Date

Addressee [county code]
Address
City, State Zip

Dear Addressee:

It looks like [client's first name] celebrated a birthday! As [client's first name] celebrates being 16, it is time for them to take a more active role in their health. Here are some easy tips to help them do this:

- **Talk to [client's first name] about your family medical history.** Knowing how to share your family medical history helps your child learn to talk with their health care providers.
- **Work with [client's first name] to make their doctor appointments and refill their prescriptions.** Have them nearby while you make their appointment. Share with them what to have ready prior to the call. Show them how to create and use their provider's online health portal. Get them involved by asking them questions about the appointment time and what they want to talk about during their appointment.
- **Talk to [client's first name] about their condition and what to do in a case of a medical emergency.** Explain what a medical emergency looks like for your child and try a smart phone app to add medical information, medications, and important contact information.
- **Talk to [client's first name] about making the change to an adult health care provider.** Ask when they would like to change to an adult provider and answer questions [client's first name] may have about the change. Plan on talking about this during the next couple of years.
- **Remember to talk to your health care providers about their policy surrounding the change to an adult health care provider and expect your child to talk with their provider alone at their visits.**

This is a good time to start talking with your child about support they may need from you or others when they turn 18. There are many options for families with a young adult who needs extra help. **It is important to start exploring these options early and ask for help if needed.**

If you would like help, contact [Local Health Department Name] at [number]. The Family Center for Children and Youth with Special Health Care Needs (Family Center) also provides support and information to families. To access the Family Center, call 1-800-359-3722 or email cshcsfc@michigan.gov.

Sincerely,

Children's Special Health Care Services
www.michigan.gov/mdhhs/assistance-programs/cshcs/transition-to-adulthood

Michigan Department of Health and Human Services (MDHHS)

Please note if needed, free language assistance services are available.

Call 800-359-3722 (TTY users call 711).

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-359-3722 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-359-3722 (رقم هاتف الصم والبكم:-711:TTY).
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 800-359-3722（TTY:711）
Syriac (Assyrian)	ܐܝܬ ܠܟ ܒܠܫܢܐ ܐܬܘܪܝܐ ܐܢ ܠܐ ܐܢ ܐܝܬ ܠܟ ܫܘܠܛܢܐ ܕܠܐ ܡܫܠܡ ܕܡܬܪܓܡ ܠܟ ܒܠܫܢܐ ܕܝܠܟ ܒܚܢܡ. ܩܠ ܠ 800-359-3722 (TTY:711)
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-359-3722 (TTY:711).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 800-359-3722 (TTY:711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-359-3722 (TTY:711)번으로 전화해 주십시오.
Bengali	লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-800-359-3722 (TTY ১-711)
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-359-3722 (TTY:711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 800-359-3722 (TTY:711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-359-3722 (TTY:711).
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。800-359-3722（TTY:711）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 800-359-3722 (телетайп 711).
Serbo-Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 800-359-3722 (TTY Telefon za osobe sa oštećenim govorom ili sluhom 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-359-3722 (TTY: 711).

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 the above services, contact the MDHHS Section 1557 Coordinator.

If you believe that MDHHS has failed to provide the above services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: MDHHS Section 1557 Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the MDHHS 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 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

MDHHS is an equal opportunity provider.