



877.664.2233 | [www.micafenetwork.org](http://www.micafenetwork.org)

A program of

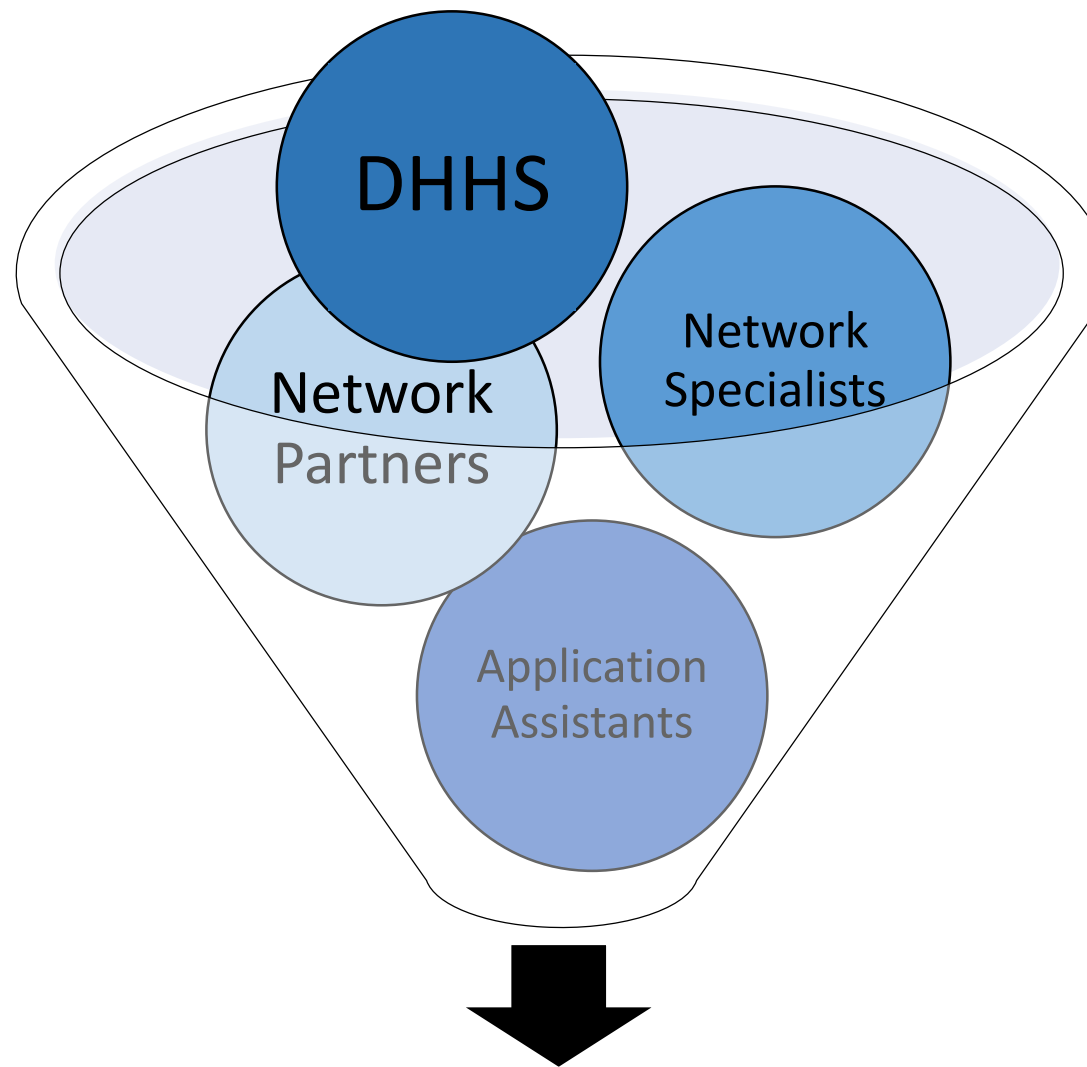
elm

Elder Law of Michigan, Inc.

# Programs of Elder Law of Michigan



# The MiCAFE Network Model



MiCAFE Network

The MiCAFE Network is made up of Community Partners who help members of the community access SNAP and other benefits.



# The MiCAFE Network provides:

Training and  
Education

Access to Network  
Partners Resources

Outreach  
Collaboration

Tech Support from  
Network Specialists

Data Reporting

One-on-One  
Application  
Assistance

Site  
Reimbursements\*

An extensive  
Partner Network  
Throughout  
Michigan

Annual Client  
Follow Up at  
Recertification







**S**upplemental  
**N**utrition  
**A**ssistance  
**P**rogram





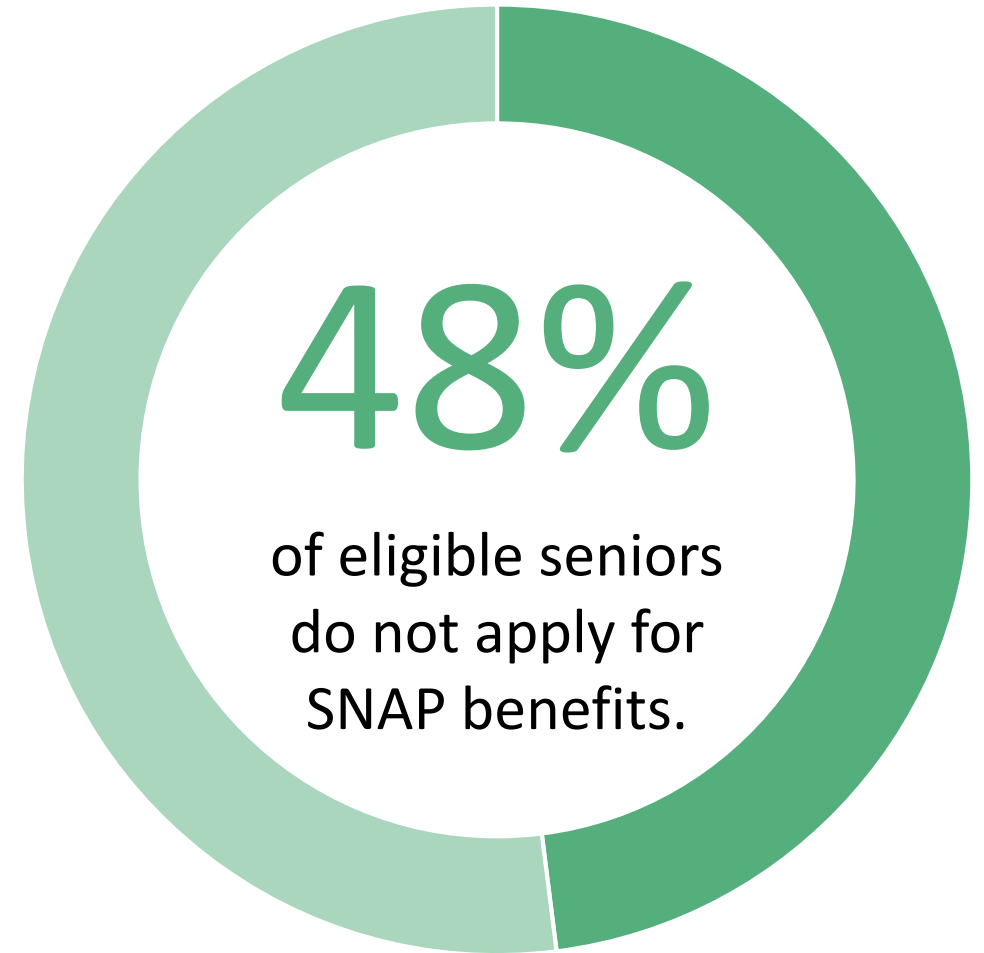
The Michigan Bridge card is the means of distribution for the Food Assistance Program.



# SNAP Recipients

Why don't seniors apply for SNAP?

- Lack of information
- Misinformation
- A complicated application process
- Inaccessibility
- Low dollar amount on Bridge Card





# SNAP eligibility is dependent on an eligible household:

A person living alone, or a group of people living together, who customarily buy and fix meals together.

There are some situations where people can apply separately, and others where they must apply together.

## Typical SNAP Households

- Husband and wife who live together: should apply together no matter what.
- Mother and daughter live together, but shop and eat separately: should apply separately.



# DHHS SNAP Eligibility Determination

- Income
- Assets
- DHHS accepted deductions
- Citizenship: Citizens and non-citizens can be eligible.



# DHHS SNAP Deductions

- Deductions are not dollar for dollar.

Example 1: A client with an \$11 phone bill will still receive the \$33 deduction.

Example 2: A client with a \$44 phone bill will also get a \$33 deduction.

- The Shelter Maximum is based on Rent or Mortgage, property taxes, and insurance.

Category	Standard Deduction
Shelter Maximum	\$517
Heat and Utility	\$526
Non-heat Electric	\$131
Water and/or Sewer	\$84
Telephone	\$33
Cooking Fuel	\$36
Trash Removal	\$21

<https://dhhs.michigan.gov/OLMWEB/EX/RF/Public/RFT/255.pdf#pagemode=bookmarks>



# Heat and Utility Standard Deduction (\$526)

In 2014, households were adversely impacted by Heat and Utility Standard policy changes from the State of Michigan. Households most impacted were those in subsidized housing.

As of August, 2017 we expect those changes to be reversed. Households who have heat rolled into their rent should also be receiving the Heat and Utility Standard Allowance.



- Households are eligible for the Heat and Utility Standard if they are paying for Heating expenses.
- Households are eligible even if their heating bill is included in their rent.
- We still highly encourage the Michigan Tax Credits that are available, including the Home Heating Credit, and the Homestead Property tax credit.
- Free tax help can be found on the IRS website.

<https://www.irs.gov/Individuals/Free-Tax-Return-Preparation-for-You-by-Volunteers>



# SNAP Medical Deduction

Only about 14% of seniors enrolled in SNAP take the medical deduction!



- Mileage to appointments
- Insurance costs
- Co-pays, deductibles, and any type of doctor or dental bill
- Prescription drug costs
- Over the counter medications and medical supplies, as long as they are recommended by a doctor.
- Eye doctor or eyeglass bills (Not including over the counter eyeglasses)
- Service Animal with paperwork (Includes care and food for Service animal)

This includes any bills received within the last 90 days.



# SNAP Benefit Allotment

Thrifty Food Plan: The Thrifty Food Plan (TFP) is one of four USDA-designed food plans specifying foods and amounts of foods to provide adequate nutrition.

## [Food Assistance Issuance Table](#)

Household Size	Maximum FAP Allotment
1	\$194
2	\$357
3	\$511
4	\$649
5	\$771
6	\$925
7	\$1022
8	\$1169

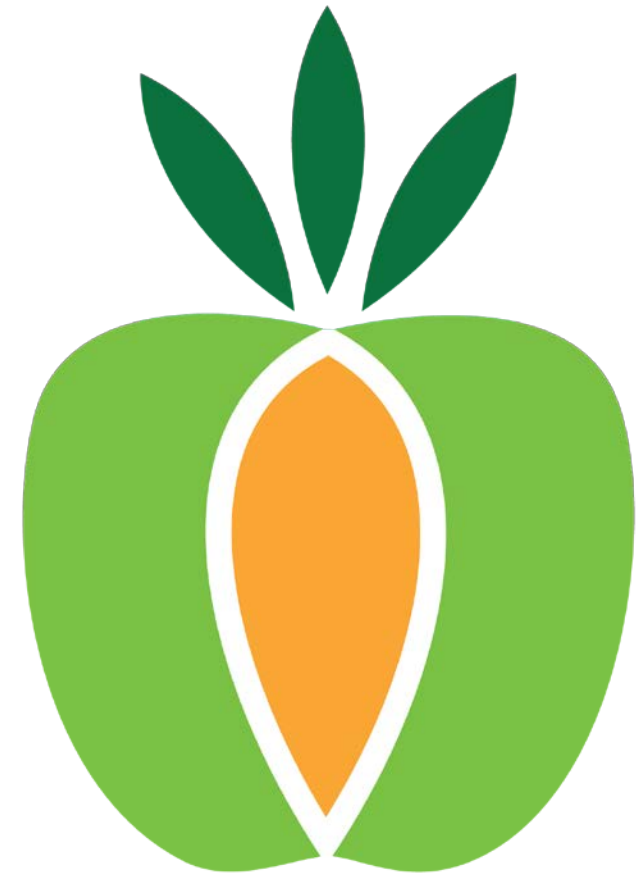




# Double Up Food Bucks

In Michigan, Fair Food Network's Double Up Food Bucks program provides healthy incentives for SNAP recipients who use their Bridge Card at participating farmers markets and grocery stores.

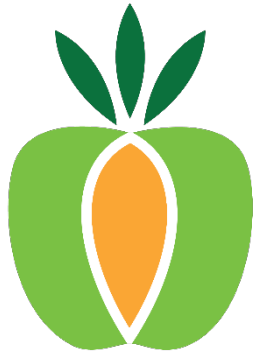
<http://www.doubleupfoodbucks.org/>



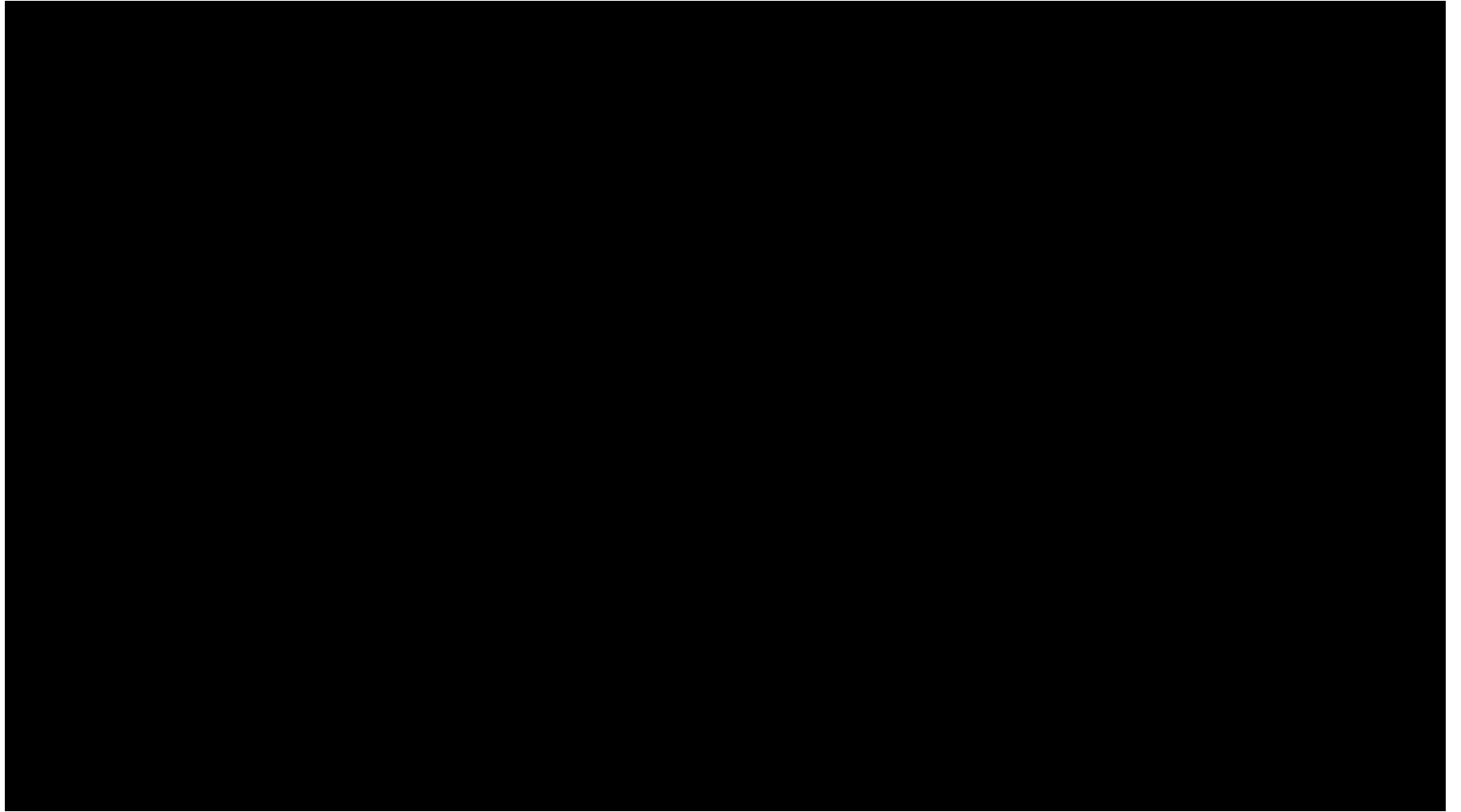
**DOUBLE UP  
FOOD BUCKS™**

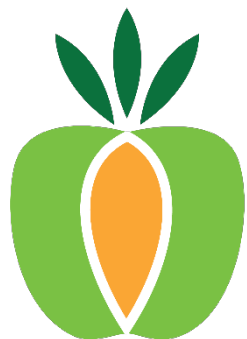
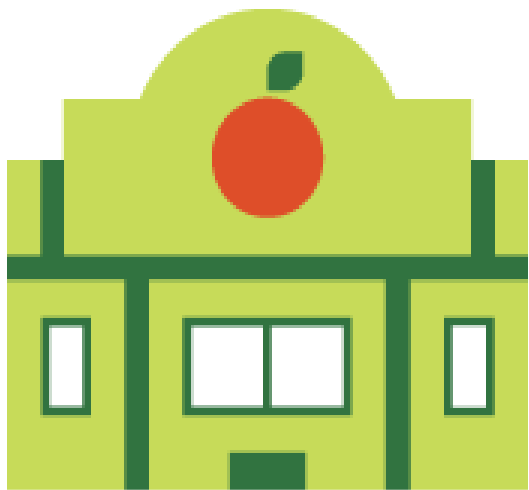






**DOUBLE UP  
FOOD BUCKS™**





**DOUBLE UP  
FOOD BUCKS™**

**1**



**Use your SNAP Bridge Card** to buy *Michigan grown* fresh fruits and vegetables at a participating grocery store.

**2**



**Buy Michigan grown and get FREE matching Double Up dollars, up to \$20 per day.**

**3**

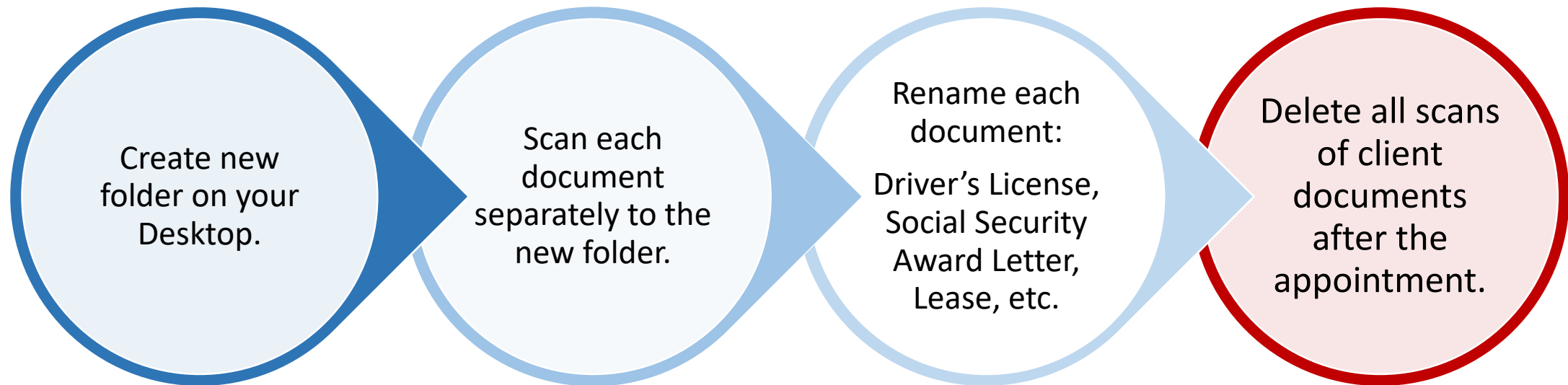


**Spend your Double Up rewards** on any fresh fruits or vegetables in the same store.







# Before Application Appointment




# MI Bridges Login

Michigan Department of Health and Human Services


Help

**IMPORTANT MESSAGES**


If you were served by Flint water since April 2014, you may be eligible for health care services. Click here to apply today!

**APPLY FOR HEALTH CARE COVERAGE ONLY**

Healthy Michigan Plan  
Medicaid  
MICHild

**APPLY FOR MULTIPLE BENEFITS**

Health Care Coverage  
Food Assistance  
Cash Assistance  
Child Care  
Emergency Services

**VIEW MY CASE**

Check My Benefits  
Report My Changes  
Upload My Documents  
Renew My Benefits

**PRACTICE SESSION**

**Login to MI BRIDGES**  
Manage your account for food, cash, medical, child care and state emergency relief assistance programs.

User ID

Password

**LOGIN**

[Create An Account](#)[Community Partners Login](#)

Forgot your password? First enter your USER ID and then Click Here  
[Forgot Your USER ID?](#)



# New Application

\* = Required

### \* Apply For Benefits (All Programs)

← Back   Next →

Welcome! Please click one of the buttons to tell us what you would like to do. Then click the Next button at the bottom of the page.

- ☐ **Start a new application for Health Care Coverage, Food Assistance, Cash Assistance, Child Development & Care, and/or State Emergency Relief.** For most people, it will take approximately 30 minutes to fill out the application.
- ☐ Keep working on an application that you have already started.
- ☐ Check the status or view an application that you have already submitted.
- ☐ Register my agency as a Community Partner, or update my agency's information.

As you use Apply For Benefits, **please do not use the Forward, Back, or Stop buttons on your web browser** to move from page to page. Instead, use the buttons on this website.

[To report a technical problem, click here.](#)

# Account Creation

### Create An Account

← Back   Next →

Before you get started on your application, it is a good idea to create a secure account. This should take just a few minutes.

If you create an account, you can save your application and come back to it later. We will also save the information as you go along. If anything happens while you are working on your application, you will not lose all of the work that you did.

Keep in mind that this is a secure website run by the Michigan Department of Health and Human Services (MDHHS). We promise to keep your information private and secure.

Please click one of the buttons to tell us what you would like to do. Then click the Next button at the bottom of the page.

- ☐ **Create an account** so you can save your application and come back to work on it later. You can also use this account to check the status of your application after you submit it.
- ☐ **Log in** using your existing account. If you have an account and you do not log in now, you will not be able to come back to your application later.



# Username and Password Formula

A

- Client's Name: Jane Marie Doe

B

- Birthdate: June 5, 1944 or 06/05/1944
- Username: JDoe06051944

C

- Today's Date: September 30, 2014 or 09/30/2014
- Password: JMD09302014



# Security Questions

## Step 3: Secret Questions

We are also asking two "secret questions" that you can use if you ever need to recover your password. Click on the box to choose a question that only you know the answer to. Then fill in your answer. It is a good idea to write down the answer you give, since you will need to type it in exactly the same way if you lose your password.

\* Secret Question1 :

What was the FIRST NAME of your best friend when growing up? ▼

\* Answer to Secret Question1 :

micafe

\* Secret Question2 :

Who is your favorite president? ▼

\* Answer to Secret Question2 :

micafe

## Step 4: User Acceptance Agreement

☐ As the last step in creating your account, please check the box to let us know that you have read and agreed to Michigan's User Acceptance Agreement. [Click here](#) to read the Agreement, which tells you more about how we will keep your personal information private and secure.





# Public/Private Computer

\* In order to secure your data better, please let us know the type of computer you are using currently.

- ☐ This is a private computer. Example: Personal computer at your home.
- ☐ This is a public computer. Example(s): MDHHS Kiosks, Public library computer, Community center computer, Office computer.

Next →

## PLEASE READ CAREFULLY

We have identified that you are accessing this website from a public computer. To secure your data we require you to choose a temporary four digit pin number. You should remember your pin number until you logout or close the browser window. For your own security, do not write down this pin number. Each time you log in to this website from a public computer, you will be required to choose a pin number.

You will be required to enter the pin number on certain pages of the website that contain your personal information. You will also be required to enter this pin number after a certain period of inactivity. You will have three attempts to enter your correct pin number. After three unsuccessful attempts, you will be logged out of your account and could lose unsaved information. If this happens, you can log back into your account and choose a new pin number to continue using this website.

Your browser is currently set to block pop-up windows. To continue using this website, please change your browser settings to allow pop-ups from this website.

\* Please choose a pin number that you would like to use for this session:



# Fraud Affidavit

## Fraud Penalty Affidavit

Before you will be able to complete the MI Bridges assistance application you must read the following Penalty Affidavit and provide certification of your understanding and acceptance.

I understand that I will be prosecuted for perjury if I intentionally give false or misleading information, misrepresent, hide or withhold facts that may cause me to receive assistance I should not receive or more assistance than I should receive.

I also understand that I may be prosecuted for fraud, be required to repay the amount wrongfully received and/or disqualified from program participation if I intentionally give false or misleading information, misrepresent, hide or withhold facts. I understand I may be asked to show proof of any information I have given.

[Click here to report fraud:](#)



← Back

Next →



# MBA Number

**Using MI Bridges**

Before you get started, we would like to know more about how you are using MI Bridges. If you are using MI Bridges on your own, you can skip these questions and click the Next button to start your application.

**Community Agencies**

Some agencies (such as health clinics or community centers) are set up to help people use MI Bridges. If you are using MI Bridges at an agency that has signed up as a Community Partner, the agency number is displayed here. If a number is not displayed, please ask the agency for the agency number.

2836

**Health Care Coverage Authorized Representative**

By authorized representative, we mean someone who can talk about this application, see your information, and act for you on matters related to this application, including getting information about your application and signing your application on your behalf.

☐ I want someone to be my Health Care Coverage authorized representative

# Applying on Your Behalf

**Applying on Your Behalf**

If someone is using MI Bridges to apply on your behalf, please click the button to tell us who is applying.

- ☐ A friend or family member
- ☒ A staff person or volunteer at an agency that helps people use MI Bridges
- ☐ Someone I have asked to be my filing representative. (By filing representative, we mean someone who can apply on behalf of another person.)
- ☐ My legal guardian
- ☐ Someone who has power of attorney for me
- ☐ None of the above

[< Back](#) [Save And Exit](#) [Next >](#)



# Application Selection

## Which Benefits Would You Like to Apply For? (All Programs)

- ☒ **Health Care Coverage:** Michigan has many health programs available to children, family and adults who meet eligibility requirements. The goal of these health care programs is to ensure that essential health care coverage is made available to those who otherwise would not have had the financial resources to purchase them.
- ☒ **Food Assistance Program (FAP):** This is Michigan's version of the federal Supplemental Nutrition Assistance Program. Food Assistance Program benefits come on a plastic card, called the Bridge Card, which you can use to buy food at most food stores.
- ☐ **Cash Assistance Program:** This program provides temporary cash assistance for low-income pregnant women, families with minor children, for persons recently admitted into the U.S. as refugees, and for persons with a disability, a person caring for someone with a disability, or persons with a special living arrangement.
- ☐ **Child Development and Care Program (CDC):** Assists qualifying families in paying for child care services when the parent/substitute parent is unavailable to provide the child care because of employment, education, participation in an approved activity, and/or because of a health/social condition for which treatment is being received.

- ☐ **State Emergency Relief (SER) - Burial Services:** This program is designed to assist with burial when the descendant's estate, mandatory copayments, etc. are not sufficient to pay for burial, cremation, or costs associated with donation of a body to a medical school.
- ☒ **State Emergency Relief (SER):** This program is primarily designed to assist low-income households who are normally able to meet their needs but may need help with their heat, electric, furnace, relocation assistance and homeownership services.

Your energy provider may be able to give your account information to MDHHS for the purpose of this application using a web-based service. This means that after you enter your account number, we will send an immediate request to your energy provider for account information. There will be a short delay while we wait for their response. The account information they provide will include the name on the account, the service address, the shutoff amount and the payment history. We will use the information returned from them to answer some of the SER-Energy questions in this application.

You will not be able to change the information given to us by your energy provider. But if you disagree with the information they have provided, you may contact them directly.

If you do not want to have your energy provider release your account information to MDHHS through this web-based service, or if your provider is not currently participating in this option, you will have to complete all the application questions and provide us with your energy bill.

- ☒ I authorize MDHHS to contact my energy provider using web-based services to release my account information for the purpose of this application for SER Energy services.
- ☐ No, I do not want MDHHS to contact my energy provider by using web-based services. I will enter all the information myself.



# Basic Information

### Getting Started

Let's get started on the application! First, please give us some basic information about you.

#### Information About You

\* First Name :

Middle Initial :

\* Last Name :

Suffix :

Gender:  
☐ Male ☐ Female

Date of Birth:  
 /  /

Please Confirm Date of Birth :  
 /  /

After you apply for benefits, you will get letters from your worker. Please click the button to let us know whether we should write your letters in English or Spanish.  
☐ English ☐ Spanish

\* What county do you live in?

#### Language Preferred for Health Care Coverage

What is your preferred spoken language?

What is your preferred written language?

### Where You Live

Please tell us where you live. If you are homeless right now, please check the "I am homeless" box. If you are homeless but you have a mailing address, please check the box and type your address in the Mailing Address section.

\* Street Address:

\* City:

\* State:

\* Zip Code:

☐ I am homeless right now.

☐ I live in a shared house/shared apartment/shared mobile home.

Is your mailing address the same as your home address?  
☐ Yes ☐ No



### Contact Information

Please tell us how we can get in touch with you. For the phone numbers, please be sure to include area codes. If you do not have one of the items we ask for, just leave it blank.

Home Phone:

Work Phone:

Extension:

Cell Phone:

Email Address:

What is the best way to get in touch with you during the weekday?

click here to choose



If you are deaf or hard of hearing and you have asked us to get in touch by phone, what method do you use?

click here to choose



What is the best time to call you during the weekday?

click here to choose



### FAP Program Benefits

Do you have a Bridge Card?

☐ Yes

☐ No



### People Listed On Your Application

You have already told us about the following person:



Lyndsy

Please give us more information about Lyndsy

### Personal Information

#### \* All Programs

[For help with adding another person with the same first name, click here.](#)

\* First Name :  Middle Initial :  \* Last Name :  Suffix :

\* Gender : ☐ Male ☒ Female

\* Date of Birth :  /  /

\* Please Confirm Date of Birth :  /  /

\* What is this person's marital status?

#### FAP/SER Program

What language does this person prefer to use?

### Full-Time Student Information for Health Care Coverage

Is this person a Full-Time student? ☐ Yes ☒ No

### Program Selection (All Programs)

Please check the box for the program this person is applying for. If you do not check a box, this person will not be applying for that program.

- ☒ Health Care Coverage  
☒ Food Assistance Program

### Unpaid Medical Expenses Information

Does this person have unpaid medical expenses within the last 3 months? ☐ Yes ☐ No

If this person has medical expenses in any of the months below, this person may be able to get coverage for those months. Keep in mind, requesting backdated coverage does not guarantee that this person will be enrolled for the months requested.

☐ September

☐ October

☐ November



# Program Selection

Full-Time Student Information for Health Care Coverage	
Is this person a Full-Time student?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Program Selection (All Programs)	
Please check the box for the program this person is applying for. If you do not check a box, this person will not be applying for that program.	
<input checked="" type="checkbox"/>	Health Care Coverage
<input checked="" type="checkbox"/>	Food Assistance Program

Unpaid Medical Expenses Information		
Does this person have unpaid medical expenses within the last 3 months?	<input type="radio"/> Yes <input type="radio"/> No	
If this person has medical expenses in any of the months below, this person may be able to get coverage for those months. Keep in mind, requesting backdated coverage does not guarantee that this person will be enrolled for the months requested.		
<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November

Social Security Information			
All Programs			
Social Security Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>		
Please Confirm Social Security Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>		
Enter the name as shown on this person's Social Security card (if not same as above):			
First Name:	Middle Name:	Last Name:	Suffix :
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="click here to choose"/>

FAP/SER Program	
If this person does not have a Social Security Number (SSN), but has applied for one, when did he or she apply?	<input type="text" value="MM/DD/YYYY"/>






# Household Composition

### How You Are Related

Please tell us how the people in your home are related to each other.


#### Lyndsy's Relationship to Andrew

  
Lyndsy

\*

is the Sister of

▼

  
Andrew

#### Health Care Coverage

Will Lyndsy claim Andrew as a dependent on his/her Federal Income Tax return?  
(For this application Andrew can only be claimed as a dependent by one tax filer)

☐ Yes ☒ No

#### \* FAP Program

\* Does Lyndsy usually buy and fix food with Andrew? ☒ Yes ☐ No

Is Lyndsy physically able to buy and fix food separately? ☒ Yes ☐ No





# Information Summary

**Review Your Answers: Basic Information Summary**

Who	Mailing Address	Residence County	Language	Contact Method	Section Complete?	Change / Renew
 Lyndsy	3815 W St Joseph Ste C200 Lansing, MI 48917	Ingham	English	Work Phone 517-853-2379	✓	<a href="#">Change</a>

**Review Your Answers: People In Your Home**

Who	Gender	Date of Birth	Where You Live	Section Complete?	Change / Renew
 Lyndsy	Female	XX/XX/XXXX			<a href="#">Change</a>
 Andrew	Male	XX/XX/XXXX	In this Home		<a href="#">Change</a> or <a href="#">Erase</a>

**Add More People**

To add another person to your household, click the Add button.

Add



# Refusal to Work

## \* Refusal to Work

Please check the box for anyone who has refused a job in the last 30 days.

☒ No one

☐

Lyndsy

☐

Andrew



# Income

## Money From Other Sources

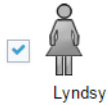
Next, please tell us about the money that the people in your home get or are expected to get from sources other than a job or self-employment. This includes money given to you by a friend or relative. If you are not sure about a source of income, click on Help to read more about what we are looking for.

## All Programs

### \* Retirement Survivor's Disability Insurance (RSDI)

Please check the box for anyone who will get Retirement Survivor's Disability Insurance (RSDI) benefits this month. RSDI is not the same thing as Supplemental Security Income (SSI).

☐ No one



### \* Other Income

Please check the box for anyone who will get any type of income or payments from a source other than a job, SSI or RSDI. For example, money given to you by family and/or friends.

☒ No one

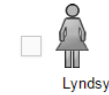


## FAP/SER Program Benefits

### \* Supplemental Security Income (SSI)

Please check the box for anyone who will get Supplemental Security Income (SSI) this month. Keep in mind that SSI is a monthly payment for people who are 65 and older or blind or disabled.

☐ No one



### \* Room and Meals

Please check the box for anyone who makes money by providing a room and/or meals to someone who is living in your home.

☐ No one



### More About Lyndsy's Social Security Benefits (RSDI)

You have told us that Lyndsy gets money from Social Security Benefits (RSDI). Please answer the questions below to tell us more about this payment. If you get this type of payment only a few times a year, please choose monthly and estimate how much this payment would be each month.

#### All Programs

How much is each payment for Social Security Benefits (RSDI)?

\$

How often does Lyndsy get payments from Social Security Benefits (RSDI)?

click here to choose ▼

#### FAP/SER Program Benefits

When did Lyndsy start getting payments from Social Security Benefits (RSDI)?

MM/DD/YYYY

Is Lyndsy's payment from Social Security Benefits (RSDI) expected to continue for the next 30 days?

☐ Yes

☐ No

Does Lyndsy have any other Social Security Benefits (RSDI)?

☐ Yes

☒ No

← Back

Save And Exit

Next →





# State Emergency Relief

State Emergency Relief (SER)-Services

Please select the services you need and the heating source.


SER-Non Energy Services


  
Lyndsy

  
Andrew

☐ I need assistance with Home Repairs.  
☐ I need assistance with my Relocation (rent to prevent eviction, rent to relocate, security deposit, moving expenses)  
☐ I need assistance with Home Ownership services (mortgage/land contract, property taxes, home owners insurance, mobile home lot rent)  
☐ I need assistance for my Utility Services (cooking gas, water or sewage)

SER Services

  
Lyndsy

  
Andrew

☒ I need assistance for my Heat.  
☐ I need assistance for a Heat Deposit, Reconnect Fee, Pressure Check or Leak Test.  
☐ I need assistance with my Electric Bill.  
☐ I need assistance for an Electric Deposit or Reconnect Fee.  
☐ I need assistance to repair/replace my furnace.

\* Heating Source

Please let us know how you heat your home :

Natural Gas

If you have selected Other, please let us know what type of fuel you use to heat your home



## SER - Payment History

Please enter the number of members who lived in your household, your total household income and the amount you have paid for heat and electric bills for each of the past six months.

**Number in household** - By this we mean all the people who lived with you during the month. Be sure to include yourself.

**Household Income** - By this we mean all the money that everyone in the household received during that month. Add all the money that everyone in the household received during that month and enter it in the box below. If you did not receive any money, enter zero for that month. [To view examples of money to be included, click here.](#)

**Amount paid for Heat** - By this we mean the actual payment amount you paid for the heat. This includes payment to the heat company, payment for wood, payment for deliverable fuel etc. This also includes payment of a Home Heating Credit that you provided to your energy company. If you did not pay anything or were not responsible for paying a heat bill, then enter zero for that month.

**Amount paid for Electric** - By this we mean the amount of money you paid to your electric company. If you did not pay anything or you were not responsible for paying an electric bill, then enter zero for that month.

**Amount paid for Shelter** - By this we mean the amount of money you paid to your landlord or mortgage lender. If you did not pay anything or you were not responsible for paying a shelter bill, then enter zero for that month.

**Amount paid for Utility Services** - By this we mean the amount of money you paid to your utility service provider. If you did not pay anything or you were not responsible for paying a utility service bill, then enter zero for that month.

Month	* Number in household	* Household Income	* Amount paid for Heat	* Amount paid for Electric
June 2016	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
July 2016	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
August 2016	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
September 2016	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
October 2016	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
November 2016	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>





# Assets

\* Cash on Hand

Please check the box for anyone who has cash.

☒ No one


☐  
Lyndsy

☐  
Andrew

\* Savings Account

Please check the box for anyone who has a savings account or closed or removed/added a name to a savings account within the last 60 months (within the last 3 months for FAP).

☒ No one


☐  
Lyndsy


☐  
Andrew

\* Checking Account

Please check the box for anyone who has a checking account or closed or removed/added a name to a checking account within the last 60 months (within the last 3 months for FAP).

☐ No one

☒  
Lyndsy

☐  
Andrew



### More About Lyndsy's Checking Account

Please tell us a little bit more about Lyndsy's checking account.

What is the balance of Lyndsy's checking account?

\$ 274

☐ I Do Not Know

### Bank or Credit Union

Please tell us about the bank or credit union where Lyndsy has a checking account.

Name of bank or credit union:

Address

City

State

Michigan ▼

Zip Code

If Lyndsy has an account number for the checking account, what is it?

### Other Owners

Please check the boxes for anyone who owns the checking account with Lyndsy. [If the joint owner of the asset\(s\) lives in your home but is not listed below, click here.](#)



Andrew

☐ Someone outside of the home

### Other Owners

Please check the boxes for anyone who owns the checking account with Lyndsy. [If the joint owner of the asset\(s\) lives in your home but is not listed below, click here.](#)



Andrew

☐ Someone outside of the home

### More About Checking Account

Has the account been closed or has a name been added or removed within the last 60 months (within the last 3 months for FAP)?

☐ Yes

☒ No

Change :

☐ Closed

☐ Added a name

☐ Removed a name

Person

click here to choose ▼

Date

MM/DD/YYYY

Does Lyndsy have another checking account?

☐ Yes

☒ No



### Other Assets

Next, please tell us about the people in your home who have other kinds of assets.

If someone owns an asset with another person, please check the box for just one owner. Later, we will ask about who else owns the asset.

### \* Vehicles

Please check the box for anyone who owns a vehicle. By vehicles, we mean things like cars, trucks, motorcycles, campers, boats, farm equipment, etc.

☐ No one



Lyndsy



Andrew

### Vehicles

Next, please check the boxes to tell us which types of vehicles each person owns. Keep in mind that if a vehicle has more than one owner, you only need to tell us about it once.

### \* Lyndsy's Vehicles



Lyndsy

- ☒ Car
- ☐ Truck
- ☐ Boat
- ☐ Camper / Trailer
- ☐ Motorcycle
- ☐ Recreational Vehicle
- ☐ Other Vehicles

### More About Lyndsy's Car

Please tell us a little bit more about Lyndsy's car.

Year :  Make :  Model :  License Plate Number :

Is this car registered? ☒ Yes ☐ No

Where is the car registered?

What is the fair market value of Lyndsy's car?  ☒ I Do Not Know

How much does Lyndsy owe on this car?   ☐ I Do Not Know

### Other Owners

Please check the boxes for anyone who owns the car with Lyndsy. [If the joint owner of the vehicle lives in your home but is not listed below, click here.](#)



Andrew

☐ Someone outside of the home

Does Lyndsy own another car? ☐ Yes ☒ No



### \* Burial Assets

Please check the box for anyone who owns assets that will cover the cost of a burial or funeral. By burial assets we mean things like burial plots, caskets, burial trusts, funeral contracts, etc.

☐ No one



Lyndsy



Andrew

### More About Lyndsy's Burial Spaces

Please tell us a little bit more about Lyndsy's burial spaces.

Who is this burial spaces for?



Lyndsy



Andrew

☐ Other

How Many?

1

How much is this burial spaces worth?

\$

☒ I Do Not Know

### Burial Assets

Next, please check the boxes to tell us the types of burial assets that each person owns. Keep in mind that if an asset has more than one owner, you only need to tell us about that asset once.



Lyndsy

- ☒ Burial Spaces
- ☐ Other Burial Funds / Contracts
- ☐ Pre Need / Pre Paid Burial Fund / Contracts
- ☐ Other Burial Asset

Does Lyndsy own any other burial spaces?

☐ Yes

☒ No



## \* Life Insurance

Please check the box for anyone who owns a life insurance policy.

☐

No one

☒

Lyndsy

☐

Andrew

## Lyndsy's Whole Life Non-Participating Life Insurance

You have told us that Lyndsy has life insurance. Please tell us more about Lyndsy's Whole Life Non-Participating policy.

What is the face value of this Whole Life Non-Participating policy? By face value, we mean the minimum benefit that will be paid out upon Lyndsy's death. In most cases, this is the amount written on the policy.

\$ 10000.00

☐ I Do Not Know

What is the cash surrender value of this policy? By cash surrender value, we mean the amount Whole Life Non-Participating will get if Lyndsy cancelled the policy.

\$ 350.00

☐ I Do Not Know

What is the policy number?

55555555

## Life Insurance Company

Please tell us more about Lyndsy's Life Insurance company.

Insurance Company Name :

Met Life

Address :

5 Metlife way

City :

Chicago

State :

Illinois

Zip Code :

55555

## Life Insurance

Please check the box to tell us what kind of life insurance each person has. If you are not sure, please click the Help button to read more about each type of life insurance. Keep in mind that if an asset has more than one owner, you only need to tell us about that asset once.

## \* Lyndsy's Life Insurance



Lyndsy

☐

Annuity

☒

Whole Life Non-Participating

☐

Term

☐

Whole Life Participating



# Home Heating Credit

## Home Heating Credit/SER/MEAP Payment

Has anyone in your household who is applying for FAP received the Home Heating Credit (HHC) in an amount greater than \$20 for this month or within the past 12 months?

☐ Yes

☐ No

Has anyone in your household who is applying for FAP received an energy related State Emergency Relief (SER) payment or Michigan Energy Assistance Program (MEAP) payment in an amount greater than \$20 for this month or within the past 12 months?

☐ Yes

☐ No





# Medical Expenses

**\* Medical Bills**

Please check the box for anyone who has recently received unpaid medical bills from prior months or ongoing medical bills.


☐ No one

☒  Lyndsy

☐  Andrew

**Medical Bills**

Please check the box for all of the medical bills that each person is responsible for paying

  
Lyndsy

☐ Outpatient treatment  
☐ Medical, dental and vision services  
☐ Medical equipment/supplies  
☐ Prescription drugs and over-the-counter medication  
☐ Postage for mail-ordered prescriptions  
☐ Health/hospitalization insurance premiums

☐ Attendant, housekeeper or service animal  
☐ Child care provider  
☐ Personal care services provided in home  
☐ Diabetes patient education program  
☐ Inpatient hospitalization/nursing care



### \* Medical Bills

Please check the box for anyone who has recently received unpaid medical bills from prior months or ongoing medical bills.

☐ No one



### Medical Bills

Please check the box for all of the medical bills that each person is responsible for paying

#### Lyndsy's Medical Bills



- |   |   |
|---|---|
| <input type="checkbox"/> Outpatient treatment                               | <input type="checkbox"/> Attendant, housekeeper or service animal |
| <input type="checkbox"/> Medical, dental and vision services                | <input type="checkbox"/> Child care provider                      |
| <input type="checkbox"/> Medical equipment/supplies                         | <input type="checkbox"/> Personal care services provided in home  |
| <input type="checkbox"/> Prescription drugs and over-the-counter medication | <input type="checkbox"/> Diabetes patient education program       |
| <input type="checkbox"/> Postage for mail-ordered prescriptions             | <input type="checkbox"/> Inpatient hospitalization/nursing care   |
| <input type="checkbox"/> Health/hospitalization insurance premiums          |   |

#### Lyndsy's Medical, dental and vision services Payment

You have told us that Lyndsy makes Medical, dental and vision services payments. Please answer the questions below to tell us more about this payment.

How much is Lyndsy supposed to pay for Medical, dental and vision services each month?

\$

How often is Lyndsy supposed to make Medical, dental and vision services payments?

Other ▼

Is Lyndsy responsible for any other Medical, dental and vision services payments?

☐ Yes

☒ No





# Medicare Part A&B

\* Medicare Part A or Part B

Please check the box for anyone who is getting Medicare Part A or Part B, or who is entitled to Part A or B or Railroad Retirements Benefits or who are entitled to Part A or Part B or Railroad Retirements Benefits. By entitled, we mean you are able to get the benefits, even if you are not actually getting.

☐ No one

☒  
Lyndsy

☐  
Andrew

More About Medicare

Next, please tell us a little bit more about Lyndsy's Medicare. If you only get one type of Medicare, leave the other questions blank. If you are entitled to Medicare but are not actually getting it, please type 0 for your premium amount.

Lyndsy's Medicare Part A

Is Lyndsy entitled to or receiving Medicare Part A?

☒ Yes ☐ No

When did Lyndsy's Medicare Part A begin?

10/01/2003

How much is Lyndsy's Medicare Part A premium?

\$ 0

Who pays Lyndsy's Medicare Part A premium?

Him or herself

Lyndsy's Medicare Part B

Is Lyndsy entitled to or receiving Medicare Part B?

☒ Yes ☐ No

When did Lyndsy's Medicare Part B begin?

10/01/2003

How much is Lyndsy's Medicare Part B premium?

\$ 104.90

Who pays Lyndsy's Medicare Part B premium?

Him or herself

Lyndsy's Medicare Claim Number

What is Lyndsy's Medicare Claim Number? You can find this number on the front of your Medicare card.

15555555

Railroad Retirement Claim Number

What is the Lyndsy's Railroad Retirement Claim number?





## Veteran Information

Next, please tell us about the people in your home who have served in the military or the armed services.

Please check the box for anyone who is a veteran.

☐ No one



Lyndsy



Andrew

Please check the box for anyone who is on active duty.

☐ No one



Lyndsy



Andrew

Please check the box for anyone in the household who is on active duty National Guard or Reserve.

☐ No one



Lyndsy



Andrew

Please check the box for anyone who is a spouse of a deceased veteran.

☐ No one



Lyndsy



Andrew



# Notes for Caseworker

## Additional Information

In the box below, you can provide us with any additional information that may help us with your application. Space is limited, so please be brief.

A large, empty rectangular box with a thin blue border, intended for the user to provide additional information. It occupies most of the lower half of the form area.

# Expedited Application

Getting Faster Service for Food Assistance Program	
Some people may be able to get Food Assistance benefits about a week after they apply. The questions on this page will help us see if you can get this faster service. If you are unsure of the exact amount for any of these questions, please just provide your best estimate.	
Food Assistance Program	
Have you received Food Assistance benefits this month?	<input type="radio"/> Yes <input type="radio"/> No
If yes, are you living in a shelter for battered women?	<input type="radio"/> Yes <input type="radio"/> No
Income	
What is the total amount of money the people in your home will get this month? We need to know the total gross monthly income, which is the amount before taxes or anything else is taken out of your household's paychecks or benefit checks.	\$ <input type="text"/>
Please be sure to count all income from jobs and sources other than jobs, such as Social Security, unemployment, child support or money given to you by family and/or friends. Be sure to count all income that comes in during this calendar month, even if the source of the income (like a job or benefit payment) has stopped, and/or your family or friend is no longer giving you money.	
Assets	
What is the total value of any cash assets that belong to your household? By assets, we mean things like cash you are saving at home, checking and saving accounts.	\$ <input type="text"/>
Expenses	
How much will the people in your home pay for housing this month?	\$ <input type="text"/>
Which of the following utilities do the people in your home pay for?	<input type="checkbox"/> Heat/Cooling <input type="checkbox"/> Non-Heat Electric <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Telephone <input type="checkbox"/> Cooking Fuel <input type="checkbox"/> Garbage Removal



# Application Review

## Before You Submit the Application

We have found some unanswered questions (or missing information) in the sections listed below. Although you do not have to answer **all** of the questions **before** you submit your application, you may be required to provide the information in order to receive benefits. You can go back to review those sections by clicking on the links below **OR** click **Next** to submit your application **now**.

Section	Review
Start	<a href="#">Click here</a>
People	<a href="#">Click here</a>
Liquid Assets	<a href="#">Click here</a>
Job Income	<a href="#">Click here</a>
Housing Bills	<a href="#">Click here</a>



# Electronic Signature



## Electronic Signature

If you have a legal guardian, he or she should sign below. If you have a power of attorney or an authorized representative, either you or that person may sign this application. If anyone else is helping you fill out the application, you should sign the application yourself.

I have agreed to submit this application by electronic means. By signing this application electronically, I certify under penalties of perjury, I swear that my answers are correct and complete to the best of my knowledge, including information provided about the citizenship or alien status for each household member applying for benefits. I also certify that:

- I understand the questions and statements on this application.
- I have read and understand my Rights & Responsibilities in the box above.
- I understand the penalties for giving false information or breaking the rules.
- I understand that the agency may contact other persons or organizations to obtain needed proof of my eligibility and level of benefits.
- I understand that I am not required to report a reduction or loss of income, but that I may be able to get a higher Food Assistance Program benefit if I do. I understand that as long as I do not report this reduction or loss in income, my Food Assistance Program benefit will not increase.
- I understand that failure to report or verify any listed expenses will be seen as a statement by me that I do not want to receive a deduction for the unreported or unverified expenses. Verifications must be received within 10 days. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

☒ \* By checking this box and typing my name below, I am electronically signing my application.

\* First Name :

Jane

Middle Initial :

M

\* Last Name :

Doe

← Back


Submit



# Verification Document Uploading

### Submit Your Documents

Your worker may ask for proof of some of the things you told us in your application. We have created a list of the types of proof that you may need to provide. If you have already submitted any documents, you may not need to submit them again. Check the boxes for the types of proof that you wish to upload now. Keep in mind that your worker may ask for additional proofs.

Who	Proof That May Be Needed	Examples of Documents That May Serve as Proof
	<input checked="" type="checkbox"/> Proof of Identity	Valid driver's license; Federal, State, or Local Government-issued ID; School photo ID; US military ID card or draft record; Benefit award letter; U.S. passport; Naturalization papers N-550 or N-570; Certificate of US citizenship N-560 or n-561; Certificate of tribal affiliation.
	<input type="checkbox"/> Proof of Immigration	Permanent Resident Alien Declaration; Immigration Document(Government Issued).
	<input type="checkbox"/> Proof of Job Income	Check stubs or earning statements; Employer statement; Verification of Employment; Agricultural income Verification.
	<input checked="" type="checkbox"/> Proof of Other Income	Intent to Contribute Income; Benefit award letter; Other income Verification.
	<input type="checkbox"/> Proof of Dependent Care Costs	Dependent Care Expense Verification
	<input checked="" type="checkbox"/> Proof of Health Insurance	Employer statement; Health insurance premium notice; Medical bill or receipt
	<input type="checkbox"/> Proof of Required Payments	Landlord statement; Mortgage company or Lender statement; Rent receipt.
	<input checked="" type="checkbox"/> Proof of Housing/Utility Costs	Rent receipt; Landlord statement; Lease; Shelter Verification Form.
	<input checked="" type="checkbox"/> Proof of Medical Costs	Medical bill or receipt; Health insurance premium notice; Employer statement; Detectable Report
	<input type="checkbox"/> Proof of Education	School documents; Verification of student information.
<input type="checkbox"/> Proof of Support Expenses	Check stubs or earning statements; Code documents.	
<input checked="" type="checkbox"/> Proof of Liquid Assets	Bank statement; Other acceptable verification.	
<input checked="" type="checkbox"/> Proof of Other Assets	Vehicle documents; Life insurance verification; Mortgage company or Lender statement; Irrevocable Funeral Contract Certification; other Asset verification	
<input type="checkbox"/> Proof of Disability	Medical Needs; Eye Examination Report; Medical Documents; Psychiatric/Psychological Examination Report.	



# Consent Form

Make sure to upload the signed MiCAFE Consent form in this section.

## Michigan's Coordinated Access to Food for the Elderly (MiCAFE)

A program of Elder Law of Michigan, Inc.  
3815 W. St. Joseph St., Suite C200, Lansing, MI 48917  
Voice 866-400-9164 Fax 517.372.0792  
www.elderlawofmi.org

### Authorization and Consent To Release Information

By participating in the MiCAFE program and signing this document, I authorize the MiCAFE program to access, release, and use my personal information as directed below:

#### A. Use of the information

The information is to be used for the following purposes only:

1. To help me obtain benefits using the MiCAFE program.
2. To advocate on my behalf.

#### B. Information Included

I authorize the following information about me to be accessed and used:

1. Personal identifying information. This includes my name, social security number, address, and date of birth.
2. Information about my monthly income, shelter costs, medical expenses, and assets.
3. Information regarding public benefits that I am currently receiving, or have received in the past. This includes my case number, the amount and type of benefits I receive, and time frame that I am eligible to

## MiCAFE/DHHS Consent Form

The screenshot shows a web portal for the State of Michigan's MiCAFE program. The header includes the Michigan state logo, the 'MI BRIDGES' logo, and the text 'State of Michigan'. Navigation links include 'Home', 'Apply For Health Care Coverage Only', 'Apply For Other Benefits', 'View My Case', 'About DHS Assistance Program', and 'Logout'. A user named 'Cheri' is logged in. The main section is titled 'Cherie's Proof of Identity' and instructs the user to upload documents. A dropdown menu shows 'Driver's License' as the selected document type. Below this is a 'Choose a File from Your Computer' section with a 'Browse...' button and the text 'No file selected.' A link for 'What file types are supported?' is also present. At the bottom, there is a question 'Would you like to upload another document to serve as Cherie's Proof of Identity?' with 'Yes' and 'No' radio buttons, where 'No' is selected. Buttons for 'Skip This Document' and 'Next' are at the bottom right.



# Post-Submission

You will receive a tracking number, typically starting with a “T”.

**Keep Track of Your Application**

Your tracking number for this application is **T19812670**.

Be sure to write this number down or print this page for your records.

By law, you will get an answer about your Food Assistance Program (FAP) application within 30 days. Keep in mind that it may take close to 30 days before you hear from your DHS office by phone or mail.


If you have a question about the status of your application, check online using Check My Benefits or contact the DHS office listed above. If you have your tracking number, it can help you get an answer more quickly. If you have not heard back about an application you have submitted, please be sure to check online using Check My Benefits or contact the DHS office before submitting another online application.

**Print Your Application**

If you would like to print or save a copy of your application for your files, please click the Print My Application button. If you decide to print or save, please keep in mind that your application has your private, personal information in it.


[Print My Application](#)

Keep in mind that you will need to have a program called Adobe Acrobat Reader to see and print this information. If you do not have this program on your computer, you may install it for free by clicking:



**Your Next Steps**

Based on the application you submitted, here are some steps that you may take to help us process your application. Click Next to continue.

**View and Submit Types of Proof**

View and Submit documents to confirm the information you provided in you request.

[Return to MI Bridges Home](#)[Next](#)





# Application Status

**When are my upcoming appointments?**  
As of today, we do not have any appointments scheduled for you in the next forty-five (45) days.

**What does my worker need from me?**  
As of today, the worker is not waiting for any information from you.

**What is the status of my Change Reports?**  
As of today, you do not have any changes to view.

**What is the status of my Redetermination application status?**  
As of today, you do not have any Redetermination applications to view.

**What is the status of my Applications?**  
Here is a summary of the applications you have worked on. You can click on the respective links to view more details about the application.

Application Number	Date	Status	Details	Health Coverage Eligibility Results
	October 27, 2014	Pending	<a href="#">Continue</a>	



# Redetermination

WAYNE CO DHS HAMTRAMCK WOODY PLAZA 12140 JOSEPH CAMPAU ST HAMTRAMCK MI 48212	Case Name: Case Number: Date: MDHHS Office: <b>WAYNE CO DHS HAMTRAMCK WOODY PLAZA</b>		
Page 1 of 1	Specialist: <b>D. Modlinski</b> Phone: <b>(313) 892-0168</b> Fax: <b>(517) 346-9888</b> Specialist ID: <b>modlinskid</b>		
	<p><b>STATE OF MICHIGAN</b> <b>Department of Health and Human Services</b></p> <p>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.</p>		
	DETROIT MI 48201		
	WAYNE CO DHS HAMTRAMCK WOODY PLAZA PO BOX 8123 ROYAL OAK MI 48068-9985 		
<p><b>REDETERMINATION TELEPHONE INTERVIEW</b></p> <p>You are scheduled for a telephone interview. Your specialist will call you on the interview date and within 15 minutes of the interview time listed below.</p>			
<b>Interview Date</b> 09/01/2016	<b>Interview Time</b> 2:45 PM	<b>Interview Type</b> Telephone	<b>Due Date</b> 09/01/2016



# Confidentiality Agreement

- Access to very sensitive information;
- Not to be shared or misused;
- Will only be used for application assistance (MiCAFE) duties;
- Will not use to solicit clients for your agency or services.



# Reminders

- MiCAFE Consent Form;
- Remind Client: Keep important papers in Client Folder;
- Will receive call from DHHS caseworker;
- Verify that client knows how to use debit card and that they will need to activate the Bridge card before using it;
- Remind them to watch their mail for follow up letters from DHHS.



# Thank you!

- We reimburse \$15 per SNAP application or redetermination completed.
- In order to receive this reimbursement, applications must be completed using the Mi-SOAP portal.
- Letters of Agreement for FY2017 detail the reimbursement agreement with each of our MiCAFE Network Partners.





# Questions?

**Lyndsy Gamet**

MiCAFE Network Specialist

[lgamet@elderlawofmi.org](mailto:lgamet@elderlawofmi.org)

517-853-2379 (Office)

517-507-1406 (Cell)

**Sara Jackson**

MiCAFE Network Specialist

[sjackson@elderlawofmi.org](mailto:sjackson@elderlawofmi.org)

517-853-2372 (Office)

517-507-1378 (Cell)

**Nick Goodman**

MiCAFE Network Specialist

[ngoodman@elderlawofmi.org](mailto:ngoodman@elderlawofmi.org)

517-853-2382 (Office)

517-974-4892 (Cell)

