifton tricycles are not intended for clients with strong reflexes or poorly developed trunk balance and head control. Consult your client's therapist before ordering.

Item dimensions (inches)	R120 small	R130 medium	R140 large
Overall height	37	40	53
Overall length	45	52	65
Overall width	27	27	31
Wheel diameter	13	15	19
Seat center to extended pedal	17–22	22–28	25–35
Seat to top of trunk support	15½–22	15½–22	15½–22
Gear ratio (approximate)	1:1	1:1	1:1
Item weight (lbs.)	47	56	65
Distance between trunk laterals	8–14	8–14	8–14
Max. working load (lbs.)	150	160	200

			R120 small	R130 medium	R140 large
Required components	**Rifton Tricycle** frame includes self-leveling pedals with straps, backrest tube with handle and tote box for storage. **Specify color:** Red, blue, lime or raspberry.		R112 ☐	R113 ☐	R114 ☐
			RED ☐ BLU ☐ RAS ☐ LIM ☐	RED ☐ BLU ☐ RAS ☐ LIM ☐	RED ☐ BLU ☐ RAS ☐ LIM ☐
	Seat	CHOOSE: Small	R122 ☐	R132 ☐	N/A
		CHOOSE: Large	R128 ☐	R138 ☐	(included)
	Handlebar	CHOOSE: Conventional	R126 ☐	R136 ☐	R146 ☐
		CHOOSE: Loop	R129 ☐	R139 ☐	R149 ☐
	Back support	CHOOSE: Trunk support system	R147 ☐	R147 ☐	R147 ☐
		CHOOSE: Backrest pad	R145 ☐	R145 ☐	R145 ☐
Optional accessories	**Headrest** (requires trunk support system)	CHOOSE: Contoured	R156 ☐	R156 ☐	R156 ☐
		CHOOSE: Flat	R157 ☐	R157 ☐	R157 ☐
	Handbrake (Must be factory-installed. Cannot be added after trike is manufactured.)		N/A	R125	(included)
	Communication tray Max. working load (lbs) Small: 10 Large: 15	CHOOSE: Small 8½" x 12½"	K225 ☐	K225 ☐	K225 ☐
		CHOOSE: Large 11½" x 13½"	N/A	K245 ☐	K245 ☐
	Abductor		R121 ☐	R131 ☐	R141 ☐
	Front guide bar		R135 ☐	R135 ☐	R135 ☐
	Rear steering bar		R123 ☐	R123 ☐	R143 ☐
	Front pulley		R144 ☐	R144 ☐	R144 ☐
	Additional backrest pad		R145 ☐	R145 ☐	R145 ☐
	Stationary stand		R155 ☐	R155 ☐	R155 ☐
Total			**R120** $_____	**R130** $_____	**R140** $_____

Name of Therapist Completing Form: _____ **Phone:** _____

Authority: Public Act 368, P.A. of 1978
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DCH-1342 (03/2021) Previous editions are obsolete.

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Michigan Department of Health and Human Services (MDHHS)
Please note if needed, free language assistance services are available.
Call 800-642-3195 (TTY users call TTY:866-501-5656).

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-642-3195 (TTY:866-501-5656).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم -800-642 3195 (رقم هاتف الصم والبكم:-TTY:866-501-5656)
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-642-3195（TTY:866-501-5656）
Syriac (Assyrian)	ܐܬܘܬܐ: ܐܢ ܡܫܬܡܠܬܘܢ ܒܠܫܢܐ ܣܘܪܝܝܐ، ܡܬܝܠܝܢ ܠܟܘܢ ܫܘܬܦܘܬܐ ܕܠܝܬܐ ܕܡܬܪܓܡܢܘܬܐ ܕܚܠܦܬܐ. ܨܠܘ ܠܡܠܦܘܢ 800-642-3195 (TTY:866-501-5656)
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-642-3195 (TTY:866-501-5656).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 800-642-3195 (TTY: 866-501-5656).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-642-3195 (TTY:866-501-5656) 번으로 전화해 주십시오.
Bengali	লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-800-642-3195 (TTY ১-866-501-5656)
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-642-3195 (TTY:866-501-5656).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 800-642-3195 (TTY:866-501-5656).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-642-3195 (TTY:866-501-5656).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-642-3195（TTY:866-501-5656）まで、お電話にてご連絡ください
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-642-3195 (телетайп 866-501-5656).
Serbo-Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 800-642-3195 (TTY Telefon za osobe sa oštećenim govorom ili sluhom 866-501-5656).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-642-3195 (TTY: 866-501-5656).

The Michigan Department of Health and Human Services is an equal opportunity employer, services and programs provider.

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. Further, MDHHS:

- Provides free aids and services to people with disabilities to communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Section 1557 Coordinator. The contact information is found below.

If you believe that MDHHS has not provided services, or discriminated in another way, you can file a grievance with the Section 1557 Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

MDHHS Section 1557 Coordinator
Compliance Office, 4th Floor
P.O. Box 30195
Lansing, MI 48909

517-284-1018 (Main), TTY users call 711, 517-335-6146 (Fax),
MDHHS-ComplianceOffice@michigan.gov

You can also file a civil rights complaint with the responsible federal agency.

If your grievance or complaint is about your Medicaid application, benefits or services you can file a civil rights complaint with the U.S. Department of Health and Human Services at https://bit.ly/2pBS4YG, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD) Complaint forms are available at https://bit.ly/2IKsHMS.	If your grievance or complaint is about your application for or current food assistance benefits, you can file a discrimination complaint with the U.S. Department of Agriculture (USDA) Program by: Completing a Complaint Form, (AD-3027) found online at: https://bit.ly/2g9zzpU or at any USDA office, or write a letter addressed to USDA at the address below. In your letter, provide all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Send your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 Fax: 202-690-7442; or Email: program.intake@usda.gov

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