

Case Number:

Date of Birth:

STATE OF MICHIGAN
Department of Health and Human Services

If you do not understand this, call an MDHHS office in your area.
MDHHS employees are prohibited by law from providing legal advice.
Si usted no entiende esto, llame a una oficina de MDHHS en su área.
La ley prohíbe a los empleados de MDHHS proporcionar asesoría legal.
إذا واجهت صعوبة في فهم هذا الطلب، فاتصل بمكتب MDHHS الموجود في منطقتك.
يحرم القانون على موظفي MDHHS إعطاء النصيحة القانونية.

CLIENT NAME
PO BOX OR STREET
CITY/STATE/ZIP

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FOOD ASSISTANCE PROGRAM

Notice to Able-Bodied Adults Without Dependents in Kent, Oakland, Ottawa and Washtenaw Counties

Beginning January 1, 2017, the Food Assistance Program will reinstate requirements for what many able-bodied adults without dependents must do to get benefits. Our records show that you are an able-bodied adult without dependents, and:

- Are at least 18 years old, but not yet 50 years old.
- Do not have any children under age 18.

Program rules limit you to three months of food assistance benefits unless you work, volunteer or participate in certain job and training programs. Able-bodied adults without dependents can only receive food assistance for three months in a three-year period if they do not complete these work activities. The three-year period begins January 1, 2017, and ends December 31, 2019. Then another three-year period begins on January 1, 2020.

This rule may not apply to all Food Assistance Program clients. Use the enclosed form to tell us about your situation so we can decide if you are exempt from participation or already meet the work program requirements.

Return the completed form and any verification in the envelope provided. If you have questions or need help, contact your local MDHHS office, www.michigan.gov/ContactMDHHS.

Action: If you are in one of the exempt categories listed in the attached form, you may not have to meet the work requirements. However, **you must return this form to your caseworker**. Your caseworker may request additional documents to help determine if you are exempt from the new changes and help avoid possible delays in your benefits. If you are **not** in one of the exempt categories, you must meet the work requirements starting January 1, 2017 in order to receive food assistance benefits.

Action: If you are an able-bodied adult without dependents who does not fall into one of the exempt categories, you do not need to respond to this notice. You will receive further notice in December that will further explain your required work activities.

Food Assistance Program Work Requirement Review for Able-Bodied Adults Without Dependents

Check **all requirements that apply to you** and submit the requested information noted below each requirement.

_____ **I am working at least 20 hours per week on average, including self-employment.**

Include one of the following verifications with this form:

- Last 4 weeks of pay stubs.
- Signed and dated letter on employer's letterhead with expected weekly hours and pay per hour.
- Proof of your self-employment.

_____ **I am physically or mentally unable to work 20 hours per week.**

- Provide a current statement from a doctor or physician's assistant.

_____ **I am in a substance abuse treatment program.**

Name of the program: _____

_____ **I live with a child under age 18.** Name and age of child: _____

_____ **I am pregnant.** Your due date (if known): _____

_____ **I am caring for a person with a disability.** (The person does not need to live with you.)

Name of the person you are caring for: _____

What you do for this person:

_____ **I attend school at least half-time.**

Name of School: _____

Give us a document that confirms your program is at least half-time.

_____ **I am a victim of domestic violence.**

_____ **I am getting unemployment benefits or I have applied for unemployment benefits.**

_____ **I receive disability benefits from a government or private source.**

Private benefits include pensions, worker's comp, and disability insurance.

Government disability benefits include Social Security, Supplemental Security Income, and veterans benefits.

List the benefits you receive:

Name (print)	
Signature	Date

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