

MI HEALTH LINK ADVISORY COMMITTEE APPLICATION

Michigan Department of Health and Human Services

The Michigan Department of Health and Human Services is seeking members to serve on the MI Health Link Advisory Committee. The committee will provide feedback to the state on the program and offer input for program improvement. The majority of members will be people enrolled in the MI Health Link program. Family and friends of people enrolled are encouraged to join the committee as well. Support for travel or personal assistance is available for MI Health Link beneficiaries serving on the committee. The meeting schedule and locations will be determined by the committee.

Personal Information

Name		
Street Address		
City	State	Zip Code
Telephone		
E-Mail		
How would you like us to contact you?		
<input type="checkbox"/> E-mail	<input type="checkbox"/> Mail	<input type="checkbox"/> Phone

Do you have any interest in serving as Co-Chair of the Advisory Committee? YES NO

I am a family member, friend, or guardian of a person who is enrolled in MI Health Link.

Name of Enrollee
(optional): _____

Submission Instructions

Return this form by e-mail, mail, or fax to:

E-mail: INTEGRATEDCARE@michigan.gov

Mail: Attn: Integrated Care Division
Michigan Department of Health and Human Services
PO Box 30479
Lansing, Michigan 48909-7979

Fax: (517) 241-8995

Please put "Advisory Committee Application Form" in the subject line of your e-mail or fax.

The Michigan Department of Health and Human Services 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.

AUTHORITY Public Law 111 - 148

COMPLETION Voluntary