Information Booklet

Michigan Department of Health and Human Services

Read this booklet before you sign the Assistance Application/ Redetermination form.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

El Michigan Department of Health and Human Services (MDHHS) no discriminará contra ningún individuo o grupo debido a su raza, origen nacional, color, sexo, discapacidad, religión, edad, altura, peso, estado familiar, consideraciones partidistas, o información genética. Discriminación basada en sexo incluye, pero no se limita a, discriminación basada en orientación sexual, identidad de género, expresión de género, características sexuales, y embarazo.

لن تميز إدارة الخدمات الصحية والإنسانية لولاية ميشيغان (MDHHS) ضد أي فرد أو مجموعة على أساس العرق أو الأصل القومي أو اللون أو الجنس أو الإعاقة أو الدين أو العمر أو الطول أو الوزن أو الحالة العائلية أو الاعتبارات الحزبية أو المعلومات الوراثية. يشمل التمييز القائم على اساس الجنس ، على سبيل المثال لا الحصر ، التوجه الجنسي ، والهوية الجنسية ، والتعبير الجنسي ، والخصائص الجنسية ، والحمل.

Policies related to assistance programs may change. You can review current program policies at https://mdhhs-pres-prod.michigan.gov/olmweb/ex/html/ and select Bridges.

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Healthcare Coverage

Overview

Healthcare coverage provides help to pay for the costs of:

- Affordable private health insurance plans that offer comprehensive coverage.
- A new tax credit that can immediately help pay premiums for health coverage.
- Free or low-cost insurance from Medicaid, Healthy Michigan Plan, or MIChild (Children's Health Insurance Program).

Even if you have insurance, there might be a program with better coverage or lower costs.

Did anyone in your home consume water from the Flint Water System and live, work or receive child care or education at an address that was served by the Flint Water System from April 2014 through September 30, 2025?

If yes, you may wish to apply for health care coverage at www.michigan.gov/mibridges or request a DCH-1426, Application for Health Coverage & Help Paying Costs.

Who is eligible?

In Michigan, there are many healthcare programs available to children, adults, and families.

- Use the application to apply for anyone in your family.
- Apply even if you or your child has health coverage. You could be eligible for lower-cost or free coverage.
- Families that include immigrants can apply. You can apply for your child even if you aren't eligible for coverage. Applying won't affect your eligible immigration status or chances of becoming a permanent resident or citizen.

To be eligible for coverage, parents requesting healthcare coverage for themselves must provide proof that the children have credible coverage, even if not applying for the children. Credible coverage is health insurance coverage under any of the following: a group health plan; individual health insurance; student health insurance; Medicare; Medicaid; CHAMPUS and TRICARE; the Federal Employees Health Benefits Program; Indian Health Service, the Peace Corps; public health plan (any plan established or maintained by a state, the United States government or a foreign country); Children's Health Insurance Program (CHIP); or, a state health insurance high risk pool.

Who do I need to include on the application?

Complete the application for every person in your family and household, even if the person has health coverage already. The information in this application helps us make sure everyone gets the best coverage they can.

If an adult is applying for coverage, include all of these people (even if they aren't applying for health care coverage themselves):

- Any spouse.
- Any son or daughter under age 21 they live with, including stepchildren.
- Any other person on the same federal income tax return (including any children over age 21 that are claimed on a parent's tax return). You don't need to file taxes to get health coverage.

If a youth or child under age 21 is applying for coverage, include all of these people (even if they aren't applying for health coverage themselves):

- Any parent (or stepparent) they live with.
- Any sibling they live with.
- Any son or daughter they live with, including stepchildren.
- Any other person on the same federal income tax return. You don't need to file taxes to get health coverage.

To get help with your application, visit our website: www.michigan.gov/mibridges or call the application help line at 855-276-4627. You can also call the Beneficiary Help Line at 800-642-3195 or TTY 866-501-5656.

To purchase insurance through the Marketplace visit: www.healthcare.gov.

How are benefits calculated?

The amount of assistance or type of program you qualify for is based on the number of people in your family and their incomes. If you don't include someone, even if they already have health coverage, your eligibility could be affected.

What happens next?

If you don't have all the information we ask for, sign and submit your application anyway. We'll follow up with you within 1-2 weeks. You'll get instructions on the next steps to complete your health coverage. If you don't hear from us, call our application help line at 855-276-4627 or 800-642-3195. Filling out an application doesn't mean you have to buy health coverage.

Additional program policies

Renewal of coverage in future years

To make it easier to determine your eligibility for help paying for health coverage in future years, you can agree to allow the Marketplace and the state of Michigan to use income data, including information from tax returns. The Marketplace and the state of Michigan will send you a notice and let you make any changes. You can opt out at any time.

Individuals eligible for Medicaid, HMP, or MiChild.

You are giving MDHHS the rights to pursue and get any money from other health insurance, legal settlements, or other third parties. You are also giving MDHHS the rights to get medical support from a spouse or parent. **If you believe getting medical support from a spouse or parent will harm you or your child, tell MDHHS. You may have a good cause reason to not help with your case.**

To claim good cause, tell MDHHS now.

Medicaid estate recovery (MA - Long Term Care (LTC))

You understand that upon your death MDHHS has the legal right to seek recovery from your estate for services paid by Medicaid (including Healthy Michigan Plan). This means that some or all of your estate may be recovered. MDHHS will not seek to recover against the estate while there is a legal surviving spouse or a legal surviving child who is under the age of 21, or blind, or disabled. An estate consists of real and personal property. If you have received an asset disregard due to a long-term care partnership policy, the amount disregarded will be subtracted from the amount sought under Estate Recovery. In these situations, Estate Recovery applies to all assets whether they are subject to probate administration or not. Estate Recovery only applies to certain Medicaid and Healthy Michigan Plan recipients who received services after the effective date of the estate recovery statute. MDHHS may agree not to pursue recovery if an undue hardship exists.

An application must be submitted to determine if the applicant qualifies for an undue hardship waiver. Undue hardship waivers are temporary. For further information regarding Estate Recovery or to request an undue hardship application, call 800-642-3195.

Coordination of health care programs and providers (MA)

The State's medical assistance program relies on a large number of managed care health programs, mental health and substance abuse programs, and private providers to deliver quality care to individuals like you. To make sure you receive a high level of care and that your benefits are coordinated, providers in the program may share information about your care (or your child or ward) with other providers in the program when such information and consultation are clinically needed.

Information about you, your child, or ward (MA)

Necessary information may be shared between health plans and programs in which you participate. Health plans, programs, and providers that deliver healthcare to you may share necessary information in order to manage and coordinate health care and benefits. This information may include, when applicable, information relative to HIV, AIDS, AIDS-related complex (ARC) or other communicable diseases, information about behavioral or mental health services, and referral or treatment for alcohol and drug abuse as permitted by 42 CFR Part 2.

Your right to appeal

If you think the Health Insurance Marketplace or Medicaid, Healthy Michigan Plan or MIChild has made a mistake, you can appeal its decision. To appeal means to tell someone at the Health Insurance Marketplace, Medicaid, Healthy Michigan Plan, or MIChild that you think the action is wrong, and ask for a fair review of the action. Contact the Marketplace at 800-318-2596 or see “Resources” for details on how to request a hearing.

Healthy Michigan Plan Definitions and Information

Medically Frail – I am medically frail due to one or more of the following:

- I have a physical, mental, or emotional condition that limits a daily activity, like bathing
- I have a physical, intellectual, or developmental disability that makes it hard to do daily living activities
- I have a physical, mental, or emotional condition that needs to be checked often
- I have a disability based on Social Security criteria (SSDI)
- I have a chronic substance use disorder (SUD)
- I have a serious and complex medical condition, or special medical needs
- I am in a nursing home, hospice, or get home help services
- I am homeless
- I am a survivor of domestic violence

Food Assistance Program (FAP)

Overview

FAP provides benefits to buy or grow food for your household.

Who is eligible?

You may qualify for the food assistance program if you have low income.*

Expedited Food Assistance: Your household may qualify for 7 day processing of your FAP application if:

- Your monthly income (before taxes) is less than $150, and you have $100 or less in cash/accounts right now; **or**
- Your household's combined monthly income (before taxes) and cash/accounts are less than your household's combined monthly rent/mortgage and utilities; **or**
- You are a migrant or seasonal farmworker whose income has stopped, and you have $100 or less in cash/accounts right now.

If you qualify for 7 day processing, you must participate in an interview, provide proof of your identity, and complete the entire application.

To continue receiving food assistance benefits, you will be asked to provide proof of other information (like income, residency, etc.) within 30 days. If you provide the proof when you apply, you may be given a longer food assistance benefit period.

Most FAP interviews are held by telephone. However, you may request an in-person interview. If you are also applying for cash assistance, you may be scheduled for an in-person interview.

*An asset test will apply for groups where any member is disqualified for having an intentional program violation (IPV), being a fleeing felon or if the head of household is disqualified for an employment related activity. (Assets of $4,500 or less for senior/disabled/disabled veteran (SDV) groups or $3,000 or less for non-SDV groups.)

How are benefits calculated?

Eligibility and benefit amounts are calculated based on the number of people in your FAP household and your household income (subtracting some deductions and allowable expenses).

Deductions from countable income include:

- 20 percent of earned income; **and**
- A standard deduction based on the number of people in your FAP group.

Allowable expenses include:

- Medical expenses over $35 a month that are not paid by a third party (only for people age 60 and older, a veteran with a disability, or a person with a disability).
- Some housing and utility costs.
- Internet service.
- Homeless groups in which all members are homeless may receive a homeless shelter deduction, if they have a shelter expense.
- Some child care costs and costs for care of persons with disabilities.
- Court-ordered child support paid to a non-household member.

Failure to report or verify any listed expenses will be seen as a statement by you that you do not want to receive a deduction for the unreported or unverified expenses. Verifications must be received within 10 days.

Tell us on your application if you have received the Home Heating Credit (HHC) or a Michigan Energy Assistance Program (MEAP) payment in an amount greater than $20 in the last year. If you do not tell us about the credit, we will assume you do not want to receive a deduction for heat expenses.

What are my program responsibilities?

1. Decide if Child Support is right for your family

MDHHS may refer you to the child support program and offer you child support services. The child support program offers many services that can help you and your child(ren). You should consider if child support services are right for your family. If you are not interested in child support services now, you can ask for help at any time in the future.

You are not required to cooperate with the child support program to receive food assistance.

If you believe child support services will harm you or your child, talk with the Office of Child Support to see how they can help.

For more information on child support services, visit https://www.michigan.gov/childsupport or call the Office of Child Support at 866-540-0008.

2. Follow work rules

All group members who don't meet an exception to the work rules (see below) will be registered for work and may be required to perform specific work activities including cooperation with employment and training activities. Specific work requirements will vary depending on whether you receive cash assistance (FIP or RCA) or have time-limited FAP benefits (if you receive both cash and food benefits, you must follow FIP work rules).

If you are already working, you are not allowed to:

- Quit a job of 30 hours or more per week without good cause.
- Voluntarily reduce work hours below 30 hours per week without good cause.

If you are not working, or you work less than 30 hours per week, you are not allowed to:

- Refuse a suitable job offer.
- Refuse to participate in required employment-related activities that must be done to receive FAP.

What happens if I break work rules?

If you receive FAP and you break the work rules without good cause, your benefits will stop or be reduced for at least 1 month (first time) and 6 months (for any time after that). Reasons for a good cause include:

- An unplanned event or factor that does not allow you to meet the work rules (for example, domestic violence, religion, health or safety risk, or homelessness).
- Illness or injury.
- Lack of child care.
- Lack of transportation.
- Long commute (more than 2 hours per day or more than 3 hours per day with child care).
- You quit a job to take a comparable job.
- Your job required you to commit illegal activities.
- You are physically or mentally unable to do the job.
- Your employer discriminated against you based on age, race, religion, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability.
- You are working 40 hours per week for at least the state minimum wage.
- Reasonable accommodation was not provided.
- You are deferred.
- You moved due to another household member's job or education/training.
- You have a job that requires you to retire or join, resign from, or refrain from joining a labor union or organization.
- Have a job that is on strike or at a lockout state.
- Have unreasonable work conditions.
- Have been offered a job that is outside of your work experience during the first 30 days as a mandatory FAP work participant.
- Employer is not able to keep the promise of work.

If you think you have a good cause reason, contact MDHHS right away.

What are the exceptions to the work rules?

Some people who receive food assistance may be excused from work rules - if you think you should be excused, talk to MDHHS.

You may be excused from FAP work rules if you are:

- Under the age of 16.
- Age 60 or older.
- Personally caring for a child under the age of 6.
- Working 30 hours per week or earning at least the federal minimum wage times 30 hours per week.
- Attending high school, adult education or a GED program.
- Physically or mentally unfit for work.
- Personally caring for an incapacitated person.
- Applying for FAP at a Social Security office.
- In substance abuse treatment or rehabilitation.
- Applying for or receiving unemployment benefits.
- Appealing the denial of unemployment benefits.

Reasons for being excused may change.

Time-limited food assistance rules

Special time limits and work requirements might apply to you if you are:

- A person without a disability;
- At least 18 years old but under the age of 55; **and**
- Living in a household with no children under the age of 18 (related or unrelated).

Time limits are not always in effect, so check with MDHHS.

Cash Assistance

Overview

The main goal of cash assistance programs is to help families become self-supporting and independent.

- Family Independence Program (FIP) is temporary cash assistance for pregnant women or families with minor children.
- Refugee Cash Assistance (RCA) is temporary cash assistance for persons recently admitted into the United States as refugees or someone treated as a refugee.
- State Disability Assistance (SDA) provides cash assistance for adults with disabilities, live-in caretakers, people in a special living arrangement, or people age 65 and older.

Who is eligible?

You may qualify for cash assistance programs if you have low income, $15,000 or less in cash assets, and $200,000 or less in property assets.

FIP: You may be eligible for FIP if you are either a pregnant woman or a parent, legal guardian, or relative acting as a parent for a child under the age of 18 (or a high school student that is 18 years old). You cannot receive FIP for more than the federal 60-month time limit or the state's 60-month lifetime limit unless you qualify for an exception or exemption month (ask MDHHS for details). This includes any cash assistance you may have received in another state.

RCA: You may be eligible for RCA if you are a refugee (or someone treated as a refugee) as determined by the United States Citizenship and Immigration Services (USCIS) within four months of date of entry to the United States, and not eligible for FIP.

SDA: You may be eligible for SDA if you are not eligible for FIP or RCA and you are 65 or older, or permanently or temporarily disabled, or taking care of a person with a disability who lives with you. Individuals may be considered disabled if they are:

- Age 65 or older.
- Unable to work for 90 days or more because of a medical condition.
- Receiving Supplemental Security Income (SSI) or Social Security disability benefits.
- Receiving medical assistance based on disability or blindness.
- Receiving special education services.
- Receiving help from Michigan Rehabilitation Services.
- Diagnosed as having AIDS.
- Living in an adult foster care home, a home for the aged, a county infirmary, a substance abuse treatment center, or a post substance abuse treatment center.

How are benefits calculated?

The FIP or RCA grant amount is based on:

- Number of people in your household group.
- Court-ordered child support expenses paid by your household.
- Total income.

You may have the option to exclude a new spouse from your FIP Certified Group for up to 18 months after the month of the marriage when all of the following criteria are met:

- You are active FIP
- Your new spouse is not already a FIP group member
- Program group's total assets are equal to or less than twice the FIP asset limits
- Program group's net income is less than double the FIP monthly payment standard for the group size.

What are my program responsibilities?

1. Cooperate with Child Support Program to provide information (FIP only)

MDHHS will enroll you in the child support program if a child in your home receives FIP and one or both of the child's parents does not live in your home. Child support services will help you, if needed, to establish paternity and/or get a support order for your child. The Office of Child Support will send you a letter. Follow the directions in the letter. You must help child support specialists with your child support case by: 1) giving them information they ask for, and 2) going to appointments about your child support case.

If you do not help, you may lose your FIP. If you believe helping with your case will harm you or your child, tell MDHHS. **MDHHS will determine if you have a good cause reason to not help with your case. Some examples of good cause reasons are rape, incest, history of abuse, or threats of abuse. There are other good cause reasons.**

To claim good cause, tell MDHHS now.

Each month you receive FIP, you may also receive some of the child support collected by the child support program. When the parent who owes child support pays in the month it is due, the child support program sends this money to you instead of to MDHHS. You can keep this money and your cash assistance.

If the parent pays more than the current child support due, the child support program may send this money to MDHHS or to you. When you receive FIP, you are giving MDHHS the right to receive past-due support payments to repay the cash assistance it gives to you.

2. Immunize your children (FIP only)

Children under age 6 must be immunized as recommended by MDHHS. Your cash benefits may be reduced by $25 per month until your children are up-to-date on their immunizations. A child is exempt from the immunization requirement if they are under 2 months of age, immunizations are medically inappropriate for the child, or immunizations are against the family's religious beliefs.

3. Send your children to school (FIP only)

Children ages 6–18 must attend school full-time.

4. Agree to Repay Agreements (FIP and SDA)

If you receive SDA, you agree to repay MDHHS if you receive lump sum payments (such as an inheritance, insurance settlement, etc.) or benefits that are paid retroactively (such as unemployment benefits or workers' compensation).

If you receive SDA or state-funded FIP and receive a lump sum SSI payment, the Social Security Administration (SSA) may automatically take the money you received while your SSI application was pending out of your first check and reimburse MDHHS. If MDHHS is not reimbursed in the first check you receive, you agree to repay MDHHS right away.

If you disagree with the amount MDHHS keeps, see "Resources" for details on how to request a hearing.

5. Follow work rules (FIP and RCA only)

FIP work rules:

- Complete a Family Automated Screening Tool (FAST).
- Develop and comply with a Family Self-Sufficiency Plan (FSSP): The FSSP will list the work activities that you must do up to 40 hours per week to receive FIP. You design this plan with MDHHS and the work participation program.
- Do not quit, refuse work, or reduce work hours.
- Do not get fired from a job due to misconduct or missing work.

RCA work rules:

- Develop and comply with a Refugee Family Self-Sufficiency Plan (RFSSP).
- Do not quit, refuse work, or reduce work hours.
- Do not get fired from a job due to misconduct or missing work.

What happens if I break work rules?

If you receive FIP or RCA and break the work rules without good cause (see good cause reasons below), MDHHS will:

- Deny your application (you may reapply).
- Stop FIP for your whole family for 3-months for the first time, 6 months for the second time and permanently for the third time.
- Count all penalty months toward your state 60-month lifetime limit (FIP only).
- Stop RCA for you for at least 3-months (but the rest of your household might be eligible).
- If you receive both FIP and FAP, we may stop or reduce your FAP benefits for at least 1 month if you are not excused from FAP work rules and count your FIP grant amount as income.

Good cause reasons

Reasons for a good cause include:

- An unplanned event or factor that does not allow you to meet the work rules (for example, domestic violence, religion, health or safety risk, or homelessness).
- Illness or injury.
- You requested child care that was not provided.
- You requested transportation services that were not provided.
- Long commute (more than 2 hours per day or more than 3 hours per day with child care).
- You quit a job to take a comparable job.
- Your job required you to commit illegal activities.
- You are physically or mentally unable to do the job.
- Your employer discriminated against you based on age, race, religion, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs, or disability.
- You are working 40 hours per week for at least the state minimum wage.
- Reasonable accommodation was not provided.

If you think you have a good cause reason, contact MDHHS right away. Reasons for good cause may change.

What are the exceptions to the work rules?

Some people who receive cash assistance may be excused from work rules. If you receive FIP and are excused from the work rules, you may have to do other activities. If you think you should be excused from work rules, talk to MDHHS.

You may be excused from FIP or RCA work rules if you are:

- Age 65 or older.
- A parent of a baby less than 2 months old. You may be assigned to family strengthening activities once the baby is 6 weeks old.
- Working 40 hours per week.
- Caring for a child or spouse with a disability (depending on the person's needs and the child's school attendance).
- A person with a disability or medical limitations.
- Experiencing a domestic violence situation (determined by MDHHS).

Child Development + Care (CDC)

Overview

CDC helps pay for the cost of child care for those who need it due to:

- Work.
- High school completion classes (including General Educational Development (GED), adult basic education, and English as a second language).
- Approved education or training.
- Approved treatment activities for a health or social condition.

The CDC Handbook (which contains all of the program guidelines for parents and providers) can be found at: www.michigan.gov/childcare.

Who is eligible?

- A family with low income.
- A licensed foster parent requesting care for foster children.
- A member of a MDHHS protective services case participating in a treatment plan.
- A FIP or Supplemental Security Income (SSI) recipient.
- A FIP applicant doing a required work participation program activity.

If you are eligible at the date of your application, you will be able to keep your CDC benefits for the next 12-months. There are some exceptions.

How are benefits calculated?

The income eligibility scale and reimbursement rates can be found at: www.michigan.gov/childcare.

The actual CDC payment amount may not cover all child care expenses. You are responsible for any child care costs not covered by the CDC program.

You are responsible for any child care expenses before your case is approved and the child care provider is added to your case.

The department may request information from you at any time to verify your provider's billing. If overpayment is made to the child care provider for any reason, the provider must repay the extra payments. The department may reduce future payments to the provider by up to 20 percent.

How do I select a child care provider?

The child care you choose must be provided in Michigan by a:

- Licensed child care center.
- Licensed group child care home.
- Licensed family child care home.
- Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP) enrolled license exempt child care provider who has completed the Great Start to Quality Orientation and provides care in the child's home or is related by blood, marriage, or adoption as a grandparent/great-grandparent, aunt/great-aunt, uncle/great-uncle or sibling (only if the provider and the child do not live together) and provides care in his/her own home.

If you need help finding an eligible child care provider, contact your Great Start to Quality Resource Center at 877-614-7328 or visit www.greatstarttoquality.org.

If you use a friend or family member as a provider, the payments will be issued to you, and you will be responsible for paying the provider. To apply to be an license exempt provider, they must complete the application at www.michigan.gov/childcare and follow the instructions listed on the application.

You are also responsible for reporting payments to the Internal Revenue Service (IRS) and issuing either a W-2 or 1099-MISC if appropriate.

What are my program responsibilities?

Decide if Child Support is right for your family

MDHHS may refer you to the child support program and offer you child support services. The child support program offers many services that can help you and your child(ren). You should consider if child support services are right for your family. If you are not interested in child support services now, you can ask for help at any time in the future.

You are not required to cooperate with the child support program to receive child care assistance.

If you believe child support services will harm you or your child, talk with the Office of Child Support to see how they can help.

For more information on child support services, visit https://www.michigan.gov/childsupport or call the Office of Child Support at 866-540-0008.

State Emergency Relief (SER)

Overview

SER provides limited help to households with low income that have an emergency that threatens their health or safety. Covered services include:

- Relocation payments to avoid or eliminate homelessness.
- Mortgage, insurance and/or property tax payment to stop forfeiture, foreclosure, or tax sale.
- Limited home repairs.
- Home heating, electric, and utility bills.
- Burial costs.

Who is eligible?

You may qualify for SER if:

- You have low income and limited assets.
- The emergency situation is not likely to happen again (example: for help with rent or house payments, you must show you have enough income to pay your housing costs in the future).
- You have made certain required payments on your shelter, heat, electric and/or utility bills.

How are benefits calculated?

The amount of help you may receive depends on the number of people in your household, income, assets, type of service requested, and other factors.

By signing your application, you are agreeing to fulfill these responsibilities.

Your Responsibilities

In order to get and keep benefits, it is your responsibility to...

Release information for program needs

You consent to the gathering, use, and disclosure of your information by MDHHS and third parties. You understand the information is needed for the purpose of providing benefits or services, obtaining payment for your benefits or services, and for normal business operations of the department. You release the department from all liability for sharing this information with other agencies for this purpose. See “Privacy Details” on page 41 for examples of information that MDHHS will get from others and give to others.

Tell the truth

You are responsible for providing information on this application that is true and accurate. You could be sanctioned if you have intentionally given false or misleading information, or hidden/withheld facts that may cause you to receive assistance you should not receive or more assistance than you should receive. Sanctions may include administrative, civil or criminal actions, including prosecution. See “Penalties” on page 44 for details.

Use your benefits legally

It is illegal to give your FAP benefits or Bridge card away or to trade the benefits on your card for cash, lottery tickets, firearms, drugs, or other goods and services. Benefits that are sold or traded are treated as extra benefits and must be repaid. Penalties include fines, imprisonment, and disqualification from future benefits. If you receive cash assistance, it is prohibited to use FIP, RCA, or SDA to purchase lottery tickets, alcohol, tobacco, or for gambling, illegal activities, massage parlors, spas, tattoo shops, bail-bond activities, adult entertainment, cruise ships or other nonessential items. See “Penalties” on page 44 for details.

Repay any benefits you should not have received

If you or anyone in your household receives benefits they are not eligible for, the adults in the household must repay the extra benefits. The benefits must be repaid even if there was no fraud. If the department makes an error, the adults (18 years and older) in the household must repay the extra benefits. For FAP, an authorized representative (who has access to your benefits and can shop for you), or an alien sponsor may also be responsible for repayment of any extra FAP benefits. MDHHS may keep part of your future benefits as repayment for extra benefits you received. If you disagree with the amount MDHHS keeps, see “Resources” on page 39 for details on how to request a hearing.

Cooperate with Child Support to provide information

If you are receiving Medicaid and/or FIP assistance, you must help child support specialists with your child support case by 1) giving them information they ask for, and 2) going to appointments about your child support case. If you do not help, you may lose some or all of your benefits. **If you believe helping with your case will harm you or your child, tell MDHHS. MDHHS will determine if you have a good cause reason to not help with your case. Some examples of good cause reasons are rape, incest, history of abuse, or threats of abuse. There are other good cause reasons. To claim good cause, tell MDHHS now.**

Report changes

You are responsible for telling the department of any changes to the information you provided. **These changes should be reported as soon as they happen, but no later than within 10 days of the change.** For FIP only, you must report a child leaving your home within 5 days (if they will be absent for 30 days or more). If you do not report a change, you may be prosecuted for fraud, denied benefits, or both. See “Resources” on page 38 for details on how to report changes.

For FAP only, MDHHS will tell you if different reporting rules apply to you, such as simpified or change reporting groups.

Lottery/Gambling winnings

For all FAP groups, you must report all lottery or gambling winnings of $4,500 or more by the 10th of the following month after receipt, regardless if you have an asset test.

Cooperate with state or federal reviewers

You may be required to cooperate with state or federal reviewers who are making sure your benefits are correct. You may not be eligible to receive benefits if you do not cooperate.

Pursue other benefits that you may qualify for

For most programs, you must apply for other benefits you may qualify for, such as unemployment benefits, Social Security and Supplemental Security Income (SSI) benefits, and Veterans Administration benefits. MDHHS will tell you if you need to apply for benefits. If you do not pursue benefits when required, your MDHHS benefits may be reduced, closed, or denied.

Provide Social Security numbers (SSN)

For most programs, under federal law 42 USC 1320b-7, you must provide Social Security numbers. You do not need to provide Social Security numbers for household members who are not applying (with the exception of SER), adults applying for child care, or FAP recipients who cannot provide or obtain a Social Security number based on religious grounds. MDHHS uses Social Security numbers to check whether you are eligible and receiving the correct benefits.

If you are applying for a Social Security number, give MDHHS the Social Security number as soon as you receive it. If you do not, your benefits may be reduced, denied, or closed. If you need help getting an SSN, visit socialsecurity.gov, or call Social Security at 800-772-1213. TTY users should call 800-325-0778.

For healthcare coverage, providing your SSN can be helpful even if you do not want health coverage since it can speed up the application process. MDHHS uses SSNs to check income and other information to see who is eligible for help paying for health coverage.

Provide proof

For most programs, you will have to provide papers that show what you told the department is true. You must give the department all required papers and documents before your eligibility for benefits can be determined. If you do not provide proof, your application may be denied.

Report any tribal benefits that you receive

You cannot receive food benefits from the tribal food distribution program and the FAP at the same time. You cannot receive tribal TANF (cash) from a tribe and FIP cash benefits from MDHHS at the same time. Tribal organizations may receive Low Income Home Energy Assistance Program (LIHEAP) funds from the federal government. Payments are limited to the highest amount available from either MDHHS or the tribal organization. MDHHS will ask you to prove any tribal LIHEAP payment you receive.

Your Rights

Your general application refers to this page when signing your application for submission.

No matter who you are, you have the right to...

Ask for a hearing

You have the right to request a hearing if you do not agree with any action or decision the department makes (including failure to act with reasonable promptness). You can ask for a hearing for FAP by phone. Hearings for all other programs must be requested in writing. At the hearing you can explain why you disagree with the action or decision and present evidence.

You may have your assistance continued if you file your request for hearing within 10 days of the denial/closure notice. You may be required to repay any assistance that you receive while your appeal is pending if 1) the department's proposed action is upheld in the hearing decision, or 2) your request for appeal is withdrawn, or 3) you or your authorized representative do not attend this hearing.

A hearing will be granted if we receive your request for an appeal within 90 days of the date an action was taken by MDHHS or loss of your benefits. MDHHS must receive your request for an appeal within 10 days of the mailing date of the notice to continue receiving your benefits.

You may choose anyone to represent you. If that person is not a lawyer or is not appointed by a court, you must give us your signed authorization. Attach a copy of the court's order if the person is court-appointed to help you. The Michigan Office of Administrative Hearings and Rules (MOAHR) will deny the request for an administrative hearing made by the representative if you do not provide proof of authorization. The authorized hearing representative needs to be authorized before they can make the request.

See "Resources" on page 39 for details on how to request for a hearing.

Apply without discrimination (Do not send application here)

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: Food and Nutrition Service, USDA
   1320 Braddock Place, Room 334,
   Alexandria, VA 22314; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. phone: (833) 620-1071; or
4. email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/hotline numbers (click the link for a listing of hotline numbers by state); found online at: SNAP hotline.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRMail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

(Do not send application here)

Providing ethnicity and race is voluntary

Answering questions about race and ethnicity is voluntary. The information is collected to ensure that program benefits are distributed without regard to race, color, or national origin. If you do not answer these questions, your eligibility or benefit levels will not be affected. If you choose not to answer these questions, MDHHS may choose an answer for you. Not applicable for FAP or CDC.

Apply as a United States citizen or national

For some programs, people claiming United States citizenship must provide proof of citizenship and identity. Acceptable proof of citizenship includes, but is not limited to, a United States passport, a certificate of naturalization, or a United States public birth record showing birth in the United States or United States territories.

People receiving SSI, Social Security, Medicare, or adoption assistance, foster children and newborn “safe delivery” babies are not required to provide proof of United States citizenship.

Apply as an immigrant

You may be eligible to receive benefits if you are a qualified immigrant, including:

- Lawful Permanent Residents (LPR); (people with green cards).
- Asylees and refugees.
- Parolees of more than 1 year.
- Cuban and Haitian entrants.
- Certain abused immigrants, their children, and/or their parents.
- Victims of trafficking.
- Veterans and active military, and their spouses and children.

Receiving food or emergency assistance will not affect your immigration status. A referral to USCIS (U.S. Citizenship and Immigration Services) will only be made when an applicant/recipient of food assistance or FIP either 1) presents a final order of deportation during the eligibility or redetermination process, or 2) a determination of ineligibility based on immigration status is upheld in the administrative hearing process and is supported by a determination by USCIS or immigration court (EOIR), such as a formal order of deportation.

Individuals who are not applying for assistance for themselves and adults applying for CDC are not required to provide a social security number or information about immigration status.

Receive services for domestic violence

We may be able to waive some program requirements (such as working, looking for a job, pursuing child support, or going to school) if participating would 1) put you or your family member in danger of physical or emotional harm, 2) subject you to sexual abuse, or 3) otherwise be unfair to you. **If any of these things apply to you or your family member, tell MDHHS now.** Also, see “Resources” on page 39 for details on how to access domestic violence services.

Receive help if you have a disability

You do not have to tell us about disabilities, but some help is only available to persons with disabilities. If you or someone in your household has a disability, we can make exceptions or give you special help. If you are denied special help or an exception you need because of a disability, and you think the denial was wrong, you may file a complaint of discrimination. If you do not tell us about a disability now, you can tell us about it later.

Contact MDHHS if you need help.

Register to vote

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided, or your eligibility. Your decision to register to vote or not will be kept confidential. If you would like help filling out the voter registration application, we will help you or you can call the Secretary of State toll-free at 888-SOS-MICH; 888-767-6424 for assistance. The decision to seek or accept help is yours. You may also fill out the application in private. If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register; you may file a complaint by writing to:

Michigan Department of State: Richard H. Austin Building
430 W. Allegan
Lansing, MI 48918

toll-free at 888-SOS-MICH; 888-767-6424

Resources

Here are resources that can help you take action.

Find your local office

- Check online at www.michigan.gov/contactmdhhs.

Get help with your application

Your local MDHHS office will provide help with reading, writing, hearing, or finding an interpreter during the application process. To get help:

- Call your local office to notify them that you will require assistance.

You may also bring your own interpreter.

Report a change

You can report changes by 1) calling your local MDHHS office (the number is listed on any correspondence you received from MDHHS), 2) reporting online through MI Bridges, 3) submitting a written statement or MDHHS-2240, Report Changes form to your local office.

How to request the MDHHS-2240-Bridges form: Visit your local office and request form MDHHS-2240.

If you file for bankruptcy, send a copy of the official bankruptcy notice to:

Michigan Department of Health and Human Services
Reconciliation and Dispute Unit-Bankruptcy
PO Box 30820
Lansing, MI 48909

Report fraud
Go to www.michigan.gov/welfarefraud to report suspected welfare fraud.

Request a hearing

Ways to request a hearing include:

By phone (FAP only): Call your local MDHHS office (the number is listed on any correspondence you received from MDHHS) and request a hearing; **or**

In person: Visit your local office and ask for a DHS-18, Request for Hearing form; **or**

By mail: Download form DHS-18 at https://www.michigan.gov/mdhhs/doing-business/forms, located under subheading "Other."

- Print, complete, and sign form.
- Include your name, address, and case number.
- Attach a copy of the notice you received from MDHHS, if possible.
- Mail the signed and dated form to your local office, addressed to the hearings coordinator.
- Keep a copy of the request and any other document you attach for yourself.

Once a hearing is requested, you will receive a hearing date notice by mail.

File a general complaint

- Contact your local office; **or**
- Write your complaint and mail it to:

  Michigan Department of Health and Human Services
  Specialized Action Center
  PO Box 30037
  Lansing, MI 48909

Information on domestic violence

You are authorized to receive domestic violence comprehensive services.

- Find information online: www.michigan.gov/domesticviolence
- Call the Domestic Violence Helpline: 800-799-7233
- Read DHS-Pub-859, Is Someone Hurting You or Your Children? – online at www.michigan.gov/domesticviolence

Receive help with debts owed to MDHHS

Call the Reconciliation and Dispute Unit toll-free at 800-419-3328 if you 1) have a debt with MDHHS pertaining to FAP, Cash Assistance or CDC recoupment; 2) need direction on where to send your repayment; 3) are inquiring on debt balance; 4) need reissuance of a receipt for prior repayment; 5) are considering disputing any pending collection action underway for the programs above; or 6) are looking for clarification or guidance about a collection notice from MDHHS involving these programs.

Receive Bridge card help

Cash and/or FAP benefits are accessed by using a debit card. This debit card is called the Bridge card.

Call EBT Customer Service toll-free at 888-678-8914 to 1) report a lost, stolen or damaged card; 2) request a replacement card; 3) establish/change your personal ID number (PIN); or 4) find your balance. Customer service is available 24 hours a day, 7 days a week (Spanish and Arabic service is available). If you are hearing or speech-impaired, call the Michigan Relay Center at 711.

After your first replacement card, your benefits may be reduced to cover the cost of replacing any additional cards.

The same replacement card policy applies if you have someone who has access to your cash benefits (protective payee), or (for FAP) someone whom you approved to purchase food for your household (authorized representative).

Contact other programs

If you have questions about any of the following programs, call:

- MIChild MDHHS: 888-988-6300
- Medicare: 800-633-4227
- Community Resources and Referrals: 2-1-1
- Farmworker Outreach Services Division MDHHS: 833-SIAYUDA (833-742-9832)

Privacy Details

Information MDHHS will get from others

- **Social Security Administration information (all programs) -** You agree the Social Security Administration may give MDHHS all information needed to determine your eligibility.
- **Quality Control (QC), Overpayment Establishment Section (OES) and/or Office of Inspector General (OIG) investigations -** MDHHS might choose your case for a quality control review or a complete investigation. If your case is chosen, MDHHS will contact you, employers, and other people or agencies for proof of the information provided on your assistance application.
- **Law enforcement check (FAP, FIP, SER)** - MDHHS may give or receive information from law enforcement officials for the purpose of arresting persons fleeing to avoid the law.
- **Child care billing information (CDC)** - Information submitted by your child care provider will be used in determining payment amounts.
- **Computer cross-checking (all programs)** - MDHHS will check income and eligibility verification systems along with federal, state and private agencies to make sure the information you provide on the assistance application is correct. If the information does not match, we may ask you to send us proof. Verification of the information you provide may affect your household's eligibility and level of benefits. MDHHS may check wages, income, assets, unemployment benefits, income tax refunds, Social Security benefits and numbers, child support, immigration status, etc.
- **Other states** - MDHHS will check records from other states. You may be denied benefits in Michigan if you or other household members were disqualified in another state.

- **Healthcare coverage** - You can consent to the gathering and use of income data, including information from tax returns for determining eligibility for help paying for health coverage in future years (up to 5 years). You will receive notice when this occurs, be able to make changes, and may opt out at any time. If you give any information that does not match, MDHHS may ask you to send us proof to find out what is correct. MDHHS may ask permission to contact employers, banks, or other people or entities relevant to your case.
- **Information sharing (SER) -** MDHHS may work directly with utility providers, sharing client information in order to issue energy or utility direct payments. This process follows the Energy Direct Program requirements between MDHHS and the Provider/utility company.

Information MDHHS will give to others

- **Release information for program needs -** MDHHS may release information for purposes directly related to administration of certain assistance programs. Limited information may also be released in response to government officials acting in their official duties or certain charitable organizations. MDHHS may release your name and benefit amount to the general public if you have provided a signed consent or if ordered by a court.
- **Eligibility information (FAP)** - MDHHS sends Food Assistance Program (FAP) eligibility information to schools. This information allows your child(ren) to receive free or reduced-cost meals.
- **CDC** - Notice will be sent to your child care provider when your CDC has been approved and authorized, changes occur that impact your CDC eligibility, or your CDC eligibility has ended.
- **Undocumented non-citizens** - MDHHS may send information about certain undocumented non-citizens to the Department of Homeland Security.
- **Information sharing (SER) -** Shared information may include, but is not limited to, account numbers, service address, MDHHS case number, arrearage/account balance, or payment issued. Information shared is for use of issuing Energy/Utility Direct payments only and/or to obtain verification needed to process SER applications.
- **Survey information** - You may be contacted for survey information to help evaluate MDHHS' quality of programs and customer service.

Privacy Statement (FAP)

- The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011–2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in FAP. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.
- This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.
- If a FAP claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.
- Providing the requested information, including the SSN of each household member, is voluntary. However, failure to provide an SSN will result in the denial of FAP benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.

Penalties

These penalty policies apply to FAP, FIP, SDA and CDC.

Intentional Program Violation (IPV) is when you make a false or misleading statement, hide, misrepresent or withhold facts on purpose to receive or continue to receive extra benefits. If we think you committed fraud/IPV, MDHHS may hold an administrative hearing, bring criminal charges, or ask you to voluntarily sign a disqualification agreement.

FAP trafficking/misuse

You may also be guilty of fraud/IPV if you trade, attempt to trade, or sell your FAP benefits or Bridge card online or in person. You may not use or attempt to use FAP benefits or Bridge card or cards that belong to another household for your household. You may not use FAP benefits or Bridge card or cards to purchase or attempt to purchase anything other than food, seeds, and plants to grow your own food for your household.

If it is proven in court that you are guilty of fraud:

- You are subject to criminal penalties (for example, fines up to $250,000, jail/prison time up to 20 years, or both). You may be charged under other federal laws and a court may prevent you from receiving benefits for an additional 18 months; **and**
- You must repay any extra benefits you received because of the fraud/IPV; **and**
- You will be disqualified from receiving FIP/SDA and/or FAP benefits - see the table on next page.

If it is proven in an administrative hearing you are guilty of IPV or you voluntarily sign a disqualification:

- You will be disqualified from receiving FIP/SDA and/or FAP benefits - see the table on next page; **and**
- You will have to repay the extra benefits you received because of the fraud/IPV.

These policies apply to other household members and authorized representatives as well. See “Resources” on page 38 for details on how to report suspected welfare fraud.

If you do any of the following:	You will lose FIP/ SDA and/or FAP benefits for:
• Make a false or misleading statement. • Hide, misrepresent, or withhold facts to receive or continue to receive benefits. • Trade, attempt to trade, or sell less than $500 in FAP benefits or Bridge cards online or in person. • Use or attempt to use FAP benefits to buy ineligible items such as alcoholic drinks or tobacco. • Purchase beverages with FAP benefits then immediately empty the contents and return containers for cash. • Use or attempt to use FAP benefits or Bridge cards that belong to someone else for your household.	• 1 year for the first violation • 2 years for the second violation • Life for the third violation
If you are: • Convicted in court of lying about your identity or where you live to receive benefits in two or more states at one time (benefits include programs funded under Title IV-A of the Security Act, Medicaid, and Supplemental Security Income).	**You will lose FIP benefits for:** • 10 years
If any member of the household is found guilty in court of: • Trading FAP benefits for drugs.	**You will lose FAP benefits for:** • 2 years for the first offense • Life for the second offense
If any member of the household is found guilty in court of: • Trading or attempting to trade FAP benefits for firearms, ammunition, or explosives. • Trading, buying, or selling or attempting to trade, buy, or sell FAP benefits of $500 or more for anything other allowable food items online or in person. • Paying or attempting to pay for food purchased on credit with FAP.	**You will lose FAP benefits for:** • Life

CDC Penalties

Violation of program rules may result in a disqualification of 6 months, 12 months, or a lifetime.

Fleeing Felon Disqualification

A person who is evading felony prosecution and is actively being pursued by federal, state or local law enforcement is not eligible to receive FIP, SDA, and/or FAP benefits. Other group members may still be eligible for FIP, SDA, and/or FAP benefits.

Quick Look at Submitting Proof

After you submit your application, MDHHS will send you a list of any documents you need to provide based on your specific case. These are examples of the types of proof documents you may be asked to provide. For FAP, most proofs need to be dated within the last 30 days.

Household

- Identification: driver's license, state ID, or passport.
- Your Social Security Card and numbers for everyone in the household who is applying.
- Proof of alien status (green card or resident alien card).

Assets

- Account statements (checking, savings, 401ks, etc).
- Deeds for any property you own (houses, buildings, land/lot, other property).

Income

- Pay stubs.
- Receipt for unemployment compensation benefits (UCB).
- Award letters (for SSI, RSDI, worker's compensation, etc).

Expenses

- Receipts for child care or disabled adult care.
- Medical receipts from recurring monthly expenses (like dialysis, monthly medication, etc.) or bills from one-time expenses.
- Proof of rent or mortgage.

When you submit documents provide copies – **we are not able to return original documents.** Copies can be made free of charge at your local MDHHS office.

If you need help getting proof, ask MDHHS.