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Application for Benefits (AFB)

| Figure | Update |
|--------|--|
| 1 | AFB. Enhanced “Before You Get Started” message. |

Resources

| Figure | Update |
|--------|--|
| 2 | Resources. New topic in Explore Resources for local COVID-19 related resources. |
| NA | Resources. Enhanced email to 2-1-1 now includes the organization name, site name, and service group name for 2-1-1 to easily identify the organization to update the organizations information. |

Community Partners (CP)

| Figure | Update |
|--------|--|
| NA | CP. Community partner organizations who receive referrals now can request to temporarily discontinue receiving referrals. The LPOC should email their request to MDHHSCommunityPartners@michigan.gov with the dates to suspend referrals and date to resume referrals. |

Navigator Consent

| Figure | Update |
|--------|--|
| 3 | CP. Updated navigator consent message and PDF. |
| 4 | CP. Now a notification will be sent to residents quarterly reminding them information is being shared with the Navigator(s). This can be updated and changed at any time by the resident. |

Appendix

Screenshots:

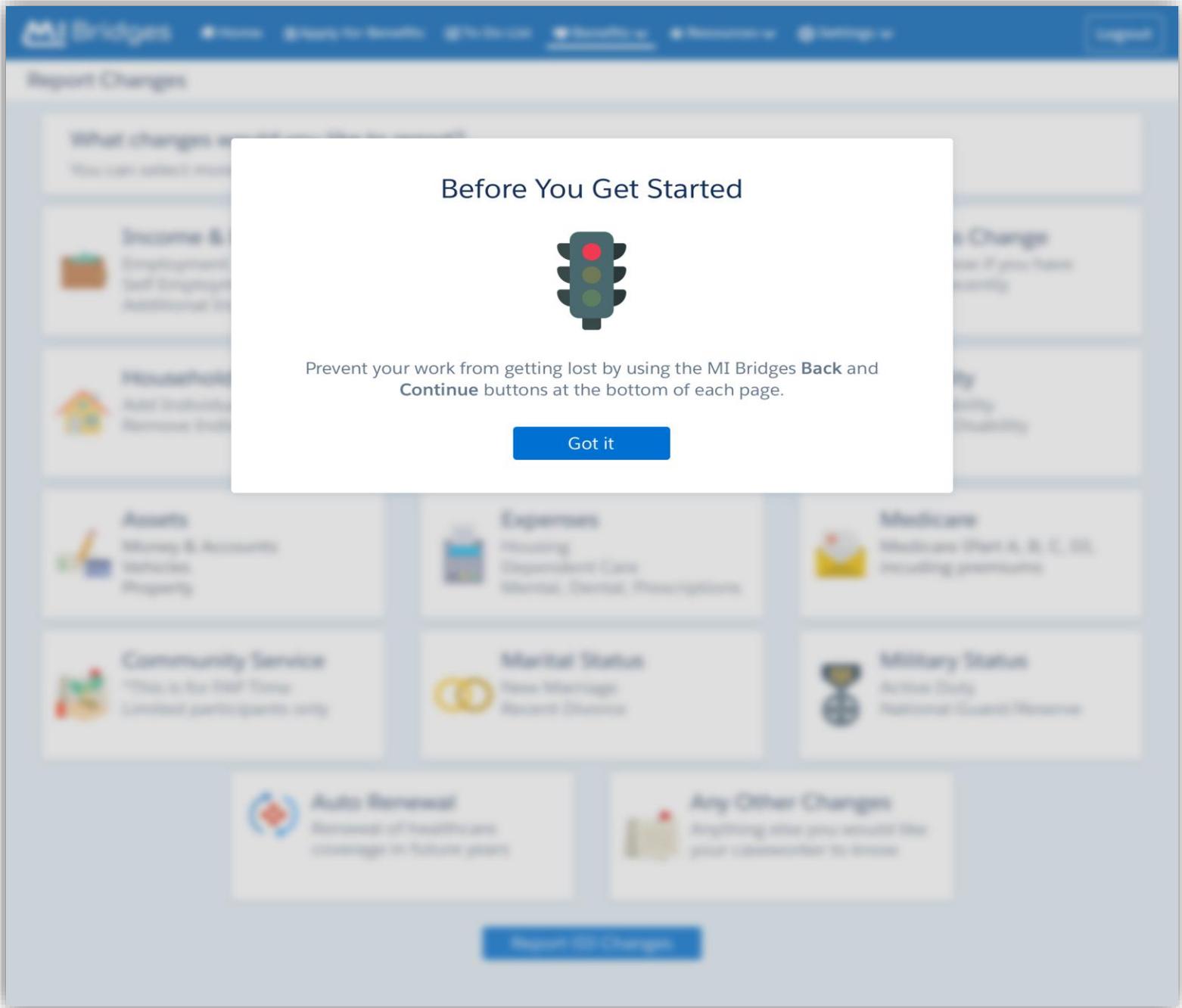


Figure 1: "Before You Get Started" Message

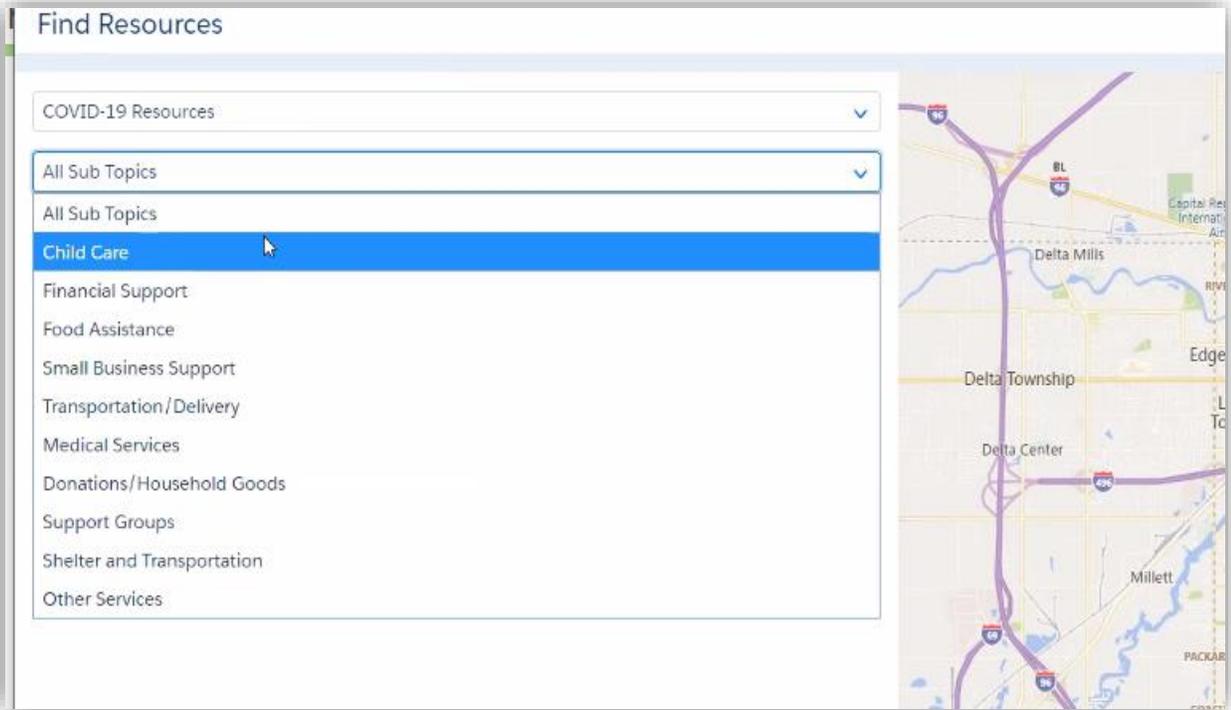


Figure 2: New COVID-19 Resources Explore Resource Topic

Share Information with Navigator

Your Navigator can better assist you if you share information about the benefits you receive and the resources you have selected. If you don't receive any MDHHS benefits you do not need to check the boxes below to share information.

Getting assistance from a Navigator and sharing information is voluntary. If you choose not to get help from a Navigator, it will not affect your benefits or your ability to use MI Bridges. You can change your mind later if you choose to stop sharing information or getting assistance from a Navigator, by updating your MI Bridges preferences at any time.

Share My MDHHS Benefits Information

By checking this box, I agree to share my MDHHS Benefits Information with my Navigator for the following programs: Food Assistance Program, Ca

Share My Household Information

By checking this box, I agree to share my MDHHS Benefits Information with my Navigator for the following programs: Food Assistance Program, Ca

Give Permission for My Navigator to Talk to My Caseworker about My Benefits

By checking this box, I agree to share my MDHHS Benefits Information with my Navigator for the following programs: Food Assistance Program, Ca

I understand that my Navigator will also see my contact information so they can stay in touch with me and the resources I've added to My Resources Page.

By typing my name below, I consent to the above selections to share my information with my Navigator.

This consent will expire after 12 months. It can be renewed at any time by completing this form again. I understand I can terminate this consent at any time by changing my preferences in MI Bridges or by contacting the MI Bridges Help Desk at 844-799-9876 for assistance.

Your Signature *

Tamara Davis

Continue

Figure 3: Navigator Consent



Tamara Davis's Navigators



| First Name | Last Name | Phone | Date | Time | Individual ID |
|------------|-----------|--------------|----------|-------------|---------------|
| Tamara | Davis | 555-555-5555 | 10/31/17 | 4:32 PM EST | 1491092789 |

Navigator Consent



Give Permission for My Navigator and My MDHHS Caseworker to talk about My Benefits with each other

By checking this box, I agree to allow my MDHHS case worker to talk to my Navigator regarding any benefits I am receiving for the following programs: Food Assistance Program, Cash Assistance, Child Development and Care, State Emergency Relief, and healthcare coverage.

If I submit an application for benefits, renew my benefits, or report a change through MI Bridges, my caseworker will be notified they can talk to my Navigator about the application, changes to my benefits that happen as result, and if MDHHS needs any follow-up from me. This will allow my Navigator and caseworker to work together to support me.

Your Signature

Tamara Davis

Navigator Information

This section certifies that the client has given their consent for the below listed navigators to talk to their caseworker about their benefits. Refer to the most recent Navigator PDF for current information.

Charlie Charmness
St. Baldrick's Charity
123-123-1111

Figure 4: Navigator Consent PDF