

# 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, MDHHS-1171

## Complete Your Application

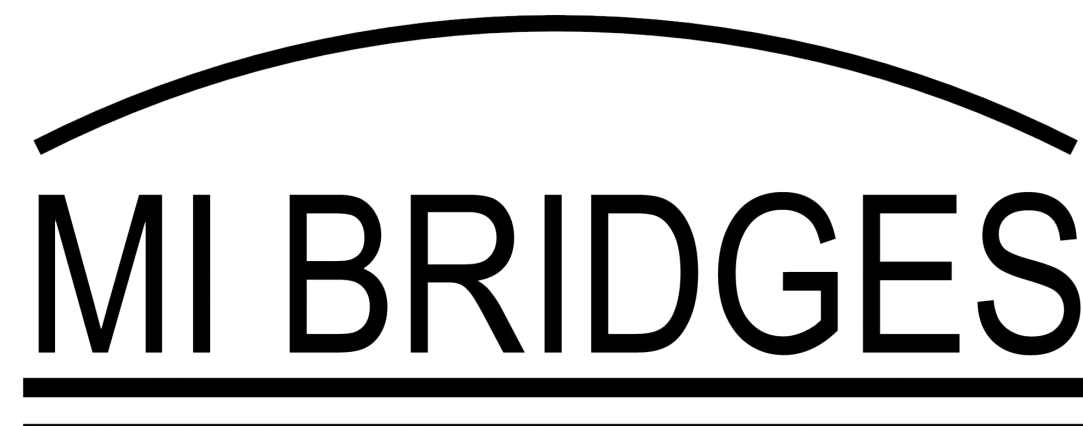
You must complete the entire Assistance Application before benefits can be approved.

If you cannot complete the entire application today, complete page one of the MDHHS-1171, Assistance Application today so we can get things started for you.

County: \_\_\_\_\_

Michigan Department of Health and Human Services

Director's Name: \_\_\_\_\_



**Assistance Application**

Submit this form by mail, fax, or bring it into a local MDHHS office

Find your nearest location at [www.michigan.gov/ContactMDHHS](http://www.michigan.gov/ContactMDHHS) or call 855-ASK-MICH

Apply online: [www.michigan.gov/mibridges](http://www.michigan.gov/mibridges)

← Refer to the Information Booklet for details on each program

○ Welcome!

● Fill out the Assistance Application  
Answer questions about you and your household.

Fill out Program Details:

- Healthcare Coverage
- Food Assistance Program (FAP)
- Cash Assistance
  - Family Independence Program (FIP)
  - Refugee Cash Assistance (RCA)
  - State Disability Assistance (SDA)
- Child Development + Care (CDC)
- State Emergency Relief (SER)

● Submit your application for one or more programs  
It will be sent to your local MDHHS office for review and follow-up. You may need to interview with a MDHHS Specialist.

● Receive your results

What language do you prefer?  Spoken Language  Written Language

If you do not speak English, have a hearing impairment, or have a disability, let us know how we can help you (an interpreter, sign language, TDD/TTY phone number we should call, assistance listening device, etc.) or bring your own support.

إذا كنت لا تتحدث اللغة الإنجليزية، تعاني من إعاقة سمعية، أو لديك إعاقة، أخبرنا كيف يمكننا مساعدتك (مترجم فوري، لغة الإشارة، رقم هاتف TDD/TTY يجب أن نتصل عليه، جهاز الاستماع للمساعدة، إلخ....) أو أحضر أجهزة المساعدة الخاصة بك.

Si no habla inglés, tiene una discapacidad auditiva o tiene una discapacidad, hagáenos saber cómo podemos ayudarlo (un intérprete, un lenguaje de señas, un número de teléfono TDD / TTY al que debemos llamar, un dispositivo de asistencia auditiva, etc) o puede traer su propio apoyo.

If you are refused help, call 855-275-6424.

Michigan Department of Health and Human Services

Case #: \_\_\_\_\_  
ID #: \_\_\_\_\_

MDHHS-1171 (Rev. 10-18) Previous edition obsolete.

## 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: \_\_\_\_\_

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