

Michigan Department of Health and Human Services
Children's Special Health Care Services
INCOME REVIEW /PAYMENT AGREEMENT
Instructions for Completion (MSA-0738)

The Income Review/Payment Agreement (MSA-0738) is used to determine if a payment agreement for the enrollment fee is required of the family to receive coverage by the Children's Special Health Care Services (CSHCS) program.

General Instructions:

- Please **PRINT** clearly in ink.
- This form must be completed for the client.
- Do not write in the gray/shaded areas (official use only).
- Upon completion, keep **YELLOW** copy for your records.
- Mail **WHITE** copy, and additional page(s) (if applicable) to:

Fax: 517-335-9491

MICHIGAN DEPARTMENT OF
HEALTH AND HUMAN SERVICES
CSHCS DIVISION
PO BOX 30734
LANSING MI 48909-8234

- If you have any questions, contact a CSHCS representative at your local health department, or call 1-800-359-3722.

SECTION 1 – Client and Household Information (Adult or Minor Client)

1. Enter the name of the client applying for CSHCS services.
2. Enter the client's county of residence.
3. a. Enter the client's ID number (CSHCS or Medicaid). b. Enter the client's social security number.
4. Enter the client's home address.
5. Enter the client's date of birth.
6. List other immediate family members in the household with CSHCS coverage (attach additional pages if needed).
7. Check all that apply to the **client**. **Note:** If you check **any** box in # 7, a payment may not be required **once documentation is verified**. Go to #10, enter \$0.00, and continue to Section 3.

SECTION 2 – Income Information

(STOP: Contact a CSHCS representative at your local health department to complete this section if you did not file a federal tax return, had a change in family size, loss of income, or other similar circumstance.)

8. Enter the total number of claimed exemptions on your current federal tax return (see line 6d. on the Federal 1040 or the 1040A, or line 5 of the Federal 1040EZ).
9. Enter the income from your current federal tax return (line 22 of the Federal 1040, line 15 of the Federal 1040A, or line 4 of the Federal 1040EZ) **or** line 8 from Financial Worksheet (MSA-0742). If no federal tax return is available, contact a CSHCS representative at your local health department, or call 1-800-359-3722. **Note:** Clients age 18 or older are legal adults; therefore, only their income is considered and not that of the family or guardian.
10. Enter the **Yearly Payment Agreement Enrollment Fee Amount** according to the enclosed **Payment Agreement Guide** (MSA-0738-B).

SECTION 3 – Payment Agreement

Read each statement carefully. This is your yearly Payment Agreement of the enrollment fee for the CSHCS program. Contact a CSHCS representative at your local health department for assistance.

11. Signature of the parent of minor client, court-appointed legal guardian, foster parent, **or** adult client and the date signed.
12. Print the name of the person signing #11. Phone number including area code.
13. Social Security Number for the parent of minor client, or adult client.
14. Check box which identifies the person signing #11.

Payment Instructions

When your payment agreement notification comes in the mail, the total amount will be due at that time. If you cannot pay the total amount right away, you can make payments according to the monthly coupon instructions you receive with your notification. Contact a CSHCS representative at your local health department if you do not receive the payment instructions after submission of this form. **Payments are non-refundable and required even if CSHCS services are not used, CSHCS coverage is voluntarily ended, the client ages out of the program, or the client moves out of the State of Michigan.**

AUTHORITY: Title V of the Social Security Act
COMPLETION: Is Voluntary, but required if CSHCS program services are desired.

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