

DEPARTMENT OF HUMAN SERVICES

Department of Human Services (DHS)

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CASH ASSISTANCE PROGRAMS

Family Independence Program (FIP)

The main goal of FIP is to help families become self-supporting and independent.

FIP is temporary cash assistance for low-income families with minor children and pregnant women. FIP helps them pay for living expenses such as rent, heat, utilities, clothing, food and personal care items.

FIP applicants and recipients may be assigned to Jobs, Education and Training (JET) for assistance in finding a job or to develop needed job skills. Help with transportation, childcare and other needs related to employment and training may be provided.

FIP Eligibility Requirements

48-month lifetime limit:

You cannot receive FIP for more than 48 months in your lifetime unless you qualify for an extension or an exception. Months before October 2007 do not count. Months do not count if you are:

Deferred.*
Working and following your Family Self-Sufficiency Plan.*

Live in a county with a high unemployment rate.

* Follow Work Rules and Penalties.

Who is in the FIP group?

To qualify for FIP, children must be under the age of 18, or a high school student age 18-19. The child's parents, stepparents, and siblings who live together normally make up the FIP group. A relative acting as a parent or legal guardians may be included in the group if the parent is not in the home.

A person can sometimes be eligible for FIP when there is no child in the group - such as a pregnant woman; or parents whose child is in foster care but is expected to return home within one year.

FIP Residency Requirements

A person must be a Michigan resident and intend to remain in Michigan and not be receiving cash assistance from another state.

Citizenship Requirements

A person must be a U.S. citizen or have an acceptable alien status to qualify for FIP.

Asset Limits

Assets are cash or any other personal or real property you own. The asset limit for FIP is \$3,000. Only cash assets are counted, such as:

- Cash on hand
- Bank and credit union accounts
- Investments

- Retirement plans
- Trusts

Assets such as your home, vehicles and personal belongings are not counted.

Countable Income

Most types of earned and unearned income are counted. Countable income is considered when determining the amount of FIP your family is eligible to receive.

Some examples of countable income are:

- Wages
- Self-employment earnings
- Rental income
- Child support
- Social Security benefits
- Veterans benefits

Child Support from Absent Parents

If you are requesting FIP for a child under age 18 whose parent(s) is not in the home, you may be required to help the department establish paternity for that child and/or obtain child support from the absent parent. You will have the opportunity to show good cause for not cooperating (e.g., pursuing child support may endanger you or the child). If you do not have good cause, the DHS support specialist will work with you to establish a support order with the local Friend of the Court. Visit our Child Support Web pages for more information.

If child support payments are collected for children on the FIP grant, we may send you some of what is collected each month. We will keep the rest. If the child support collected is more than your FIP grant for at least two (2) months, we will close your FIP case so you can receive the child support payments directly.

There are other eligibility requirements a family must meet to receive FIP that are not outlined here.

A Family Independence Specialist or an Eligibility Specialist at DHS can accurately determine your family's eligibility for FIP. Ask for details when turning in a completed application at the DHS County Office in your area.

Refugee Assistance Program

Eligibility Requirements

The Refugee Assistance Program is a federal program which helps persons admitted into the U.S. as refugees to become self-sufficient after their arrival. Temporary RAP cash assistance and medical aid is available to refugees who are not eligible for FIP (TANF) or Medicaid for up to 8 months after their entry into the U.S. employment services, health screenings and foster care services for unaccompanied minors are other DHS services available to refugees.

The U.S. Citizenship and Immigration Services (USCIS) determine immigration status. Eligibility for RAP cash assistance and medical aid is available to persons with the following immigration statuses for up to 8 months after their entry into the U.S., if otherwise eligible:

- Refugee or Asylee.
- Cuban/Haitian entrant.
- Amerasian.
- Parolee.
- Victim of trafficking.

Refugee resettlement agencies administer the "refugee matching grant" program, which offers job training and assistance with food, housing, transportation, etc. Refugees who receive Matching Grant

benefits are not eligible for RAP cash assistance for the same period.

RAP Residency Requirements

A person must be a Michigan resident and intend to remain in Michigan and not be receiving cash assistance from another state.

Asset Limits

Assets are cash or any other personal or real property you own.

No assets are counted for RAP medical aid.

For RAP cash assistance, the asset limit is \$3,000. In general, only cash assets are counted, such as:

- Cash on hand.
- Bank and credit union accounts.
- Investments.
- Retirement plans.
- Trusts.

Assets such as your home, vehicles and personal belongings are not counted.

Countable Income

Most types of earned and unearned income are counted. Any income received from a refugee resettlement agency is not counted.

Countable income is considered when determining your eligibility for RAP medical aid and RAP cash assistance, and in determining the amount of cash you are eligible to receive. Some examples of countable income are:

- Wages.
- Self-employment earnings.
- Rental income.

- Child support.
- Social Security benefits.
- Veteran's benefits.

Only a specialist at DHS can accurately determine your family's eligibility for RAP. Ask for details when turning in a completed application at the DHS County Office in your area.

State Disability Assistance

The State Disability Assistance (SDA) program provides cash assistance to disabled adults to help them pay for living expenses such as rent, heat, utilities, clothing, food and personal care items.

A person is considered disabled for SDA purposes if he/she:

- Receives certain other disability-related benefits (such as Medicaid based on disability or blindness).
- Resides in a special facility (such as a licensed Adult Foster Care Home).
- Is certified by DHS medical consultants as unable to work due to a mental or physical disability for at least 90 days.

SDA may also be provided to the caretaker of a disabled person or to a person age 65 or older. An SDA group can be either a single person or spouses who live together.

Supplemental Security Income

Supplemental Security Income (SSI) is a cash benefit to needy persons who are aged (at least 65), blind or disabled. It is a federal program administered by the Social Security Administration (SSA). States are allowed the option to supplement the federal benefit with state funds. In Michigan, SSI benefits include a basic

federal benefit and an additional amount paid with State funds. The amount of the state benefit varies by living arrangement.

SSA issues the federal benefit to all SSI recipients. Initially, a lump sum check maybe issued for any retroactive benefits. Thereafter, SSA issues SSI benefits monthly, on the first of the month.

State Funded Benefits

SSA issues the state funded benefit for SSI recipients in the following living arrangements:

- Adult Foster Care (Domiciliary Care or Personal Care)
- Home for the Aged
- Institution (Long Term Care Facility)

DHS issues the State SSI Payment (SSP) to SSI recipients in the following living arrangements:

- Independent living
- Household of another (Living in the household of another person and receiving partial or total support and maintenance in kind from that person.)

Medicaid Benefits

SSI recipients are automatically eligible for Medicaid benefits.

CHILD SUPPORT SERVICES

Eligibility for Child Support Services

Child Support services in Michigan are available to:

- Parents of minor children, when one parent does not live with the child

- Parents who pay court-ordered child support
- Persons who have physical custody of a minor child
- Persons who receive public assistance for a minor child living in their home. Except in certain specific cases, these individuals automatically receive child support services

Available Child Support Services

The following child support services are available in Michigan:

- Assistance with application for child support services
- Locating Parents
- Establishing Paternity
- Establishing court orders for support
- Establishing court orders for custody and parenting time
- Collecting and processing child support payments
- Modifying support court orders
- Enforcing court orders for support

Services That Are Not Available

- Divorce assistance
- Spousal maintenance (alimony) order establishment
- Legal advice or counsel

Child Care

For many families, the cost of safe, quality child care is a major strain on the budget. DHS' Child Development and Care Program may provide payment for child care services for qualifying families when the parent, legal guardian or substitute parent is unavailable to provide the child care because of employment, education and/or because of a health/social condition for which treatment is being received.

You may qualify if you need child care for:

- employment
- high school completion
- family preservation (treatment activity for a health or social condition)

EMERGENCY SERVICES

State Emergency Relief (SER)

The State Emergency Relief (SER) Program provides immediate help to individuals and families facing conditions of extreme hardship or for emergencies that threaten health and safety. Through a combination of direct financial assistance and contracts with a network of non-profit organizations such as the Salvation Army and local Community Action Organizations, SER helps low-income households meet emergency needs such as:

- Heat & Utilities
- Home Repairs
- Relocation Assistance
- Home Ownership Services
- Burial

The SER program is primarily designed to maintain low-income households who are normally able to meet their needs but occasionally need help when unexpected emergency situations arise. The SER program is not an appropriate solution to ongoing or chronic financial difficulties.

HEALTH CARE COVERAGE

Health care coverage is available to individuals and families who meet certain eligibility requirements. The goal of these health care programs is to ensure that essential health care services are made available to those who otherwise do not

have the financial resources to purchase them.

It is very important that individuals and families obtain health care coverage. In Michigan, there are many health care programs available to children, adults, and families. Specific coverage may vary depending on the program and the applicant's citizenship status (some non-citizens may be limited to coverage of emergency services only). The Michigan Department of Human Services (MDHS) determines eligibility for some of the health care programs that are administered by the Michigan Department of Community Health (MDCH).

All of the health care programs in Michigan have an income test and some of the programs also have an asset test. These income and asset tests may vary with each program. For some of the programs, the applicant may have income that is over the income limit and still be able to obtain health care benefits when their medical expenses equal or exceed their deductible (formerly known as spend-down) amount.

Health Care Coverage for Adults

Michigan has many health care programs available to children, families, and adults who meet certain eligibility requirements. The goal of these health care programs is to ensure that essential health care services are made available to those who otherwise would not have the financial resources to purchase them.

All of the health care programs in Michigan have income limits and some programs also have an asset limit. These income and asset limits vary with each program.

If you need help with past, unpaid medical expenses, your coverage may begin three

months before your application month. Ask about retroactive medical coverage.

Once you have been determined eligible for Medicaid you will receive a MIhealth card. Each member of the family receives their own card. Do not throw this card away. Most people who receive Medicaid must join a health plan. You will need to show your MIhealth card and your health plan card when you receive medical services. If your MIhealth card is lost, stolen, or damaged please call 1-800-642-3195.

For more information about how to apply for Medicaid and other programs offered by the Department of Human Services go to the Client Application Process.

You may view or print an Application online.

You may apply in person or mail your application for health coverage to your local Department of Human Services office.

Adult Medical Program (AMP) provides basic medical care to low income adults who do not qualify for Medicaid. There are asset and income limits. Some counties have a county health plan that the person must be enrolled in to receive AMP benefits. Additional services may be available through the county health plan. Contact the local Department of Human Services in your county to apply for this program.

If an eligible person has access to employer sponsored health insurance the Department of Community Health (DCH) may provide the person with a voucher (equal in value to the cost of AMP) that can be used to join the employer sponsored plan. Enrollment in the employer-sponsored plan would be

granted/authorized instead of receiving AMP.

Aged, Blind, Disabled Medicaid is available to persons who are aged, blind, or disabled. There are income and asset limits. If the income is over the income limit, persons may incur medical expenses that equal or exceed the excess income and still qualify for this program. Contact the local Department of Human Services in your county to apply for this program.

Caretaker Relative Medicaid is available to eligible parents and people who act as parents, caring for a dependent child. These people are called caretaker relatives. There is an income limit for this program.

If income is over the income limit, persons may incur medical expenses that equal or exceed the excess income and still qualify for this program. Contact the local Department of Human Services in your county to apply for this program.

Medicaid is a medical assistance program providing financial coverage for a broad range of outpatient, inpatient, and residential services (long-term care services include nursing home, home health, and some residential facility services). A Medicaid-authorized service provider must provide direct services.

Medicaid recipients may be required to enroll in a health maintenance organization (HMO), a clinic plan, or a physician sponsored plan, if available in their area. Note: Some Medicaid eligibility/service categories have unique names, such as Healthy Kids (Medicaid for pregnant women and children.)

ELIGIBILITY

People who are Michigan residents or living in Michigan to work, and receive income assistance through the Family

Independence Program (formerly AFDC), Supplemental Security Income (SSI), or the Refugee programs or who meet income and, in some cases, assets guidelines and are under age 21, pregnant, age 65 or older, blind or disabled, or a parent or close relative living with a child who qualifies for Medicaid.

People who are not U.S. citizens are eligible for emergency services only under Medicaid in certain circumstances. People who meet all eligibility requirements for Medicaid except income may participate in a Medicaid "spend down" program in which they accumulate medical bills or receipts up to the amount of their excess income before Medicaid benefits begin.

Contact your local Department of Human Services agency for assistance (see the Department of Human Services agency section for phone numbers).

Medicare Savings Program (MSP) pays for certain Medicare costs. There is an asset limit. The income amount determines what is covered. The Michigan Department of Community Health (MDCH) may help pay the following, depending on income:

- Medicare premiums
- Medicare coinsurance
- Medicare deductible

Contact the local Department of Human Services in your county to apply for this program.

MIChoice This waiver program provides home and community based health care services for aged and disabled persons. The program's goal is to allow persons to remain at home to receive health services. If they did not receive such services, these persons would require nursing home care. The cost of care at home must be less than the cost of care in a nursing home. The

waiver may provide other benefits to help the person remain at home. Contact the local Department of Human Services in your county to apply for this program.

Health Care Programs for Children

Healthy Kids is a Medicaid health care program for low-income children under age 19 and for Pregnant Women of any age. There is an income limit. There is no monthly premium for Healthy Kids. Contact the local Department of Human Services in your county to apply for this program.

MIChild is a health care program administered by the Department of Community Health. It is for the low income uninsured children of Michigan's working families. MIChild has an income limit which is higher than Healthy Kids. MIChild is for children who are under age 19. Families pay a monthly premium for MIChild insurance, regardless of the number of children insured. For more information and an application, contact MIChild at 1-888-988-6300 or visit the MIChild Information web site.

Under 21 Medicaid is available to eligible persons under age 21. There is an income limit. If income is over the limit, persons may incur medical expenses that equal or exceed the excess income and still qualify for this program. Contact the local Department of Human Services in your county to apply for this program.

Children's Special Health Care Services (CSHCS) is a program within the Department of Community Health that provides certain approved medical service coverage to some children and adults with special health care needs. Children must have a qualifying medical condition and be under 21 years of age. Persons 21 and older with cystic fibrosis or certain blood coagulating disorders may also qualify for

services. For more information call the Family Phone Line at 1-800-359-3722 or visit the Children's Special Health Care web site.

Health Care Programs for Families

Many times the entire family may be eligible for health care benefits. Contact the local Department of Human Services in your county to apply for these programs.

Low Income Families (LIF) Medicaid is available to families under the Low Income Family (LIF) Program. There are income and asset limits. Families that receive cash assistance (Family Independence Program or FIP) are automatically eligible for this program.

Transitional Medical Assistance (TMA) is available to families that have received LIF in at least 3 of the last 6 months. The family is no longer LIF eligible because a parent has too much income from employment. TMA is available for up to 12 months and the family does not need to fill out a new application.

Transitional Medical Assistance Plus (TMA-Plus) assists working adults in achieving self-sufficiency by extending medical coverage for families unable to purchase health care coverage through their employment. TMA-Plus is available to adults after the 12 months of TMA. The family must apply and be eligible for the TMA-Plus program. There is only an income limit. There are monthly premiums based on the number of adults and how long they have been in the TMA-Plus program. TMA-Plus is not available for children.

Health Care Programs for Pregnant Women

Healthy Kids for Pregnant Women -

Medicaid is available to an eligible woman while she is pregnant, including the month her pregnancy ends and during the two calendar months following the month her pregnancy ends, regardless of the reason (for example: live birth, miscarriage). There is an income limit for this program. Contact the local Department of Human Services in your county to apply for this program.

Group 2 Pregnant Women - A woman who has income that exceeds the income limit for Healthy Kids for Pregnant Women, may be eligible for Medicaid under the Group 2 Pregnant Women program. If income is over the limit, persons may incur medical expenses that equal or exceed the excess income and still qualify for this program. Contact the local Department of Human Services in your county to apply for this program.

Maternity Outpatient Medical Services (MOMS) - The goal of the MOMS program is to provide immediate health coverage for pregnant women. It provides outpatient prenatal coverage only. The MOMS program is available to provide immediate prenatal care while a Medicaid application is pending. Other women who may be eligible for MOMS include:

- Teens who, because of confidentiality concerns, choose not to apply for Medicaid, and
- Non-citizens who are eligible for emergency services only.

The woman must use Medicaid benefits if and when they become available. Prenatal health care services will be covered by MOMS and/or Medicaid for the entire pregnancy and for two months after the pregnancy ends. There is an income limit for all persons except pregnant teens. The local health department can help women apply for the MOMS program.

PROTECTIVE SERVICES

Adult Protective Services

Phone: (313) 963-6006

The provision of adult protective services is mandated by Public Act 519 of 1982. This critical program requires extensive coordination with, and support from, mental health, public health and law enforcement agencies; the probate courts; aging network and community groups; as well as the general public.

Program staff investigates allegations of abuse, neglect or exploitation and provide protection to vulnerable adults. Policy requires that investigations will begin within 24 hours after the complaint is received.

Abuse is harm or threatened harm to an adult's health or welfare caused by another person. An example of abuse is: A developmentally disabled woman who resides in the home of her father and is being beaten by him.

Neglect is harm to an adult's health or welfare caused by the inability of the adult to respond to a harmful situation (self-neglect) or the conduct of a person who assumes responsibility for a significant aspect of the adult's health or welfare. An example of neglect is: A physically disabled man is left in front of the TV all day without a meal or access to toilet facilities.

Exploitation is the misuse of an adult's funds, property, or personal dignity by another person. An example of exploitation is: An elderly woman's son is using her money for his own needs without her knowledge or approval.

To make a report, call the Adult Protective Services Hotline at 1-800-996-6228. To get further information about the Adult Protective Services Program, contact your local Department of Human Services office.

Children's Protective Services

Phone: (313) 396-0300

Children's Protective Services (CPS) is a program within the Department of Human Services (DHS) responsible for investigating allegations of child abuse and neglect. The Michigan Child Protection Law provides the framework for what CPS must do.

Child abuse means harm or threatened harm to a child's health or welfare that occurs through non-accidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child's health or welfare or by a teacher, a teacher's aide, or a member of the clergy. Note: DHS does not investigate child abuse by a teacher, teacher's aide or a member of the clergy. DHS will transfer these types of complaints to law enforcement.

Child neglect means harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare that occurs through either of the following:

- Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.
- Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do

so and has, or should have,
knowledge of the risk.

DHS OFFICES

Web site: www.michigan.gov/dhs

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