

Your County Office
Address
City, MI, Zip

Save time - go online!
Go to www.mibridges.michigan.gov/access/ to
renew your benefits and access your case.

Case Name:
Case Number:
Date:
DHS Office:
Specialist:
Phone:
Fax:
Specialist ID:

STATE OF MICHIGAN
Department of Human Services

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

Your Client's Name
Address
City, MI, Zip

Your County Office
Address
City, MI, Zip



REDETERMINATION

Why Are You Getting This Notice? It is time to review your eligibility for the following program(s):

Due Date	Appointment Date	Appointment Time	Interview Type	Appointment Location
Xx/xx/xxxx				

- Call your specialist **before** your appointment date and time **if** you cannot keep the appointment.
- You now have the option to renew your benefits and upload required proofs online at www.mibridges.michigan.gov/access. If you renew your benefits online, you **DO NOT** need to return this form. If you upload required proofs online, you do not need to send them in the mail.
- **What steps should you take?**
 - To renew online, you may create an account or log on to your existing MI Bridges account and select the Renew My Benefits option by the due date listed above. Once you have submitted your redetermination, you will be given the option to upload required proofs.
 - To renew by mail, you must complete **all pages**, sign, and date this form, and return it with copies of all proofs. Proofs can be taken to your local DHS office, returned by mail or uploaded online by the date listed above. Please make sure your name is on all proofs. Original documents received as proof may not be returned.
- **What happens if you do not keep your appointment, return the completed form/renew online and submit all required proofs by the due date?** Your benefits may be expired, be cancelled or reduced. If you do not understand this form and need help completing it, contact your specialist before the due date.
- Complete this form to verify the accuracy of our records and report changes for active programs. Cross out incorrect information and write the correct information in the space provided. **If you need additional space, use Client Comments Section on page 4.**
- To apply for additional programs, you must complete a new Assistance Application (DHS-1171) or apply online at www.mibridges.michigan.gov/access. Contact your specialist if you are interested in applying for other programs.
- Call if you have questions or problems getting the proofs. Your specialist may help you get the proofs if you ask for help. Healthy Kids Medicaid program DOES NOT require proofs.

Food Assistance Program Authorized Representative:

Address Where You Live:

Medicaid-only programs do not need to complete columns marked with an asterisk().
DHS-1010 (Rev. 3-12) Bridges

Case Name Paterson, Tiffany	Case Number 1-----0	Specialist Your Number
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MEMBERS OF HOUSEHOLD - Below are the names of people we show living in your household. Cross out incorrect information and write the correct information in the space provided. Add names and information about people living with you who do not appear on this form. Complete all columns. If more space is needed, report additional information in Client Comment Section on page 4.

Name	Date of Birth	Relationship to you	Social Security Number	Date Person Moved In or Out of Your Home	Average Number of Days per Month Child Sleeps in Home	Does This Person Claim Disability? Yes / No	*Buy Food, Fix, or Eat Meals Together? Yes / No
Tiffany Paterson	09/18/1979	SELF	xx-xx-xxxx		30	NO	NO

SCHOOL ATTENDANCE AND STUDENT STATUS – Complete the following section for anyone in your household who is attending school, college or trade school. DO NOT complete this section if you are reapplying for **only** child care (CDC) or Medicaid. Does anyone in your household attend school? Yes No

Name of Person	Age	School Name	Attending Full-Time? Yes/No	Highest Grade Completed	Receiving Work Study? Yes/No	Type of School (K-12, College, Trade School)

MEDICAL INSURANCE COVERAGE – Does anyone in your household have, or expect to have, medical insurance coverage including MiChild (other than Medicaid)?

- Yes, complete information below and provide a copy of the front and back of the insurance card.**
 No

Person(s) covered	Name and address of insurance company	Claim, contract/group and/or member ID numbers

INCOME SOURCE – Report all sources of earned and unearned income. **Provide proof of all** income your household received. Provide proof of the last 30 days for employment, unemployment, social security benefits, pension, etc. Provide proof of the last 90 days for child support and self-employment income/expenses records. Examples of proof include copies of check stubs, a statement from source of income. Be sure to report starting or stopped income and the date of the change. Healthy Kids Medicaid program DOES NOT require proofs.

Does anyone in your household have income? Yes No

Recipient's Name	Income Source	Gross Amount (Before deductions)	*Number of Expected Hours of Work Per Pay Period	Frequency (Weekly, Bi-weekly, Monthly)	Start/End/Change Date

Medicaid-only programs do not need to complete columns marked with an asterisk().
DHS-1010 (Rev. 3-12) Bridges

Tiffany Paterson	CHAMPS	\$375.00	42	Bi-weekly	Increase 4
					Months ago
Case Name Tiffany Paterson		Case Number XXXXXXXX		Specialist	

EXPENSES YOU ARE RESPONSIBLE TO PAY – Provide proof of all expenses with your name and address on the proof. If you are reapplying for Healthy Kids Medicaid program only, do not complete this section.

Does anyone in your household have expenses? Yes No

Type of expense to report	Name of Person	Type of Expense	Amount of Expense	Amount You are Responsible to Pay
<ul style="list-style-type: none"> • Medical for RSDI/SSI recipient, person over 60, disabled veteran or surviving spouse or child of veteran who is receiving VA disability benefits • Guardian • Conservator • Child Support - court-ordered • Care for Adult with Disabilities • Employment-related • Other 	Tiffany Paterson	Rent	\$350.00	\$350.00
	Tiffany Paterson	Heat		
	Tiffany Paterson	Electric		
	Tiffany Paterson	Phone		

ASSETS – Report all assets. This may include: bank accounts, land, cars, other vehicles, boats, life insurance, investments, lawsuit settlements, trusts, annuities or any other property (including in trust). Report if anyone bought, sold, transferred, gave away or received any asset. **Provide proof with your name on it.** DO NOT complete this section if you are reapplying for **only** child care (CDC) and/or Healthy Kids Medicaid.

Does anyone in your household have assets? Yes No

	Name of Owner	Financial Institution	Account Number	Balance	New/Change Date
Savings					
Checking	Tiffany Paterson	LAFCU	1478523	\$250	
Other	Tiffany Paterson	Same Vehicle			N/A
		Chevy Malibu 2007			

CHILD DEVELOPMENT AND CARE – Complete this section for any children who are currently receiving child care. For Food Assistance Program, provide proof of the amount you pay. (canceled check, provider statement)

Does anyone in your household receive child care? Yes No

Name of child in child care	Reason for care (work, school, etc.)	Provider Name	*Provider Number	*Days and Times Child Care is needed	Is Child Disabled? Yes/No	Monthly Amount You Pay

CHANGE IN ADDRESS AND HOUSING EXPENSES – Provide proof of the expense with your name and address on it. If you are reapplying for Healthy Kids Medicaid program only, do not complete this section.

Report changes in the following expenses if you have moved or your household expenses have changed.

- Address, House Payment, Rent
- Expect to receive/apply for a Home Heating Credit for the current year at your current address
- House insurance, property taxes, telephone (basic monthly fee)
- Utilities (heating/cooling, electricity, cooking gas, water/sewer, trash removal) **you** pay for.

What Changed? N/A	Amount of Expense	Provide the New Information

HOME HEATING CREDIT – Have you received, or do you expect to receive/apply for the Home Heating Credit for the current fiscal year at your current address? Yes No

Case Name Tiffany Paterson	Case Number 1-----0	Specialist Your Number
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INFORMATION DHS NEEDS TO KNOW – answer for everyone in your household*

1. Is anyone subject to an outstanding felony warrant? Yes No If yes, who?
2. Has anyone been convicted of a drug-related felony occurring after August 22, 1996? Yes No If yes, who?
Convicted more than once? Yes No
3. Is anyone currently in violation of probation or parole? Yes No If yes, who?
4. Has anyone ever received cash assistance in another state? Yes No
If yes, list who and what state. _____

PENALTY WARNING

“Under penalties of perjury, I swear or affirm that this application has been examined by or read to me, and, to the best of my knowledge, the facts are true and complete. If I am a third party applying on behalf of another person, I swear or affirm that this application has been examined by or read to the applicant, and, to the best of his/her knowledge, the facts are true and complete.”

I understand I can view the DHS Publication 1010, Important Things About Programs & Services, at http://www.michigan.gov/documents/dhs/DHS-PUB-1010_243538_7.pdf.

I certify, under penalty of perjury, that all the information I have written on this form or told to my DHS specialist or my representative is true. I understand I can be prosecuted for perjury if I have intentionally given false or misleading information, misrepresented, hidden or withheld facts which caused me to receive assistance I should not have received or more assistance than I should have received. I can be prosecuted for fraud and/or required to repay the amount wrongfully received. I understand I may be asked to show proof of any information I have given.

Signature of Client or Authorized Representative	Date	Telephone Number	Signature of Department Witness	Date
		()	<i>Tiffany Paterson</i>	

Telephone Interviews: Telephone number you will be at for your specialist to call you

(517)555-4444

State of Michigan Voter Registration Application
and Michigan Driver License/Personal Identification Card Address Change Form

If you are not registered to vote at your current address, would you like to register to vote?

- Yes
 No

NOTE: If you do not check either box, you will be considered to have decided not to register to vote at this time.

Applying or declining to register to vote will not affect the amount of help that you will be provided by this department. If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State, P.O. Box 20126, Lansing, MI 48901-0726.

CLIENT COMMENTS (may also report additional changes here)

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

“The USDA is an equal opportunity provider and employer.”