

NOTICE: Applying for Assistance

You have the right to apply for assistance today. The date you file determines when benefits may begin.

Get Your Application

You have two options for applying for assistance.

Online michigan.gov/mibridges

On Paper Assistance Application, DHS-1171

Complete Your Application

You must complete the entire Assistance Application before benefits can be approved.

If you cannot complete the entire application today, complete our shortened DHS-1171-F Filing Document today so we can get things started for you.

County: _____
Michigan Department of Health and Human Services

Director's Name: _____



Assistance Application
Michigan Department of Health and Human Services (MDHHS)

Instructions

Check ALL programs you are applying for. The program symbols below will appear in each section of questions on the application. These symbols tell you which questions you must answer for each program. For more information about programs, see the Information Booklet.

Food Assistance Program (FAP).

Child Development and Care (CDC) (help with child care costs).

Cash Assistance (FIP - Family Independence Program, RCA - Refugee Cash Assistance, SDA - State Disability Assistance) (help with cash for pregnant women, families with children, refugees, adults with disabilities, live-in caretakers of adults with disabilities or residents of special living arrangements).

If you answer all the questions on the assistance application, we can determine if you are eligible for the program(s) you selected above.

Please print your answers.

If you cannot complete this application now, you may complete the filing form on the previous page of this information booklet or online at www.michigan.gov/mibridges or download the form at www.michigan.gov/dhs-forms. The date MDHHS receives your assistance application or filing form may affect the date your benefits start. MDHHS will still need to receive your completed assistance application before any benefits can be approved.

If you need help filling out this application, MDHHS must help you. If you are refused help, you may call 855-275-6424.

1. If you do not speak English or you have a disability, how can we help you?
 Interpreter Sign language Assisted listening device (ALD) Other _____

2. If you do not speak English, what language do you speak? _____

Si usted necesita ayuda llenando esta solicitud, MDHHS debe ayudarlo. Si ellos se niegan ayuda, usted puede llamar al 855-275-6424.

1. Si usted no habla inglés o tiene una incapacidad, como podemos ayudarlo?
 Intérprete Lengua de señas Dispositivo de ayuda auditiva (ALD) Otro _____

2. Si usted no habla inglés, ¿qué idioma habla? _____

إن كنت بحاجة إلى مساعدة في ملء هذا الطلب فيجب على MDHHS تقديم المساعدة لك ، فيمكنك الاتصال بالرقم التالي : 855-275-6424

١ إن كنت لا تتكلم اللغة الإنجليزية أو تعاني من إعاقة ، فكيف يمكننا مساعدتك؟
 مترجم شفهي لغة الإشارة أجهزة مساعدة للسمع (ALD) غير ذلك _____

٢ إن كنت لا تتكلم اللغة الإنجليزية ، فما هي اللغة التي تتكلمها؟ _____

For office use only		Date application received in local office	Case name
Application number	Case number		
Specialist name			
Specialist phone	Fax		
Specialist email			

This form is issued under authority of the Code of Federal Regulations (CFR) 42 CFR 435.907, 7 CFR 273.2(i), and Sections 25 and 59 of Act 280 of the Public Acts of 1939, as amended, and Public Act 280 of 1939. You must complete this form if you want the department to consider your application for financial or food assistance or for child care services. DHS-1171 (Rev. 11-15) Previous edition obsolete. A

Help Is Available

If you need help with the application, please let us know.

If you need an interpreter, you may use one of your choice or we will provide one.

If you are refused help in filling out the application, call 855-275-6424.

Office Hours: _____ to _____

Telephone Number: _____

This institution is an equal opportunity provider.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.