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Women and Infant Children (WIC)

Figure	Update
1	WIC. New WIC program symbol.
2 – 14	WIC. New WIC application for benefits (AFB). MI Bridges now offers six benefit applications! WIC application can be added to all programs or only for WIC.
15 – 18	WIC. Updated PDF after an AFB to see WIC application information.

Self-Referral

Figure	Update
19 – 24	Self-Referral. New referral organization; Michigan Home Visiting Program. When an application is submitted and has a household member under the age of 6 and/or pregnant household member in the application, the Michigan Home Visiting Program referral will be offered. The resident can send at the time of application or later.
25 – 27	Self-Referral. New referral organization; Michigan Veterans Affairs Agency. An application submitted and the questions “Has anyone in your household served in the military or armed services” is answered yes, the Michigan Veterans Affairs Agency referral will be triggered. The resident can send at the time of application or later

Community Partner (CP)

Figure	Update
NA	CP. New report category in Application Program report for new WIC AFB.

Appendix

Screenshots:

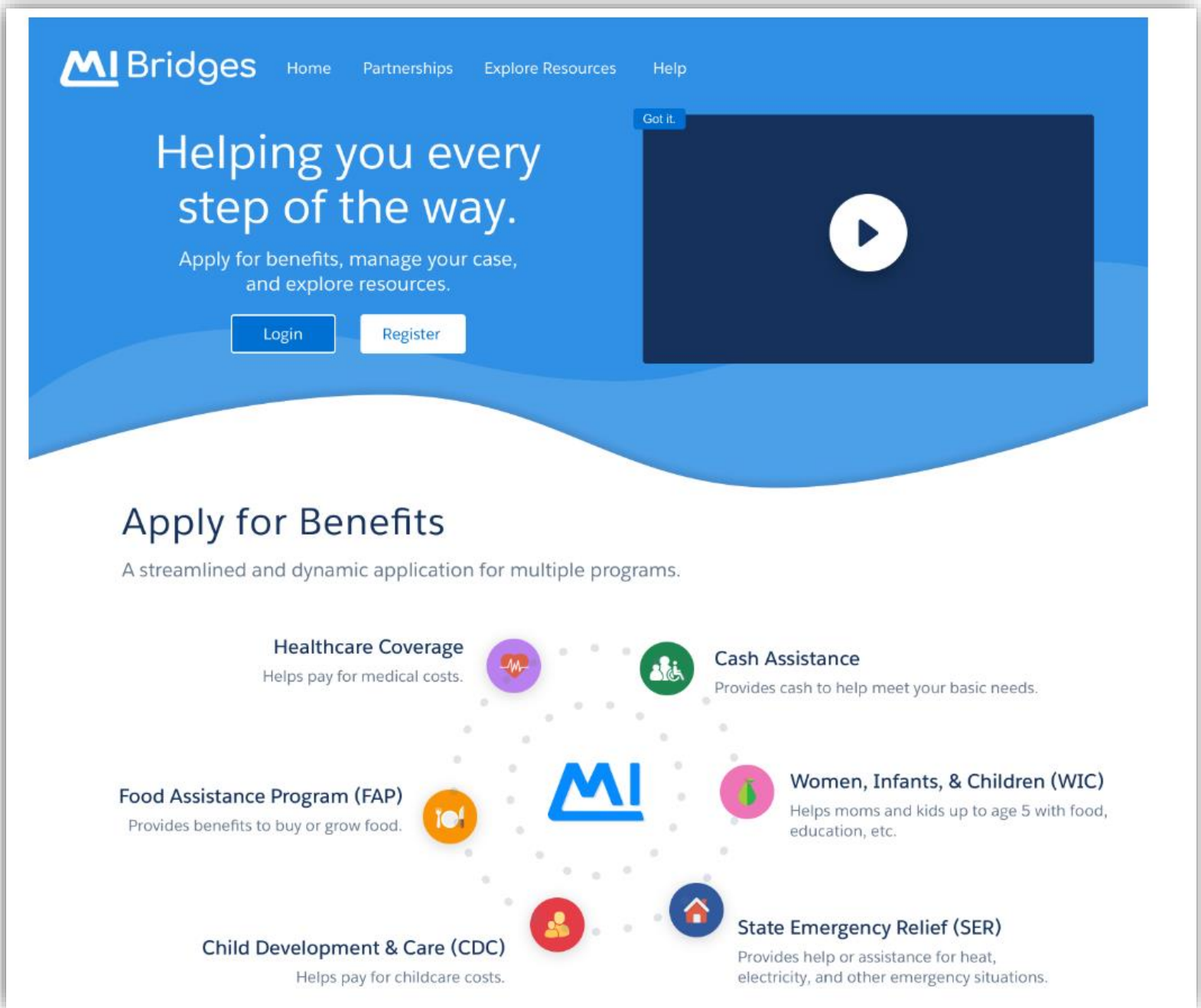


Figure 1: WIC

MI Bridges [Home](#) [Apply for Benefits](#) [To Do List](#) [Benefits](#) [Resources](#) [Settings](#) [Logout](#)

Apply for Benefits

- Add/Remove Program
- Introduction
- Household Members
- Household Details
- Income
- Program Details
- Final Details & Submit

What programs are your household applying for today?

To apply for benefits, choose from the programs below. You can select more than one.

Healthcare Coverage	Food Assistance Program (FAP)	Cash Assistance	Child Development & Care (CDC)	Women, Infants, & Children (WIC)	State Emergency Relief (SER)
Helps pay for medical cost.	Provides benefits to buy or grow food.	Provides cash to help meet your basic needs.	Helps pay for childcare.	Helps moms and kids up to age 5 with food, education, etc.	Provides help for heat, electricity, and other emergency situations.
Learn More	Learn More	Learn More	Learn More	Learn More	Learn More

Women, Infants, & Children (WIC)

Overview

Women, Infants, and Children (WIC) is a health and nutrition program that has demonstrated a positive effect on pregnancy outcomes, child growth and development. The program provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals to health care. Participants exchange WIC food benefits at approved retail grocery stores and pharmacies. WIC foods are selected to meet nutrient needs such as calcium, iron, folic acid, vitamins A & C.

- The WIC Program is not administered through your MDHHS Caseworker. Please contact your local WIC office to learn more.

Who is eligible?

To be eligible for WIC, you must meet all of the following criteria:

- Fall into one of the following categories:
 - Pregnant Women
 - Breastfeeding Women up to 1 year from delivery
 - Postpartum Women up to 6 months from delivery
 - Infants
 - Children up to their 5th birthday
- Resident of the state of Michigan. U.S. Citizenship is not required.
- Income eligible (at or below 185% of Federal Poverty Guidelines or on Medicaid or food stamps)
- Determined by WIC clinic staff to be at nutrition and/or health risk.
 - Some typical health risks are low blood iron or anemia; too much or too little weight gain (for pregnant women and children), poor diet, chronic disease, and developmental disabilities.

[Start Application](#)

Figure 2: WIC AFB

The screenshot shows the 'Apply for Benefits' page on the MI Bridges website. The navigation bar includes 'Home', 'Apply for Benefits', 'To Do List', 'Benefits', 'Resources', 'Settings', and 'Logout'. The left sidebar lists navigation options: 'Add/Remove Program', 'Introduction', 'Household Members' (highlighted), 'Household Details', 'Income', 'Program Details', and 'Final Details & Submit'. The main content area is titled 'Let's begin with your information.' and includes a legend '* = Required'. It asks the user to 'Select which programs you are requesting.' with two options: 'Women, Infants, & Children (WIC)' and 'Not Applying for Programs'. Below this, it asks 'You are:' with five radio button options: 'Pregnant', 'Mother Breastfeeding', 'Mother Not Breastfeeding', and 'Applying for other household members'. A 'Sex' section has 'Male' and 'Female' radio buttons. A teal tooltip box is overlaid on the 'Women, Infants, & Children (WIC)' option, containing the following text: 'This person may be eligible to get help buying food, nutrition education, and breastfeeding or lactation support if they meet all of the following criteria: 1. Fall into one of the following categories: Pregnant Women, Breastfeeding Women up to 1 year from delivery, Postpartum Women up to 6 months from delivery, Infants, Children up to their 5th birthday; 2. Resident of the state of Michigan. U.S. Citizenship is not required; 3. Income eligible (at or below 185% of Federal Poverty Guidelines or on Medicaid or food stamps)'. 'Back' and 'Continue' buttons are at the bottom.

Figure 3: WIC AFB

This screenshot is identical to Figure 3 but without the tooltip. The form layout, including the navigation bar, sidebar, and main content area with radio button options for program selection and household member status, remains the same. The 'Continue' button is visible at the bottom right.

Figure 4: WIC AFB

The screenshot shows the 'Apply for Benefits' page with a sidebar on the left containing navigation items: Add/Remove Program, Introduction, Household Members (highlighted), Household Details, Income, Program Details, and Final Details & Submit. The main content area is titled 'Introduce your other household member.' and contains the following form fields:

- First Name*: Maria
- Middle Name: (empty)
- Last Name*: Davis
- Suffix: Select One (dropdown)
- Date of Birth*: 04/13/1994

Buttons for '< Back' and 'Continue' are located at the bottom of the form.

Figure 5: WIC AFB

The screenshot shows the 'Apply for Benefits' page with a sidebar on the left containing navigation items: Add/Remove Program, Introduction, Household Members, Household Details (highlighted), Income, Program Details, and Final Details & Submit. The main content area is titled 'Select who these situations apply to.' and contains the following form sections:

- Who is/was pregnant?**
 - Tamara Davis (41)
 - Number of Expected Children: - 1 +
 - End/Due Date: Select a Date
 - Maria Davis (23)
- Who is currently breastfeeding a baby that is less than 12 months old?**
 - Tamara Davis (41)
 - Maria Davis (23)
- Who in your household is a foster child?**
 - Michael Davis (17)

Buttons for '< Back' and 'Continue' are located at the bottom of the form.

Figure 6: WIC AFB

MI Bridges Home Apply for Benefits To Do List Benefits Resources Settings Logout

Apply for Benefits

- Add/Remove Program
- Introduction
- Household Members**
- Household Details
- Income
- Program Details
- Final Details & Submit

Provide more details about Maria Davis.

* = Required

Select which programs Maria is requesting.*

Women, Infants, & Children (WIC) ?

Not Applying for Programs

Sex *

Male Female

[Back](#) [Continue](#)

Figure 7: WIC AFB

MI Bridges Home Apply for Benefits To Do List Benefits Resources Settings Logout

Apply for Benefits

- Add/Remove Program
- Introduction
- Household Members
- Household Details**
- Income
- Program Details
- Final Details & Submit

Answer these questions about Parents & Children in your household.

Is anyone in your household pregnant now or were they in the last 6 months? Yes No

Is anyone in the household currently breastfeeding a baby that is less than 12 months old? Yes No

Is anyone in your household a foster child? Yes No

[Back](#) [Continue](#)

Figure 8: WIC AFB

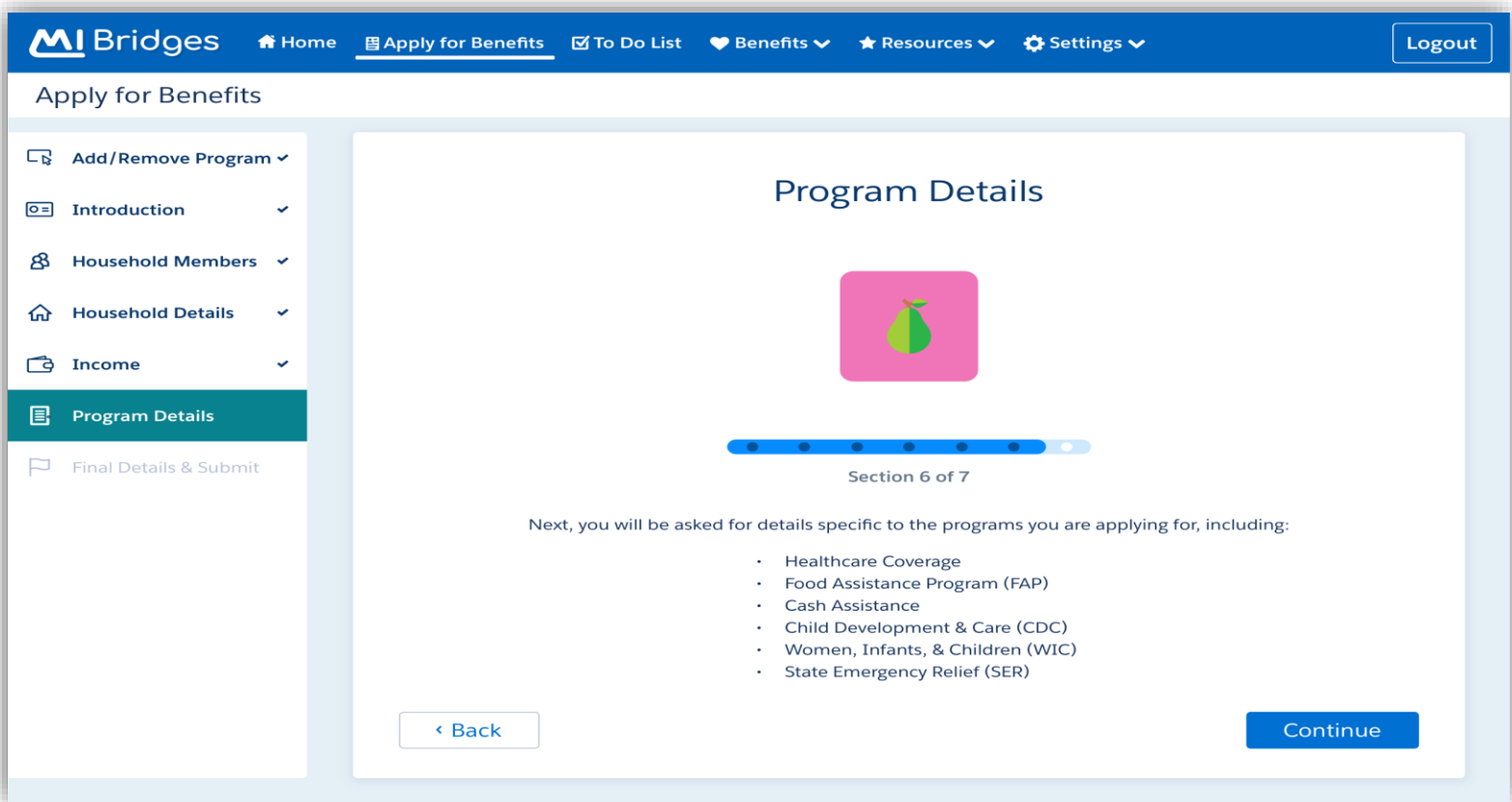


Figure 9: WIC AFB

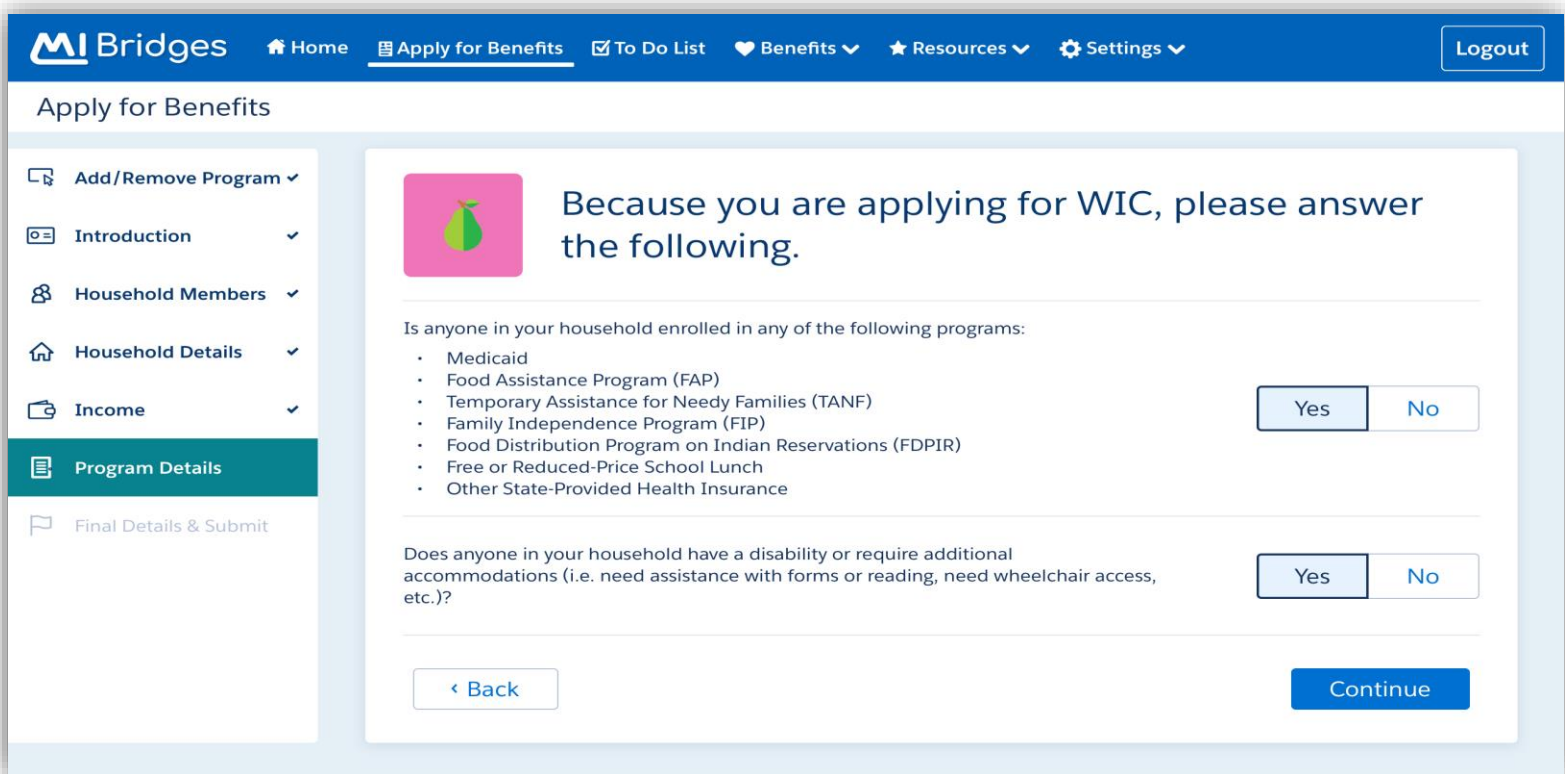


Figure 10: WIC AFB

[Home](#) [Apply for Benefits](#) [To Do List](#) [Benefits](#) [Resources](#) [Settings](#) [Logout](#)

Apply for Benefits

- Add/Remove Program ✓
- Introduction ✓
- Household Members ✓
- Household Details ✓
- Income ✓
- Program Details**
- Final Details & Submit

Select who these situations apply to.

Which program(s) is a member of your household enrolled in?

- Medicaid
- Food Assistance Program (FAP)
- Temporary Assistance for Needy Families (TANF)
- Family Independence Program (FIP)
- Food Distribution Program on Indian Reservations (FDPIR)
- Free or Reduced-Price School Lunch
- Other State-Provided Health Insurance

What type of disability or additional accommodations does your household have?

- Forms Assistance
- Reading Assistance
- Wheelchair Access
- Hearing Impaired
- Mentally Challenged
- Physical Disability
- Speech Impaired
- Visually Impaired
- Other

[← Back](#) [Continue](#)

Figure 11: WIC AFB

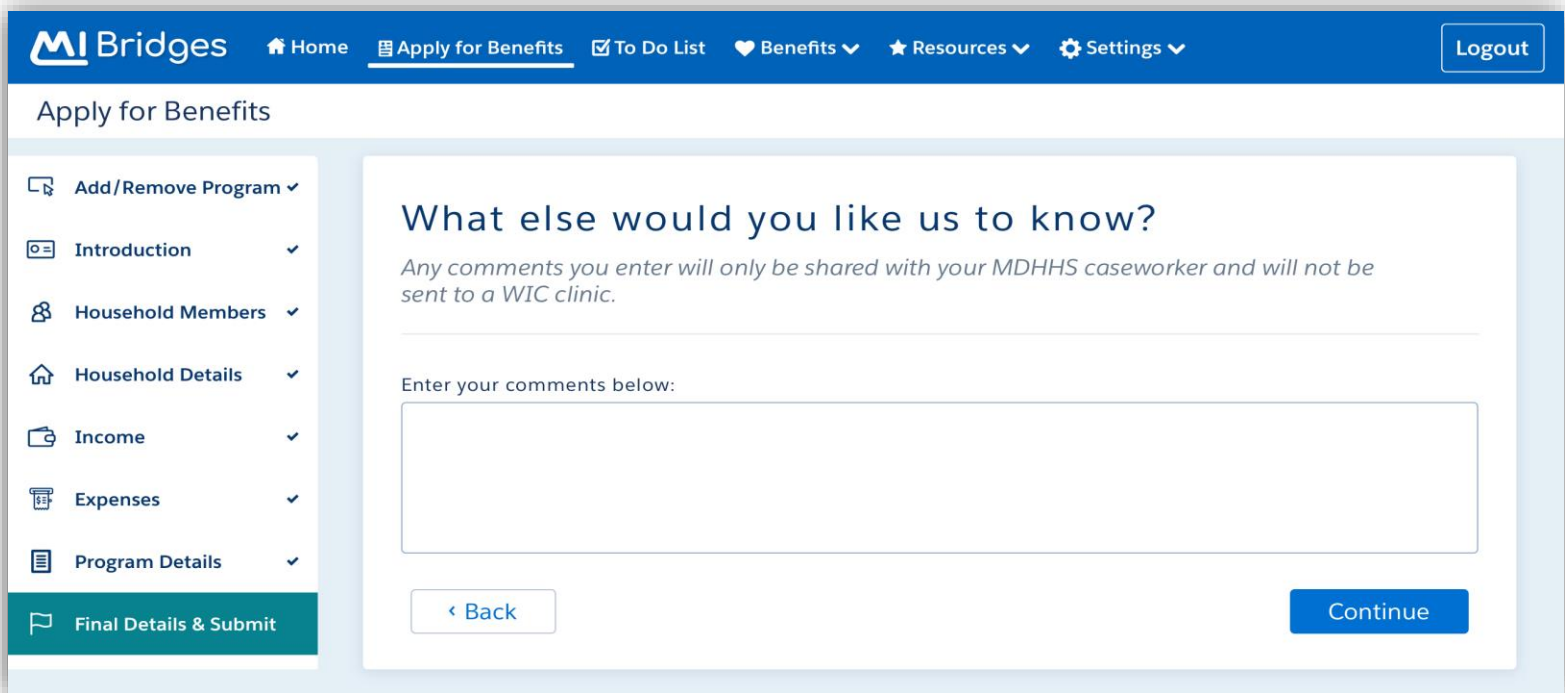


Figure 12: WIC AFB

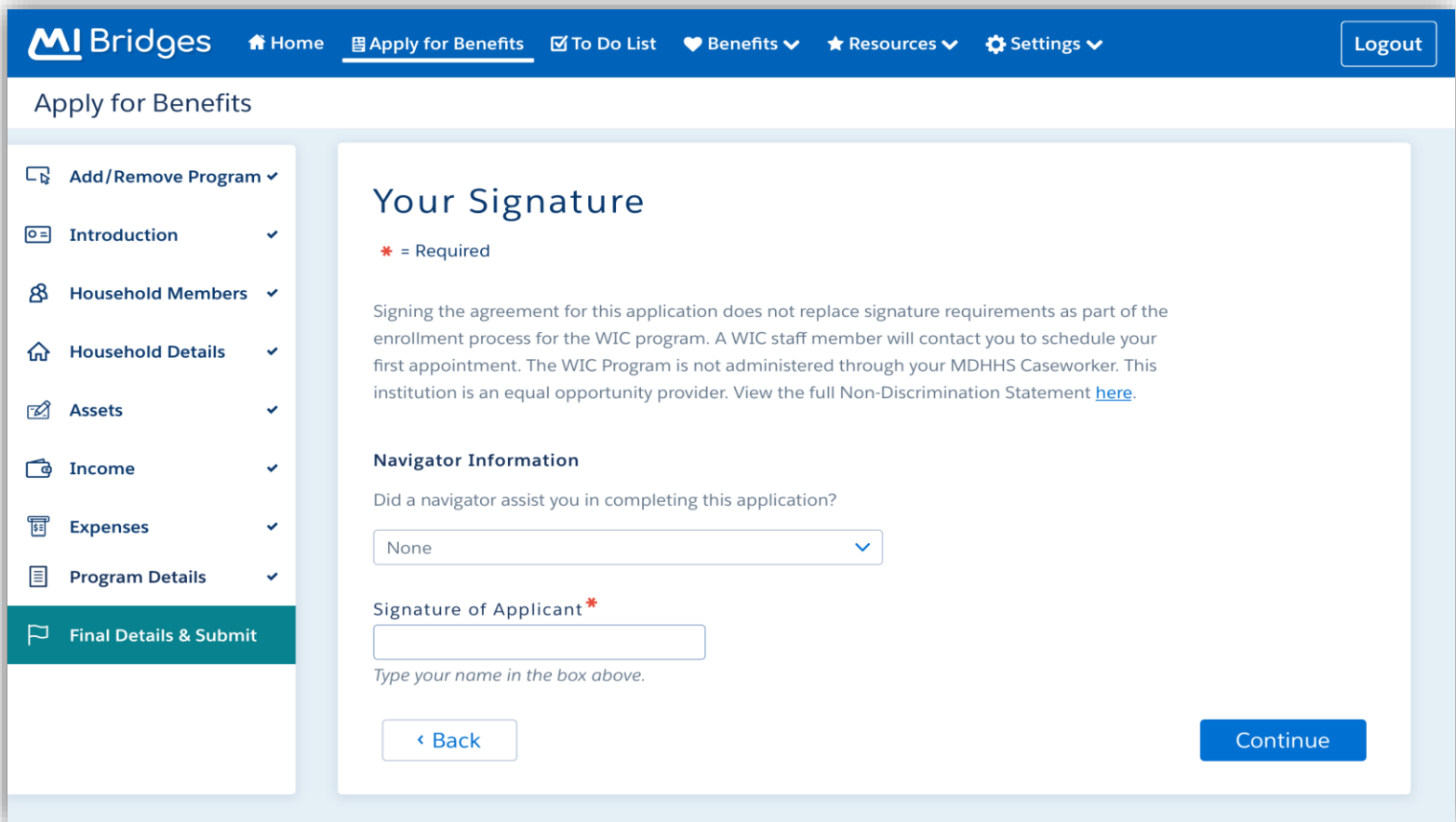
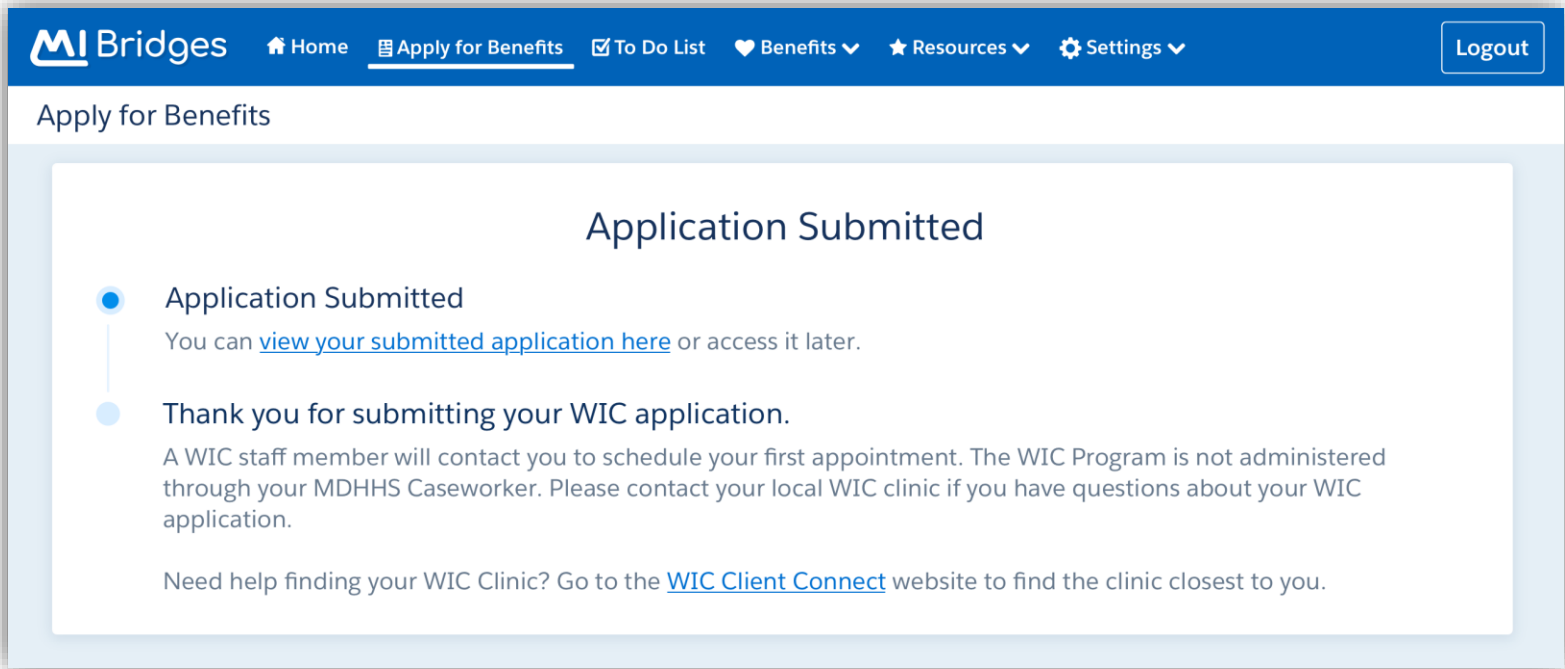


Figure 13: WIC AFB



MI Bridges Home Apply for Benefits To Do List Benefits Resources Settings Logout

Apply for Benefits

Application Submitted

- **Application Submitted**
You can [view your submitted application here](#) or access it later.
- **Thank you for submitting your WIC application.**
A WIC staff member will contact you to schedule your first appointment. The WIC Program is not administered through your MDHHS Caseworker. Please contact your local WIC clinic if you have questions about your WIC application.

Need help finding your WIC Clinic? Go to the [WIC Client Connect](#) website to find the clinic closest to you.

Figure 14: WIC AFB



Assistance Application



Programs Requested



WIC

Date **10/10/20**
Time **4:32 PM EST**

Introduction

Primary Applicant

Preferred Spoken Language

English

First Name

Tamara

Middle Name

Bartholomew

Last Name

Davis

Suffix

Sr.

DOB

05/10/1983

Home Phone #

123-456-9999

Cell Phone #

123-456-9999

Email

thispersonsemailaddress@company.com

Do you need to be contacted at a hearing assistance phone number?

No

Are you homeless and don't have a permanent place to stay?

No

Home Address

22300 George Washington Hwy

Home Address 2

Apartment 2304D

City/State/Zip

Village of Grosse Point Shores, MI, 41111

What county do you reside in?

Shiawassee

Is your mailing address different than the home address above?

No

Figure 15: WIC PDF

Household Information

Program Requests

Programs Requesting	HCC	FAP	Cash	CDC	WIC	SER
Tamara Davis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maria Davis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Household Members

1

First Name: Tamara Middle Name: M. Last Name: Davis Suffix: Sr.

Sex: Female

You Are: Pregnant, Mother Not Breastfeeding, Applying for other household members

2

First Name: Maria Middle Name: Last Name: Davis Suffix:

Date of Birth: 02/20/2020 Sex: Female

Individual Details

Yes Is anyone in your household pregnant now or were in they in the last 6 months?

Who:	# of Expected Children	End/Due Date
Tamara Davis	1	10/10/2020

Yes Is anyone in the household currently breastfeeding a baby that is less than 12 months old?

Who: Tamara Davis

Yes Is anyone in your household a foster child?

Who: Maria Davis

Yes Is anyone in your household currently a migrant farmworker?

Who: Maria Davis

Figure 16: WIC PDF

Income

Yes Is anyone in your household employed now or in the last 30 days?

Yes Is anyone in your household self-employed?

Yes Does anyone in your household have additional income?

Employment

Household Member	Employer Name	Avg. Hours/Wk	Wages/Tips (before Tax)	
Tamara Davis	Employer 1	40	\$2,000	per Month
Tamara Davis	Employer 2	40	\$2,000	per Year

Self-Employment

Household Member	Type of Work	Monthly Income (before expenses)	Monthly Expenses
Tamara Davis	Custodial Services	\$2,000	\$1,200

Additional Income

Household Member	Income Type	Amount
Tamara Davis	Veterans Benefits/Military Allotments	\$2,000 per Month

Figure 17: WIC PDF

Program Details

Women, Infants, & Children (WIC)

Yes Is anyone in your household enrolled in any of the following programs:

<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR)
<input type="checkbox"/> Food Assistance (FAP)	<input type="checkbox"/> Free or Reduced-Price School Lunch
<input checked="" type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Other State-Provided Health Insurance
<input type="checkbox"/> Family Independence Program (FIP)	

Yes Does anyone in your household have a disability or require additional accommodations (i.e. need assistance with forms or reading, need wheelchair access, etc.)?

<input checked="" type="checkbox"/> Forms Assistance	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Reading Assistance	<input type="checkbox"/> Speech Impaired
<input type="checkbox"/> Wheelchair Access	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Hearing Impaired	<input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/> Mentally Challenged	

Final Details

Wrap Up

Would you like help registering to vote at your current address?

Signature

Signature of Applicant
 Tamara Davis

Figure 18: WIC PDF

MI Bridges [Home](#) [Apply for Benefits](#) [To Do List](#) [Benefits](#) [Resources](#) [Settings](#) [Logout](#)

Apply For Benefits

Application Submitted

Tracking Number: T00123456789

Application Submitted
You can [view your submitted application here](#) or access it later. If you need more information on the application, [view the info booklet](#).

Pending = MDHHS will contact you for more information

INDIVIDUAL	TYPE OF COVERAGE	STATUS
Tamara	Healthcare Coverage	Pending

Send Referrals

MI Home Visiting Programs
Pregnancy and parenting can seem like a game without instructions. Based on your application, you may be eligible to receive free support, built around your needs and availability, to get off to a winning start. Click on 'Send' for information about programs in your area.

[Send](#)

Go to Benefits To Do List
To help process your application faster, visit the Benefits To Do List where you can view a list of your next steps.

[View To Do List](#)

Figure 19: Self-Referral

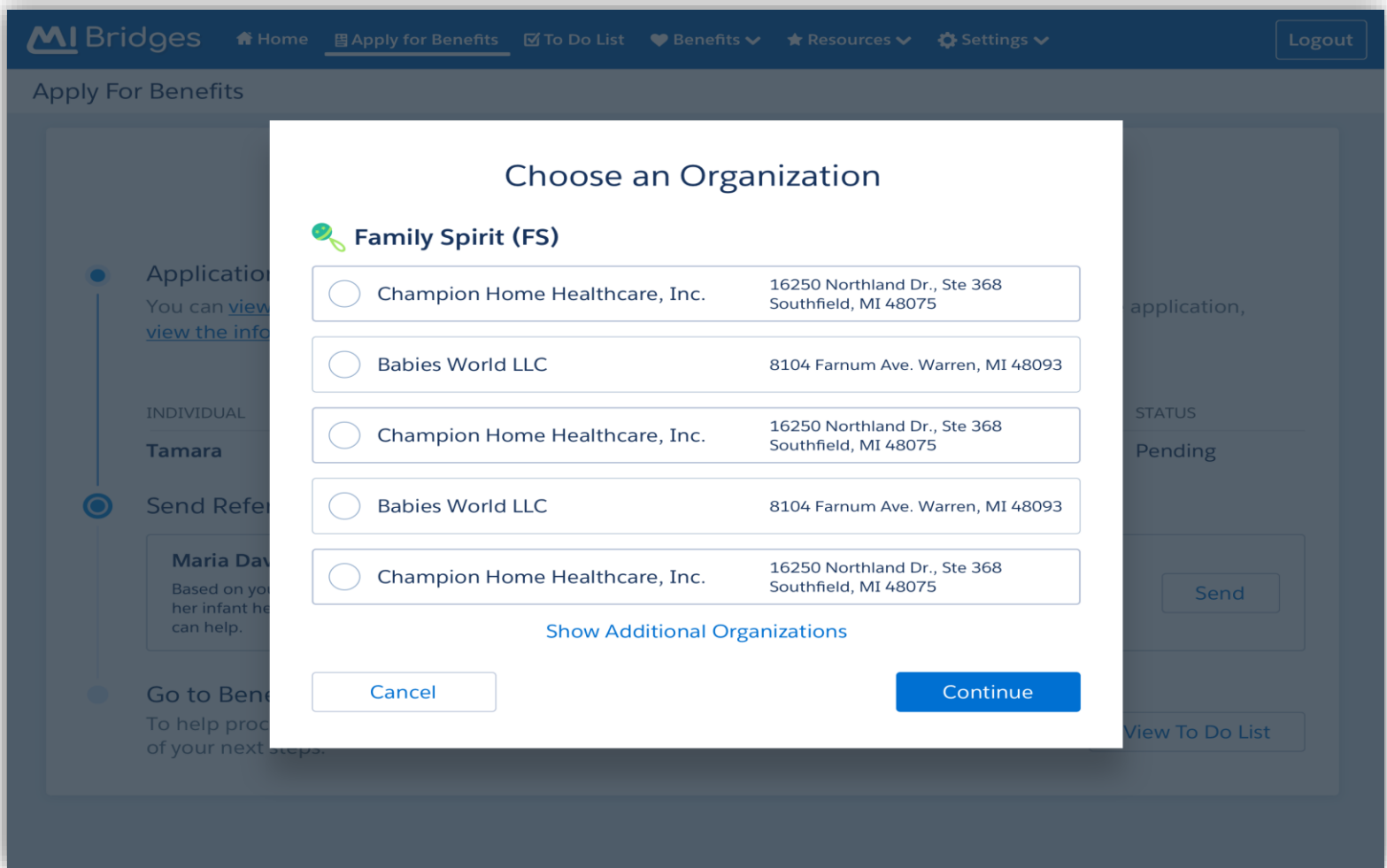


Figure 20: Self-Referral

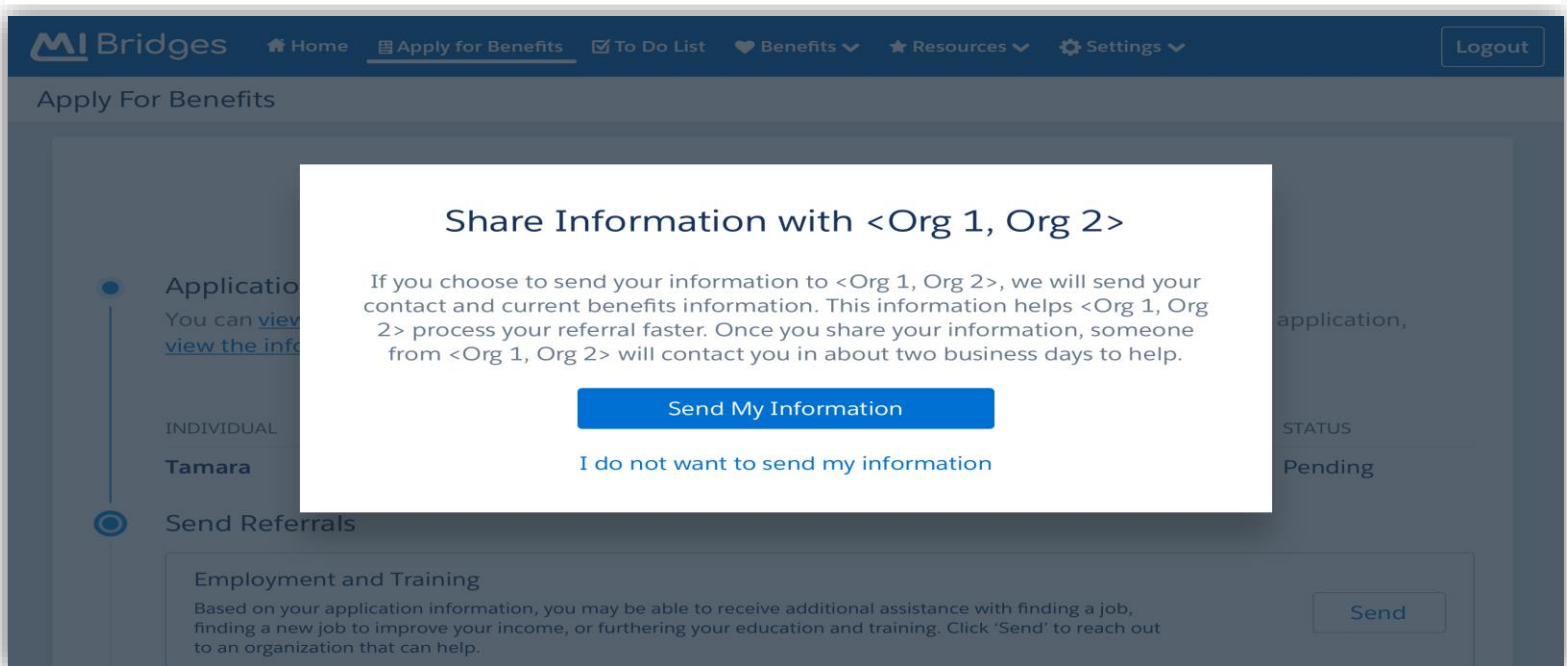


Figure 21: Self-Referral

[Home](#) [Apply for Benefits](#) [To Do List](#) [Benefits](#) [Resources](#) [Settings](#) [Logout](#)

Apply For Benefits

Application Submitted

Tracking Number: T00123456789

Application Submitted
You can [view your submitted application here](#) or access it later. If you need more information on the application, [view the info booklet](#).

Pending = MDHHS will contact you for more information

INDIVIDUAL	TYPE OF COVERAGE	STATUS
Tamara	Healthcare Coverage	Pending

Send Referrals

MI Home Visiting Programs
Pregnancy and parenting can seem like a game without instructions. Based on your application, you may be eligible to receive free support, built around your needs and availability, to get off to a winning start. Click on 'Send' for information about programs in your area.

[Referral Sent ✓](#)

Go to Benefits To Do List
To help process your application faster, visit the Benefits To Do List where you can view a list of your next steps.

[View To Do List](#)

Figure 22: Self-Referral

My Saved Resources

Show **Applicant Self-Referral** ▾

Applicant Self-Referral

Employment and Training: Currently collecting unemployment

Resource Name	Address	Contact Number	
<LEO Organization Name>	35731 West Michigan Avenue, Wayne, Wayne, MI, 48184	(513) 483-2833	

Employment and Training: Lost/reduced employment in the last 30 days

Resource Name	Address	Contact Number	
<LEO Organization Name>	35731 West Michigan Avenue, Wayne, Wayne, MI, 48184	(513) 483-2833	

Employment and Training: Currently collecting unemployment and Lost/Reduced employment in the last 30 days

Resource Name	Address	Contact Number	
<LEO Organization Name>	35731 West Michigan Avenue, Wayne, Wayne, MI, 48184	(513) 483-2833	

Benefits application submitted with household member(s) age 60+

Resource Name	Address	Contact Number	
<AAA Organization Name>	35731 West Michigan Avenue, Wayne, Wayne, MI, 48184	(513) 483-2833	

Pregnant Household Member(s) for fewer than 28 weeks

Resource Name	Address	Contact Number	
<HV Organization Name>	35731 West Michigan Avenue, Wayne, Wayne, MI, 48184	(513) 483-2833	

Next Steps

- [Apply for State Programs](#)
- [Send My Info to Saved Resources](#)
- [View PDF of Saved Resources](#)
- [Add More Resources](#)
- [View Removed Resources](#)

Figure 23: Self-Referral

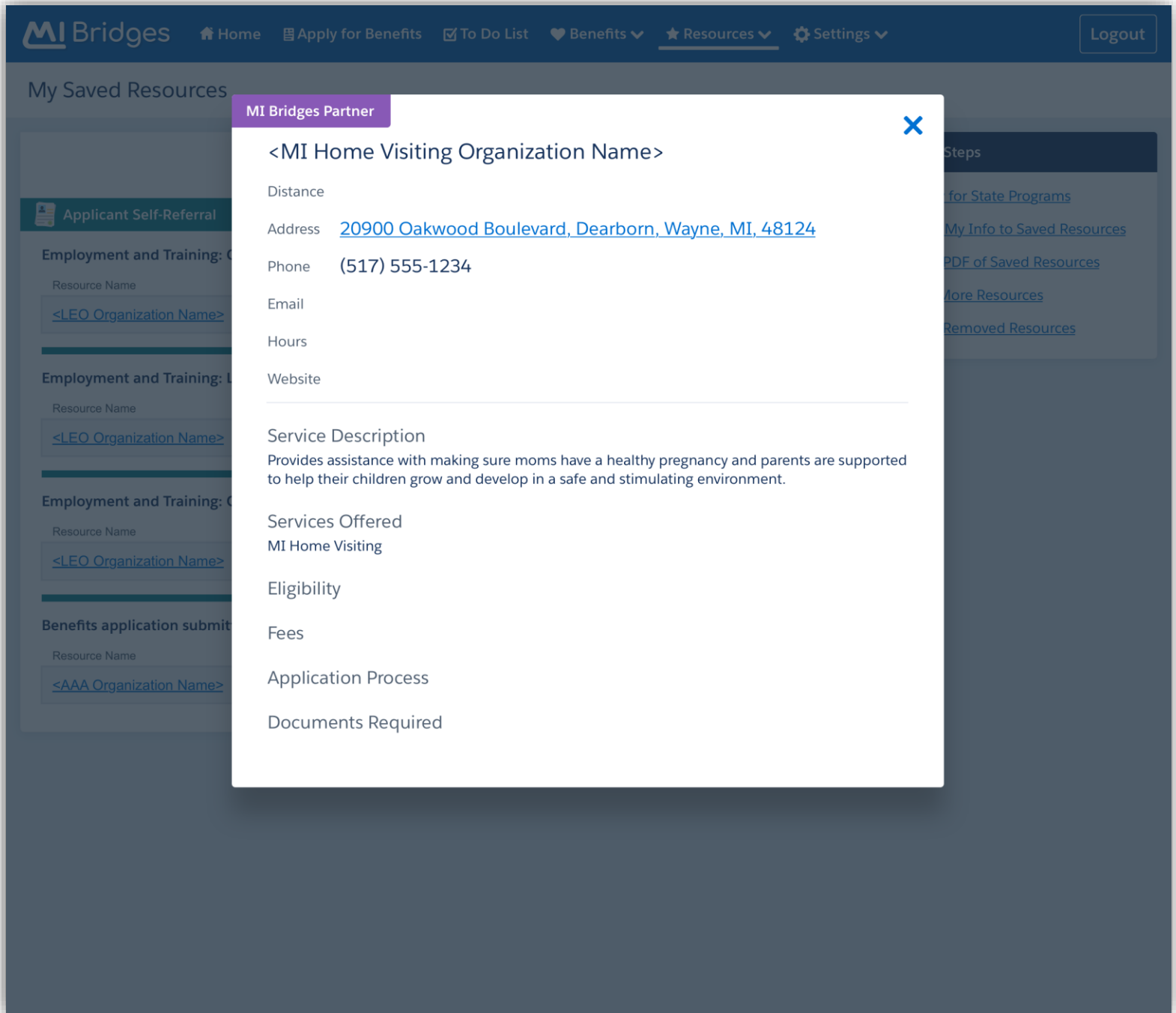


Figure 24: Self-Referral

[Home](#) [Apply for Benefits](#) [To Do List](#) [Benefits](#) [Resources](#) [Settings](#) [Logout](#)

Apply For Benefits

Application Submitted

Tracking Number: T00123456789

Application Submitted
You can [view your submitted application here](#) or access it later. If you need more information on the application, [view the info booklet](#).

Pending = MDHHS will contact you for more information

INDIVIDUAL	TYPE OF COVERAGE	STATUS
Tamara	Healthcare Coverage	Pending

Send Referrals

Michigan Veterans Affairs Agency (MVAA) - **Tamara Davis, Lisa Davis**

Based on your application information, they might be eligible for other veteran benefits. Depending on service information (dates of service, discharge status, etc.) you may be eligible for healthcare, compensation benefits, or temporary emergency financial assistance.

[Send](#)

Go to Benefits To Do List
To help process your application faster, visit the Benefits To Do List where you can view a list of your next steps.

[View To Do List](#)

Figure 25: Self-Referral

The screenshot shows the MI Bridges application interface. At the top, there is a navigation bar with links for Home, Apply for Benefits, To Do List, Benefits, Resources, and Settings, along with a Logout button. The main heading is 'Apply For Benefits'. A modal window titled 'Share Information with MVAA' is open, containing the following text: 'If you choose to send your information to MVAA (Michigan Veterans Affairs Agency), we will send your contact and current benefits information. This information helps MVAA provide appropriate assistance specific to your needs. If you do not wish to send a referral today, you are always welcome to contact 1-800-MICH-VET at any time.' Below this text, there are two sections for sharing information for 'Tamara Davis'. Each section has a checked checkbox and a dropdown menu for 'Tamara's Branch of Service *' with options: Army, Navy (selected), Air Force, USMC, and Coast Guard. To the right of each dropdown are two text input fields: 'Year Service Began *' and 'Year Service Ended / Current Year if Active *', both containing 'YYYY'. At the bottom of the modal, there is a blue button labeled 'Send My Information' and a link 'I do not want to send my information'. The background of the page is dimmed, showing a sidebar with 'Application' and 'Send Referral' sections, and a main content area with 'STATUS Pending' and a 'Send' button.

Figure 26: Self-Referral

Apply For Benefits

Application Submitted

Tracking Number: T00123456789

Application Submitted

You can [view your submitted application here](#) or access it later. If you need more information on the application, [view the info booklet](#).

Pending = MDHHS will contact you for more information

INDIVIDUAL	TYPE OF COVERAGE	STATUS
Tamara	Healthcare Coverage	Pending

Send Referrals

Michigan Veterans Affairs Agency (MVAA) - **Tamara Davis, Lisa Davis**

Based on your application information, they might be eligible for other veteran benefits. Depending on service information (dates of service, discharge status, etc.) you may be eligible for healthcare, compensation benefits, or temporary emergency financial assistance.

Referral Sent ✓

Go to Benefits To Do List

To help process your application faster, visit the Benefits To Do List where you can view a list of your next steps.

[View To Do List](#)

Figure 27: Self-Referral