

Cash Assistance



Fill out the following details along with the Assistance Application if seeking Cash Assistance

Is anyone in the household...

Living in a facility or special living arrangement now or within the past 3 months?

_____ If yes, who? Name(s) _____ No

Going to an alcohol or drug treatment program?

_____ If yes, who? _____ No

Attending special education classes?

_____ If yes, who? _____ No

Receiving Michigan Rehabilitation Services?

_____ If yes, who? _____ No

Receiving medical assistance based on disability or blindness?

_____ If yes, who? _____ No

Currently applying (or planning to apply) for disability benefits with the Social Security Administration (SSA)?

_____ If yes, who? _____ No

Have or expect to have medical coverage (including accident insurance, worker's compensation, health savings, health/hospital insurance or other)?

_____ If yes, who? _____ No

In violation of probation or parole?

_____ If yes, who? _____ No

Received Cash Assistance from another state since August 1996?

_____ If yes, who? _____ No

State _____

For children in the household

Are there children under 6 years of age who are not up to date on their immunizations (shots)?

_____ If yes, who? _____ No

Are any children (ages 6-18) in school now?

_____ If yes, list below. _____ No

Name(s) _____