Welcome!

Fill out the Assistance Application
Answer questions about you and your household.

Fill out Program Details:
- Healthcare Coverage
- Food Assistance Program (FAP)
- Cash Assistance
- Child Development + Care (CDC)
- State Emergency Relief (SER)

Submit your application for one or more programs
It will be sent to your local MDHHS office for review and follow-up. You may need to interview with a MDHHS Specialist.

Receive your results

What language do you prefer?
- Spoken Language
- Written Language

If you do not speak English, have a hearing impairment, or have a disability, let us know how we can help you (an interpreter, sign language, TDD/TTY phone number we should call, assistance listening device, etc.) or bring your own support.

Si no habla inglés, tiene una discapacidad auditiva o tiene una discapacidad, háganos saber cómo podemos ayudarlo (un intérprete, un lenguaje de señas, un número de teléfono TDD / TTY al que debemos llamar, un dispositivo de asistencia auditiva, etc) o puede traer su propio apoyo.

If you are refused help, call 855-275-6424.
# Applicant Registration

## Legal Name (First, Middle, Last)

**Mailing Address — if different from above (Street, City, County, State, ZIP Code)**

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

## Signature of Applicant

**Signature of Representative**

**Date**

---

### Have you received assistance in Michigan in the past (or currently)?

- [ ] Yes
- [ ] No

### What programs is your household applying for today?

- [ ] Healthcare
- [ ] Food
- [ ] Cash
- [ ] Child Care
- [ ] State Emergency Relief

### Check any that apply: (You may qualify for 7 day processing of your food assistance)

- [ ] My monthly income is less than $150 and I have $100 or less in cash/accounts right now.
- [ ] My household’s combined monthly income and cash/accounts are less than my household’s combined monthly rent/mortgage and utilities.
- [ ] I am a migrant or seasonal farmworker whose income has stopped and I have $100 or less in cash/accounts right now.

---

### Sign Here

Under penalties of perjury, I state that I have reviewed this application, and to the best of my knowledge and belief, the answers I give within this application are true. If I am declaring an Authorized Representative, by signing below, I allow this person to sign my application and get official information about this application. For Healthcare only, I authorize my Authorized Representative to act for me on all future matters.

<table>
<thead>
<tr>
<th>Signature of Applicant</th>
<th>Signature of Representative</th>
<th>Date</th>
</tr>
</thead>
</table>

---

We need a Social Security number (SSN) for people who are requesting assistance and have a SSN or can get one. See Info Booklet (Pg 30) for more details.

For FAP only:

- [ ] For Food Assistance (FAP), you are only required to fill in your name, address (unless homeless), and signature. For all other programs include date of birth.
# Household Members

List everyone who lives in your home, including yourself and anyone who is not there all the time. If applying for healthcare coverage, list everyone who will be included on your federal tax return this year (note: you do not need to file taxes to receive assistance).

<table>
<thead>
<tr>
<th>Relationship to you</th>
<th>Full Legal Name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Social Security #</th>
<th>US Citizen/National</th>
<th>Married</th>
<th>In the Home?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Self</td>
<td></td>
<td>M/F</td>
<td>/ /</td>
<td>- /</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>is requesting:</td>
<td>HEALTHCARE</td>
<td>FOOD</td>
<td>CASH</td>
<td>CHILD CARE</td>
<td>STATE EMERGENCY RELIEF</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ethnicity (optional): Hispanic/Latino</td>
<td>Not Hispanic/Latino</td>
<td>Race (optional): African American/Black</td>
<td>American Indian/Alaska Native</td>
<td>Asian</td>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>White</td>
</tr>
<tr>
<td>2. is requesting:</td>
<td>HEALTHCARE</td>
<td>FOOD</td>
<td>CASH</td>
<td>CHILD CARE</td>
<td>STATE EMERGENCY RELIEF</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td></td>
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<td>White</td>
</tr>
<tr>
<td>3. is requesting:</td>
<td>HEALTHCARE</td>
<td>FOOD</td>
<td>CASH</td>
<td>CHILD CARE</td>
<td>STATE EMERGENCY RELIEF</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ethnicity (optional): Hispanic/Latino</td>
<td>Not Hispanic/Latino</td>
<td>Race (optional): African American/Black</td>
<td>American Indian/Alaska Native</td>
<td>Asian</td>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>White</td>
</tr>
<tr>
<td>4. is requesting:</td>
<td>HEALTHCARE</td>
<td>FOOD</td>
<td>CASH</td>
<td>CHILD CARE</td>
<td>STATE EMERGENCY RELIEF</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ethnicity (optional): Hispanic/Latino</td>
<td>Not Hispanic/Latino</td>
<td>Race (optional): African American/Black</td>
<td>American Indian/Alaska Native</td>
<td>Asian</td>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>White</td>
</tr>
<tr>
<td>5. is requesting:</td>
<td>HEALTHCARE</td>
<td>FOOD</td>
<td>CASH</td>
<td>CHILD CARE</td>
<td>STATE EMERGENCY RELIEF</td>
<td>NONE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ethnicity (optional): Hispanic/Latino</td>
<td>Not Hispanic/Latino</td>
<td>Race (optional): African American/Black</td>
<td>American Indian/Alaska Native</td>
<td>Asian</td>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>White</td>
</tr>
</tbody>
</table>

Need more room to write? Go to notes on last page to answer these questions. Yes, I've added more notes.
Household Details

Is anyone in your household pregnant now or were they in the last 3 months?

If yes, who? Name(s) __ No
# Expected __ End/Due Date __ / __

Does anyone in your household have a disability or a physical/emotional/mental health condition?

If yes, who? __ No

Do any children (under age 20) have a parent who is living outside the home?

If yes, who? __ No

Is anyone in your household currently enrolled in college/vocational school?

If yes, who? __ No

Is anyone temporarily absent from the home (work, military, hospital, etc.)?

If yes, who? __ No

Has anyone in your household served in the military or armed services?

If yes, who? __ No

Is anyone in your household a foster child, foster parent, adopted child, or non-parent caregiver? (Circle all that apply)

If yes, who? __ No

Foster Child Foster Parent Adopted Child Non-parent Caregiver

Is anyone in your household currently a victim of domestic violence, victim of trafficking, migrant farmworker, seasonal farmworker, or refugee/asylee? (Circle all that apply)

If yes, who? __ No

Victim of Domestic Violence Victim of Trafficking Migrant Farmworker Seasonal Farmworker Refugee/Asylee

If not a US citizen/national, does anyone have qualified immigration status? If yes, list below.

Who? Document Type Document Number Date of US Entry

Green card, etc. # / /
#
#

Need more room to write? Go to notes on last page. Yes, I’ve added more notes.
**Assets**

### Money + Accounts
Does anyone in your household have money or accounts?  
☐ If yes, list below.  ☐ No

- Checking
- Savings
- Other: 401K, Retirement Plans, Life Insurance, Stocks, Mutual Funds, IRAs, CDs, Burial Funds, Lottery/Gambling Winnings, Trusts/Annuities, Payroll/Benefits Card, Other

<table>
<thead>
<tr>
<th>Who?</th>
<th>Type of Account</th>
<th>Name of Bank/Institution</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

### Vehicles
Does anyone in your household own vehicles?  
☐ If yes, list below.  ☐ No

- Car
- Truck
- Motorcycle
- Boat
- Other

<table>
<thead>
<tr>
<th>Who?</th>
<th>Year, Make, + Model</th>
<th>Estimated Mileage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Only list vehicles that are registered in a household member’s name.

### Property
Does anyone in your household own property?  
☐ If yes, check below.  ☐ No

- House(s)
- Buildings
- Rental Property
- Land/Lot
- Burial Plot
- Other

### Sales + Transfers
Has anyone sold, transferred, or given away assets in the last 5 years?  
☐ If yes, explain.  ☐ No

In the last 90 days for FAP and SER

This page is not required for Child Care (CDC)  
Healthcare-only applicants should skip this page (unless disabled or in need of longterm care services)  
Please include jointly owned accounts and/or assets
# Income

## Change in Income

Has anyone in your household had a change in employment in the last 30 days?

- [ ] Yes, list below.
- [ ] No

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laid off</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fired</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On strike</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntarily reduced hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Employment (Includes Temporary/Contract Jobs)

Is anyone in your household employed?

- [ ] Yes, list below.
- [ ] No

<table>
<thead>
<tr>
<th>Who?</th>
<th>Employer Name</th>
<th>Avg Hrs/Wk</th>
<th>Wages/Tips (Before Tax)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$ per Hr Wk 2Wks 2x/Mo Mo Yr</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$ per Hr Wk 2Wks 2x/Mo Mo Yr</td>
</tr>
</tbody>
</table>

## Self-Employment (Includes Odd Jobs)

Is anyone in your household self-employed?

- [ ] Yes, list below.
- [ ] No

<table>
<thead>
<tr>
<th>Who?</th>
<th>Type of Work</th>
<th>Income (Before Expenses)</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$ Monthly</td>
<td>$ Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

## Additional

Does anyone in your household have additional income?

- [ ] Yes, list below.
- [ ] No

- [ ] Unemployment
- [ ] Disability (SSI)
- [ ] Alimony/Spousal Support
- [ ] Workers’ Compensation
- [ ] Child Support
- [ ] Social Security (RSDI)
- [ ] Pension/Retirement
- [ ] Rental Income
- [ ] Foster care
- [ ] Adoption Subsidy
- [ ] Loans/Gifts
- [ ] Interest/Dividends
- [ ] Tribal Income/Benefits
- [ ] Net Farming/Fishing
- [ ] Veterans Benefits/Military Allotments
- [ ] Refugee Resettlement
- [ ] Refugee Match Grant
- [ ] Short Term/Long Term Disability
- [ ] Other

<table>
<thead>
<tr>
<th>Who?</th>
<th>Type of Income</th>
<th>Amount Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$ per Wk 2Wks 2x/Mo Mo Yr</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ per Wk 2Wks 2x/Mo Mo Yr</td>
</tr>
</tbody>
</table>

For Healthcare, only include taxable income (unemployment, pensions, social security, alimony, etc.)
# Expenses

## Dependent Care

Does anyone in your household pay for dependent care expenses?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

- **Childcare (day care, after school programs, etc.)**
- **Care for a child or family member with a disability**  

<table>
<thead>
<tr>
<th>Who pays?</th>
<th>Who is it for?</th>
<th>Amount</th>
<th>How Often Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

## Medical

Does anyone in your household pay for medical expenses?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

- **Health Insurance**
- **Prescriptions**
- **In-Home Care**
- **Hospital Bills**
- **Other**
- **Co-Pays**
- **Dental**
- **Transportation for Care**
- **Guardian/Conservator Expenses**

<table>
<thead>
<tr>
<th>Who pays?</th>
<th>Type of Expense</th>
<th>Amount</th>
<th>How Often Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

## Court Ordered

Does anyone in your household pay for court ordered expenses?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

- **Child Support**
- **Alimony/Spousal Support Paid Out**

<table>
<thead>
<tr>
<th>Who pays?</th>
<th>Who is it for?</th>
<th>Amount</th>
<th>How Often Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

## Student Loan Interest + Deductions

Does anyone pay for student loan interest or other tax deductible expenses?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who pays?</th>
<th>Type of Expense</th>
<th>Amount</th>
<th>How Often Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
Final Details

Fact Check

Has anyone ever been disqualified from public assistance due to welfare fraud or an intentional program violation in any state, including Michigan?  
If yes, who? Name(s)  
No

Has anyone ever been convicted for receiving cash or food assistance from two or more states for the same period?  
If yes, who?  
No

Has anyone ever been convicted of a drug-related felony for conduct which occurred after August 22, 1996?  
If yes, who?  
Convicted more than once? Y | N

Voter Registration

Would you like help registering to vote at your current address?  
Yes, send me a voter registration application.
No thanks, I am already registered/do not need a voter registration application.

Authorized Representative

Do you want someone else to act for or represent you in this case?  
If yes, list below.  
No

Name of your Authorized Representative (First, Middle, Last)

Address of Representative (Street, City, State, ZIP Code)

(          )          -          @

Phone # of Representative        Email of Representative

If applying for food assistance, do you want someone else to have a Bridge Card and access your benefits to shop for you?  
If yes, who? Full Name  
No

(This should be someone you trust)
Anything Else?

Is there anything else you’d like for us to know about your situation?  

[ ] If yes, write below.  

[ ] No

Your Responsibilities

I have told the truth; I understand that I can be held criminally responsible for lying on this application.

I will have to provide papers that show that what I’ve told the department is true.

I will have to repay any benefits I should not have received, even if it is the department’s error.

I will have to tell the department about any changes to the information I provided on my application.

I agree to cooperate with state or federal reviewers for an audit.

I agree to release my information for program needs.

I will use my benefits legally and will not sell, trade, or give away my benefits online or in person.

I understand that upon my death MDHHS has the legal right to seek recovery from some or all of my estate for services paid by Medicaid. All services paid by Medicaid are subject to estate recovery.

I have received, reviewed, and agree to the information provided in the Information Booklet.

The Department’s Responsibilities

If you think we, the department, made a mistake, you can ask for a hearing.

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.

Sign Here

Under penalties of perjury, I state that I have reviewed this application, and to the best of my knowledge and belief, the answers I give within this application are true, including household, citizenship and non-citizenship information, and I have listed all amounts and sources of income and property I receive/own. If I am declaring an Authorized Representative, by signing below, I allow this person to sign my application and get official information about this application. For Healthcare only, I authorize my Authorized Representative to act for me on all future matters. If I am signing as an Authorized Representative for Healthcare, I attest to my agreement to meet confidentiality and act in the best interest of the beneficiary.

Signature of Applicant  

Signature of Representative  

Date

When in-person interview completed:

Signature of Applicant  

Signature of Department Witness  

Date

MDHHS-1171 (Rev. 1-20) Previous edition obsolete.
## Healthcare Coverage

### Additional Group Details

<table>
<thead>
<tr>
<th>Question</th>
<th>Caretaker</th>
<th>Child</th>
<th>Tribe</th>
<th>MO/YR - MO/YR</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is anyone the primary caretaker for a child (under age of 19) in the home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Only required for applicants</td>
</tr>
<tr>
<td>Do you have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc), live in a medical facility or nursing home, or are you medically frail?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>❌ AI/AN family members may not have to pay cost sharing and may get special monthly enrollment periods</td>
</tr>
<tr>
<td>Was anyone in foster care when they turned 18?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>❌</td>
</tr>
<tr>
<td>Is anyone applying for health insurance currently incarcerated (detained or jailed)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>❌</td>
</tr>
</tbody>
</table>

### American Indian or Alaska Native

<table>
<thead>
<tr>
<th>Question</th>
<th>Caretaker</th>
<th>Tribe</th>
<th>MO/YR - MO/YR</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you or is anyone in your family American Indian or Alaska Native?</td>
<td></td>
<td></td>
<td></td>
<td>Only required for applicants for individuals under age 21 or pregnant women. By checking &quot;yes&quot; you are requesting Healthcare.</td>
</tr>
<tr>
<td>If yes, are they a member of a federally recognized tribe?</td>
<td></td>
<td></td>
<td></td>
<td>❌</td>
</tr>
<tr>
<td>Has anyone ever received a service or referral from the Indian Health Service, a tribal health program, or urban Indian health program?</td>
<td></td>
<td></td>
<td></td>
<td>❌</td>
</tr>
<tr>
<td>If no, is anyone eligible to get these services?</td>
<td></td>
<td></td>
<td></td>
<td>❌</td>
</tr>
</tbody>
</table>

### Flint Water System

<table>
<thead>
<tr>
<th>Names</th>
<th>Address Served by Flint Water (Street, City, Zip code)</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MO/YR - MO/YR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Home</td>
<td>Work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Home</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Your Name:</th>
<th>Individual ID #:</th>
</tr>
</thead>
</table>

MDHHS-1171-HC (Rev. 1-20) Previous edition obsolete.
Healthcare Coverage

Tax Filers

Does anyone applying plan to file a federal tax return next year?  

- If yes, who?  
- No

- Name of Primary Tax Filer
- Are they filing jointly with a spouse?  
- If yes, who?  
- Name of Spouse  
- No

- Are they claiming dependents?  
- If yes, who?  
- Name of Dependent(s)  
- No

Dependents

Will anyone applying be claimed as a dependent on someone else's tax return?  

- If yes, list below.  
- No

- Dependent
- Tax Filer
- Relationship to Tax Filer

Yearly Income

Does anyone’s income change from month to month?  

- If yes, list below.  
- No

- Who?
- Total Estimated Income This Year
- Total Estimated Income Next Year

Michigan Department of Health and Human Services

Your Name:  
Individual ID #:
Health Coverage

Health Coverage Info

Does anyone need help paying for medical bills from the past 3 months? [ ] If yes, who? [ ] Name(s) [ ] No

Which months? JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Did anyone have insurance through a job and lose it in the last 3 months? [ ] If yes, list below. [ ] No

Who lost coverage? End Date Reason Insurance Ended
Name MM/YYYY

Is anyone currently enrolled in health coverage (even if not applying)? [ ] If yes, list below. [ ] No

Type + Name of Coverage Person Covered Policy #

If Medicare, do you want help paying Medicare premiums? [ ] Y [ ] N

If employer insurance: Is this COBRA coverage? [ ] Y [ ] N
Is this a retiree health plan? [ ] Y [ ] N

If other, is this a limited benefit plan (such as a school accident policy)? [ ] Y [ ] N

To make it easier to determine your Healthcare eligibility in future years, do you agree to the use of IRS data for automatic renewals? [ ] Yes [ ] No

If yes, for how many years? 5 4 3 2 1

Michigan Department of Health and Human Services

Your Name:
Individual ID #:
Healthcare Coverage

Michigan law now requires you to tell us you completed work or other activities, such as a job search, monthly to receive healthcare. If a person meets an exemption, they will be excused from having to meet certain Healthy Michigan Plan requirements.

List the following exemptions that apply to members of your household:

- Pregnant or was pregnant in the last two months
- Medically frail (including disability, living in a nursing home, having a complex medical condition, homeless, and survivors of domestic violence)
- Main caretaker for a family member under 6
- A full-time student
- Under age 21 and was in Michigan foster care
- In prison or jail in the last 6 months
- Unemployment benefits from State of Michigan
- Temporary or permanent disability payments from a private insurer or the government
- Good cause (disability, illness or hospitalization of yourself or a family member in the house)
- A medical condition that limits work approved by a doctor
- Caring for a dependent with a disability and doctors order for full-time care (including family members)
- Caring for a person who cannot make decisions for themselves
- Under age 21 and was in Michigan foster care
- In prison or jail in the last 6 months

<table>
<thead>
<tr>
<th>Who?</th>
<th>Exemption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
</tr>
</tbody>
</table>

List the 80 hours of work or activity that members of your household completed:

- Have a job (part-time, full-time or self-employment)
- Student (GED, college, computer classes, etc.)
- Looking for a job
- Volunteering
- Job training
- In a tribal employment program
- In rehab (substance abuse)
- In vocational training (apprenticeship, clinical, or other trade school)
- Have an internship

<table>
<thead>
<tr>
<th>Who?</th>
<th>Activity</th>
<th>Most recent date of completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Michigan Department of Health and Human Services

Your Name:

Individual ID #: 
# Healthcare Coverage

## Health Coverage From Jobs
Complete this page if someone in the household is eligible for health coverage from a job. Attach a copy of this page for each job that offers coverage.

<table>
<thead>
<tr>
<th>Name</th>
<th>Employee Social Security #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer Identification # (EIN)</th>
<th>Address of Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone # of Employer Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Email of Employer Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is anyone in the household offered health insurance from a job?  (This includes coverage from someone else's job, such as a parent of a spouse)  
___ If yes, list below.  ___ If no, skip this page.

<table>
<thead>
<tr>
<th>Employer Contact</th>
<th>Employee would pay this premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ per Wk 2Wks 2x/Mo Mo Qr Yr</td>
</tr>
</tbody>
</table>

Can the employee get coverage now or sometime in the next 3 months?  ___ If yes, when?  ___ No

List everyone who is eligible for coverage from this job  
Name(s)

Does the employer offer a health plan that pays at least 60% of the total costs of benefits (the minimum value standard for health plans)?  ___ Yes  ___ No

If yes, how much would the employee have to pay for the lowest cost plan that meets the minimum value standard?  
$  per Wk 2Wks 2x/Mo Mo Qr Yr

Don't include family plans. If the employer offers wellness programs, enter the premium that the employee would pay if they got the maximum discount for a tobacco cessation program.

Will the employer make any changes for the new plan year (if you know)?  ___ If yes, list below.  ___ No

<table>
<thead>
<tr>
<th>Employer won't offer health coverage</th>
<th>Date of change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>/ /</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The premium amount will change for the lowest cost plan that meets the minimum value standard</th>
<th>Date of change</th>
<th>Employee would pay this premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>/ /</td>
<td>$ per Wk 2Wks 2x/Mo Mo Qr Yr</td>
</tr>
</tbody>
</table>

Your Name:  
Individual ID #:
# Household Details

Does anyone buy and make food separately from the rest of the household?  
___ If yes, who?  
___ No

Is anyone living in a facility or special living arrangement (now or within the past 3 months)?  
___ If yes, who?  
___ No

Is anyone in your household going to an alcohol or drug treatment program?  
___ If yes, who?  
___ No

Does anyone in your household receive tribal food distribution benefits?  
___ If yes, who?  
___ No

Has anyone received Food Assistance from another state in the last 30 days?  
___ If yes, who?  
___ No

# Housing Expenses

Does anyone in your household pay for housing expenses?  
___ If yes, list below.  
___ No

<table>
<thead>
<tr>
<th>Type of Expense</th>
<th>Amount</th>
<th>How Often Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Land Contract</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Mortgage</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Mobile Home Lot Rent</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Homeowner's Insurance</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Property Tax</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Who pays?  

# Utilities

Does anyone in your household pay for utilities (not included in rent)?  
___ If yes, check below.  
___ No

<table>
<thead>
<tr>
<th>Type of Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heat</td>
<td></td>
</tr>
<tr>
<td>Electricity</td>
<td></td>
</tr>
<tr>
<td>Trash Pickup</td>
<td></td>
</tr>
<tr>
<td>Cooking Fuel</td>
<td></td>
</tr>
<tr>
<td>Air Conditioning</td>
<td></td>
</tr>
<tr>
<td>Water/Sewer</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
</tbody>
</table>

If utilities are included in your rent, does anyone in your household pay an extra fee for air conditioning?  
Y | N

Has anyone applying for FAP received more than $20 in State Emergency Relief (SER) energy payments or Michigan Energy Assistance Program (MEAP) payments in the last 12 months?  
Y | N

Has anyone applying for FAP received more than $20 in the Home Heating Credit (HHC) in the last 12 months?  
Y | N
Is anyone in the household...

Living in a facility or special living arrangement now or within the past 3 months?  
[ ] If yes, who?  
Name(s)  
[ ] No

Going to an alcohol or drug treatment program?  
[ ] If yes, who?  
[ ] No

Attending special education classes?  
[ ] If yes, who?  
[ ] No

Receiving Michigan Rehabilitation Services?  
[ ] If yes, who?  
[ ] No

Receiving medical assistance based on disability or blindness?  
[ ] If yes, who?  
[ ] No

Currently applying (or planning to apply) for disability benefits with the Social Security Administration (SSA)?  
[ ] If yes, who?  
[ ] No

Have or expect to have medical coverage (including accident insurance, worker’s compensation, health savings, health/hospital insurance or other)?  
[ ] If yes, who?  
[ ] No

In violation of probation or parole?  
[ ] If yes, who?  
[ ] No

Received Cash Assistance from another state since August 1996?  
[ ] If yes, who?  
State  
[ ] No

For children in the household

Are there children under 6 years of age who are not up to date on their immunizations (shots)?  
[ ] If yes, who?  
[ ] No

Are any children (ages 6–18) in school now?  
[ ] If yes, list below.  
[ ] No

Name(s)
Do you currently live in temporary or emergency housing?  ❑ Y  ❑ N

You need child care so that you can participate in (check all that apply):

❑ Work
❑ High School or GED Completion/College
❑ Training/Employment Preparation
❑ PATH program or other approved activity
❑ Activity required by MDHHS Child Protective Services
❑ Treatment for Health or Social Condition (explain):

If you are in school, do you need study time?  ❑ Y  ❑ N

How many hours of child care do you need every two weeks?  ❑ #

Is either parent serving active duty in the US Military?  ❑ Y Yes, who?  ❑ N No

Is either parent a member of the National Guard or Military Reserve Unit?  ❑ Y Yes, who?  ❑ N No

Does the household have total assets that exceed one million dollars?  ❑ Y  ❑ N

Children (Age 18 and Under) in Household

Child Legal Name (First, Middle, Last) | Parent Legal Names (First, Middle, Last) | Living at Home with the Child? | Child up to date on Immunizations (Shots)?
--- | --- | --- | ---
Mother | Y ❑ N | Y ❑ N
Father | Y ❑ N | Y ❑ N
Mother | Y ❑ N | Y ❑ N
Father | Y ❑ N | Y ❑ N
Mother | Y ❑ N | Y ❑ N
Father | Y ❑ N | Y ❑ N

Need more room to write? Go to notes on last page.  ❑ Y ❑ Y Yes, I've added more notes.

This is an actual question; it is required on a federal level.
State Emergency Relief (SER)

Emergency Need
What services are you requesting? Check below and list the amount needed to resolve the emergency.

- Heat (see details below)
- Electricity (see details below)
- Water/Sewer
- Cooking Gas
- Eviction/Relocation
- Property Taxes
- Homeowner's Insurance
- Mortgage
- Home Repairs
- Furnace Repair
- Burial/Cremation
- Migrant Hospitalization
- Security Deposit
- Moving Expenses

Heat Request Details
How do you heat your home?

- Natural Gas
- Propane
- Wood
- Other:
- Electricity
- Coal
- Fuel Oil

Describe your current situation:

- My heat has been turned off/I have run out of my household's heating fuel source.
- I have received a past due or shut off notice/I am at risk of running out of my household's heating fuel source.

Date of shut off
Current balance (If prepaid account)
% remaining in tank

Electricity Request Details
Describe your current situation:

- My electricity has been turned off
- I have received a past due or shut off notice

Date of shut off
Current balance (If prepaid account)
# State Emergency Relief (SER)

## Current Housing Expenses

**Do you pay for any housing expenses?**

- [ ] Yes, list below.
- [x] No

<table>
<thead>
<tr>
<th>Service</th>
<th>Name of Service Provider</th>
<th>Name on Bill/Account</th>
<th>Account #</th>
<th>Is This a Shared Meter?</th>
<th>Is There Theft or Illegal Use?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heat</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Electricity</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Water/Sewer</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Cooking Fuel</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Rent/Mortgage</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Property Taxes</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Home Insurance</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

## Household Information

Tell us about your expenses, income, and the people who have lived with you over the past 6 months.

<table>
<thead>
<tr>
<th>Month</th>
<th>1 Month Ago</th>
<th>2 Months Ago</th>
<th>3 Months Ago</th>
<th>4 Months Ago</th>
<th>5 Months Ago</th>
<th>6 Months Ago</th>
</tr>
</thead>
<tbody>
<tr>
<td># of People in Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Monthly Income (Before Tax)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Rent/Mortgage</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Heat</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Electricity</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Water/Sewer/Cooking Gas</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Is anyone in the household fleeing from felony prosecution, an outstanding felony warrant or jail?

- [ ] Yes, who?
- [x] No

Is anyone in the household in violation of probation or parole?

- [ ] Yes, who?
- [x] No

---

Michigan Department of Health and Human Services

MDHHS-1171-SER (Rev. 1-20) Previous edition obsolete.
# State Emergency Relief (SER)

## Burial Service Request

If you are applying for burial services, please complete this page. Be sure to answer questions on the Assistance Application for the deceased, their spouse, and their parents (if deceased is a minor child).

<table>
<thead>
<tr>
<th>Name of Deceased (First, Middle, Last)</th>
<th>Date of Death</th>
<th>Your Legal Relationship with the Deceased</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Funeral Home</th>
<th>Address of Funeral Home</th>
<th>Phone of Funeral Home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is this a cremation?</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place of Burial/Crematory</th>
<th>Date of Burial/Cremation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is payment to the cemetery/crematory separate from the payment to the funeral home?</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did you sign a statement of goods and services with the funeral home?</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is there a memorial service?</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the deceased a veteran?</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did the deceased own his or her home?</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is there a co-owner for this home?</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost of burial/cremation</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is there a contribution from family/friends?</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are there any death benefits that you have applied for or expect to receive?</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Death Benefits</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

If this application is for burial services, it must be received by MDHHS no later than 10 business days after the burial, cremation, or donation takes place.

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Michigan Department of Health and Human Services

MDHHS-1171-SER (Rev. 1-20) Previous edition obsolete.