

## FAMILY SUPPORT SUBSIDY PROGRAM INFORMATION

Michigan has a program to provide financial support to families who care for their children with severe handicaps at home. The subsidy program is intended to pay for special expenses the family incurs while caring for their child with severe disabilities.

Supporting families of children with severe disabilities in this way enables the families to stay together; allows them flexibility in purchasing special services at a local level; and saves money for the taxpayer by avoiding and/or reducing the need for more costly out-of-home placement.

### WHO IS ELIGIBLE:

Families may be eligible for this program if they have a child under the age of 18 who has been recommended by a public school district's multidisciplinary team through the following categories:

**COGNITIVE IMPAIRMENT (CI) (must be within the severe range)**  
**SEVERE MULTIPLE IMPAIRMENTS (SXI)**  
**AUTISM SPECTRUM DISORDER (ASD)**

Children with ASD must be enrolled in a classroom designated for children who are severely mentally impaired or be in a program for ASD that qualifies.

**In cases in which the child is not receiving special education services or in which the eligibility status of a child is not known, parents may contact the director of special education at the local or intermediate school district or call Project Find at 1-800-252-0052.**

Natural parent(s), adoptive parent(s), or legal guardian(s) can head families. The child must be living in the home of the family and the family must reside in Michigan.

### WHO IS NOT ELIGIBLE?

- Families with a Michigan taxable income that **exceeds** \$60,000.00 (line 16 of the MI-1040)
- A child with a diagnostic category **other than** CI, SXI, AI
- Children living in out-of-home placements (foster care, institutionalization)
- Children over the age **18**
- Families that receive a **medical subsidy** from the Adoption Subsidy Program

### PAYMENTS

Payments are uniform for all families (\$229.31 per month at the present time) and there are no provisions under the law or smaller payments.

The Family Support Subsidy payments are disbursements by a governmental unit in the interest of general welfare and are not includible in the gross income of the family member or the gross income of the parents or legal guardians. This subsidy is **not taxable** and is to be reported only for Michigan Property Tax Credit.

## HOW TO APPLY FOR FAMILY SUPPORT SUBSIDY:

Applications for the family support subsidy program may be obtained from and submitted to offices of Michigan's community mental health boards. **To obtain an application in Oakland County or any questions, please contact Stephanie Glennie at (248) 464-6379.**

Applicants will need to gather the following documents to submit with applications:

- A copy of the child's birth certificate
- A copy of the parent(s) and the child's social security card
- A copy of the family's Michigan Tax Return for the preceding year
- If divorced, will need copy of divorce decree
- Custody Papers (if divorced, must know who has custody of the child)
- If you have guardianship of the individual, submit copy of guardianship papers

**TO ASSURE THE VALIDITY OF SCHOOL DOCUMENTATION AND PREVENT FRAUD, PAPERWORK USED TO VERIFY EDUCATIONAL ELIGIBILITY FOR FAMILY SUPPORT SUBSIDY MUST COME DIRECTLY FROM THE PUBLIC SCHOOL OR INTERMEDIATE SCHOOL DISTRICT.**

- A written verification from the school district, which certifies that the child has been recommended for an eligible diagnostic category, is required. If the child is currently placed in a program specifically for Autism Spectrum Disorder (ASD), it must be identified what type of classroom setting the child is currently in and if the child is enrolled/attending public school to meet the requirements for the program.

Applications may be obtained and submitted any time. There is no waiting list for the program. **Coverage will begin the month following the month of application. If you expect that the school documentation of eligibility will be delayed, please contact Stephanie Glennie at 248-464-6379 regarding a pending application.** Actual payment for the first covered month may be delayed during the processing of the application.

**IN OAKLAND COUNTY, MAIL APPLICATIONS AND OTHER REQUIRED DOCUMENTS TO:**

**OAKLAND COMMUNITY HEALTH NETWORK  
ATTN: STEPHANIE GLENNIE  
5505 CORPORATE DR.  
TROY, MI 48098**

STUDENT'S NAME \_\_\_\_\_

TO WHOM IT MAY CONCERN:

Attached is the newest Educational Eligibility Checklist (eff 7/17/17) for the FSS program for the Director of Special Education, RESA, Teacher or ISD Authority to complete. Please discard old educational eligibility checklist and begin to use the current one. If you would like this form sent electronically, please email me.

Make sure school documentation is copied or typed (if typed, must use the exact verbiage from original form) on the school's letterhead.

Never give the documentation to the parents to submit; it has to come directly from the school or it will not be considered valid.

**Please note:**

1. Date – **required**
2. From – **required**
  - a. **Signature** (person completing form) and **name of the school** (Public, ISD, RESA, or Charter) providing the information is **required**
3. **Per requirement of the State of Michigan**, this information **MUST BE COPIED** onto school letterhead
4. If student is ASD, you **must** identify if the student is enrolled/attending public school

**Please send the eligibility checklist to me through one of the three ways provided:**

**Mail:** OCHN, ATTN: Stephanie Glennie, 5505 Corporate Dr., Troy, MI 48085

**Fax:** 947.218.3836, ATTN: Stephanie Glennie

**Email:** [glennies@oaklandchn.org](mailto:glennies@oaklandchn.org)

Please do not hesitate to contact me if you have any questions regarding this form.

Thank you,

Stephanie Glennie  
FSS Coordinator  
Oakland Community Health Network  
Phone: 248.464.6379  
Fax: 947.218.3836

Rev. 7/17/17

***Suggested*** Language to Report a Student's Educational Eligibility Category  
& Programming for Michigan's Family Support Subsidy Program

**Must be printed on school stationery and include a school authority signature at bottom of page.**

DATE:

TO: **Stephanie Glennie, OCHN, Fax: 947.218.3836 / Email: glennies@oaklandchn.org**

FROM: (Insert school authority name along with the name of the Public School, Intermediate School District, Local Educational Agency or Public School Academy providing this information)

SUBJECT: **Identification of Special Education Eligibility Category\* & classroom or program placement if ASD (R 340.1715)**

Student's Name: \_\_\_\_\_

This student is eligible for special education under the eligibility category of:

Cognitive Impairment (CI) R 340.1705

If the eligibility category is cognitive impairment, does the latest intellectual assessment show development at a rate of 4.5 or more standard deviations below the mean?

Yes  No

Severe Multiple Impairment (SXI) R 340.1714

Autism Spectrum Disorder (ASD) R 340.1715

If the student's educational eligibility category is ASD, please verify programming by checking one of the following options:

R 340.1738 Programs for Students with Severe Cognitive Impairment

R 340.1748 Programs for Students with Severe Multiple Impairments

R 340.1758(a) or (b) Programs for Students with Autism Spectrum Disorder

Student's Resource Room program (Elementary R 340.1749a, Secondary R 340.1749b) meets the requirements of R 340.1758(b)

Student's Early Childhood Special Education program (R 340.1754) meets the requirements of R 340.1758(b)

Student's Early Childhood Special Education Services (R 340.1755) meets the requirements of R 340.1758(b)

Student's Individualized Family Service Plan (R 340.1862) meets the requirements of R 340.1758(b)

Student's mild (R 340.1740) or moderate (R 340.1739) Cognitive Impairment program meets the requirements of R 340.1758(b)

ISD Plan Content Areas (R 340.1832) This student is receiving special education services through an approved ISD plan. This plan meets the requirements of R 340.1758(b)

Student's educational programming does not meet any of the above criteria

For **ASD students only** - Student is enrolled/attending public school

Signature: \_\_\_\_\_

**\*Please note this only identifies the special education category for the student listed above, The school does *NOT* determine educational eligibility for the Family Support Subsidy Program.**

# 2021 MICHIGAN Individual Income Tax Return MI-1040

**Amended Return**   
(Include Schedule AMD)

**Return is due April 18, 2022.** Type or print in blue or black ink.

1. Filer's First Name	M.I.	Last Name	2. Filer's Full Social Security No. (Example: 123-45-6789)
If a Joint Return, Spouse's First Name	M.I.	Last Name	— —
Home Address (Number, Street, or P.O. Box)			3. Spouse's Full Social Security No. (Example: 123-45-6789)
			— —
City or Town	State	ZIP Code	4. School District Code (5 digits – see page 60)

<p><b>5. STATE CAMPAIGN FUND</b> Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will increase your tax or reduce your refund.</p> <p>a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse</p>	<p><b>6. FARMERS, FISHERMEN, OR SEAFARERS</b> <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p>
<p><b>7. 2021 FILING STATUS.</b> Check all that apply.</p> <p>a. <input type="checkbox"/> Single * If you check box "c," you must complete lines 3 and enter spouse's full name below:</p> <p>b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately*</p>	<p><b>8. 2021 RESIDENCE STATUS.</b> Check all that apply.</p> <p>a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Non-Resident c. <input type="checkbox"/> Part-Year Resident *</p> <p>* If you check box "b" or "c," you must complete and include Schedule NR.</p>



**9. EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

a. Number of exemptions (see instructions).....	9a.	0	x	\$4,900	9a.	00	
b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.....	9b.	0	x	\$2,800	9b.	00	
c. Number of qualified disabled veterans.....	9c.	0	x	\$400	9c.	00	
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.	0	x	\$4,900	9d.	00	
e. Claimed as dependent, see line 9 NOTE above.....	9e.	<input type="checkbox"/>			9e.	00	
f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....	9f.					9f.	00

10. <b>Adjusted Gross Income</b> from your U.S. Form 1040 (see instructions).....	10.		00
11. Additions from Schedule 1, line 9. <b>Include Schedule 1</b> .....	11.		00
12. <b>Total.</b> Add lines 10 and 11.....	12.		00
13. Subtractions from Schedule 1, line 29. <b>Include Schedule 1</b> .....	13.		00
14. <b>Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.		00
15. <b>Exemption allowance.</b> Enter amount from line 9f or Schedule NR, line 19.....	15.		00
16. <b>Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.		00
17. <b>Tax.</b> Multiply line 16 by 4.25% (0.0425).....	17.		00

**NON-REFUNDABLE CREDITS**

	AMOUNT	CREDIT
18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....	18a.	00
19. Michigan Historic Preservation Tax Credit carryforward (see instructions).....	19a.	00
20. <b>Income Tax.</b> Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0".....	20.	00

Filer's Full Social Security Number

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21. Enter amount of Income Tax from line 20.....	21.		00
22. Voluntary Contributions from Form 4642, line 6. <b>Include Form 4642</b> .....	22.		00
23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....	23.		00
24. <b>Total Tax Liability.</b> Add lines 21, 22 and 23 .....	24.		00

**REFUNDABLE CREDITS AND PAYMENTS**

25. <b>Property Tax Credit. Include MI-1040CR or MI-1040CR-2</b> .....	25.		00
26. <b>Farmland Preservation Tax Credit. Include MI-1040CR-5</b> .....	26.		00
27. Earned Income Tax Credit. Multiply line 27a by 6% (0.06) and enter result on line 27b. ....	27a.	FEDERAL	00
27b.		MICHIGAN	00
28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....	28.		00
29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions).....	29.		00
30. Michigan tax withheld from Schedule W, line 6. <b>Include Schedule W (do not submit W-2s)</b> .....	30.		00
31. Estimated tax, extension payments and 2020 credit forward.....	31.		00
32. <b>2021 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2021 return should skip to line 33. Amended returns must <b>include Schedule AMD (see instructions)</b> .			
32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.			
32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty.			
32c.			00
33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c .....	33.		00

**REFUND OR TAX DUE**

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.	34.		
Include interest <input style="width: 50px;" type="text"/> <input style="width: 30px;" type="text"/> 00 and penalty <input style="width: 50px;" type="text"/> <input style="width: 30px;" type="text"/> 00 .....		<b>YOU OWE</b>	
35. <b>Overpayment.</b> If line 33 is greater than line 24, subtract line 24 from line 33 .....	35.		00
36. <b>Credit Forward.</b> Amount of line 35 to be credited to your 2022 estimated tax for your 2022 tax return ...	36.		00
37. Subtract line 36 from line 35.....	37.	<b>REFUND</b>	00

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

<b>a. Routing Transit Number</b>	<b>b. Account Number</b>	<b>c. Type of Account</b>
		1. <input type="checkbox"/> Checking    2. <input type="checkbox"/> Savings

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2020, enter dates below. **ENTER DATE OF DEATH ONLY.** Example: 04-15-2021 (MM-DD-YYYY)

Filer	— —	Spouse	— —
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**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

<b>Taxpayer Certification.</b> I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		Preparer's PTIN, FEIN or SSN
Filer's Signature	Date	Preparer's Name (print or type)
Spouse's Signature	Date	Preparer's Signature
<input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.		Preparer's Business Name, Address and Telephone Number

**Refund, credit, or zero returns.** Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**  
**Pay amount on line 34 (see instructions).** Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

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Hadas Bernard

RE: Request & Consent for Disclosure of Michigan Tax Return

This letter is in follow-up to your application for Family Support Subsidy benefits. In order to process the application, we are required to obtain verification of your income. If you have reported that state income tax was not filed, it is necessary to verify your income through the Michigan Department of Treasury. The attached form will provide the required authorization for income verification. Please sign/date the form and return it as soon as possible to:

**Oakland Community Health Network  
ATTN: Stephanie Glennie  
5505 Corporate Dr.  
Troy, MI 48098**

Sincerely,

Stephanie Glennie  
Administrative and Special Projects Coordinator  
Oakland Community Health Network  
Phone: (248) 464-6379  
Fax: (947) 218-3836  
[glennies@oaklandchn.org](mailto:glennies@oaklandchn.org)

# Request and Consent for Disclosure of Michigan Tax Return Information

Issued under authority of Public Act 122 of 1941, MCL 205.1.

The Revenue Act, Public Act 122 of 1941, MCL 205.28(1)(f), makes all information acquired in administering taxes confidential. The Michigan Department of Treasury recoups cost for preparing copies of tax returns or tax return information requested by local units of government or other third parties. Taxpayers may receive copies of their personal tax returns at no charge. The current fee schedule is listed below (see Part 3).

PART 1: TAXPAYER INFORMATION				
Enter the name of the individual or business, address and account number for which the tax information is being requested.				
Taxpayer Last Name	First Name	MI	Social Security Number or FEIN	Telephone Number
Secondary Taxpayer Last Name	First Name	MI	Social Security Number or FEIN	Telephone Number
Address (Street)		City		State      ZIP Code
Tax Type <input type="checkbox"/> Income Tax <input type="checkbox"/> SBT <input type="checkbox"/> MBT <input type="checkbox"/> CIT <input type="checkbox"/> SUW <input type="checkbox"/> Other _____				
Tax Year(s)		Tax Forms		
PART 2: AUTHORIZATION				
I authorize the State of Michigan, Department of Treasury to furnish tax returns and/or tax return information specified in Part 1 to the appointee listed below. <b>This authorization expires in six months and is not a substitute for a formal Form 151, Authorized Representative Declaration.</b>				
Appointee Name		E-mail Address		Telephone Number
Address (Street)		City		State      ZIP Code
Signature of Taxpayer <b>OR</b> Legal Representative				Date
Signature of Taxpayer <b>OR</b> Legal Representative				Date
PART 3: FEE SCHEDULE				
Local units of government or other third parties must pay the fee described here. Taxpayers may receive copies of their personal tax returns at no charge. Payment for tax return information must accompany the request. Make checks payable to the State of Michigan and write index code # 19182 on the check. * Large requests will be assessed differently.				
<b>First Year</b>	\$ 5.00	\$5.00		
<b>Additional Year(s)</b>	\$ 3.00 X _____			
<b>FEE TOTAL</b>				
<b>Please allow 60 days for processing your request.</b>				
Submit your request with payment to the following address: Michigan Department of Treasury Office of Privacy and Security, Disclosure Unit 430 W. Allegan Street Lansing, MI 48922 Telephone: (517) 636-4239				
Treasury Use Only				
1. <input type="checkbox"/> The attached information is furnished for tax year(s) _____				
2. <input type="checkbox"/> No record of filing a return for tax year(s) _____				
3. <input type="checkbox"/> The account number submitted needs to be verified for accuracy.				
4. <input type="checkbox"/> The account number provided is being used by another taxpayer.				
5. <input type="checkbox"/> Other _____				
Disclosure Office Approval			Fee Received	Date Completed



Family Support Subsidy Participant:

This letter is being sent to inform you that electronic fund transfer (also known as direct deposit) of Family Support Subsidy (FSS) payments is available through the State of Michigan Budget Office, SIGMA VSS. Should you choose to register, the switch from mailed to electronic FSS payments will take approximately 4-6 weeks. With this service, an e-mail notification is sent to you 2-3 days before an electronic payment is deposited into your designated financial account.

**IMPORTANT: Registration with SIGMA VSS results in Electronic Fund Transfer (EFT) of all State of Michigan payments to the registered payee. If this is not acceptable, you should not apply for EFT.**

If you are interested in exploring this option and have computer access, please go to the following website and follow the directions listed on the screens:

**Overview of the Program:** <https://www.michigan.gov/budget/0,9357,7-379-88641---,00.html>. An overview of the program is provided along with tutorials and contact information. In the middle of this page, click the “Go to SIGMA VSS” and it will take you to the “Welcome to State of Michigan SIGMA Vendor Self Service (VSS). Once you have read all the information provided, click on “Register” found on the left-hand side of the page and follow the instructions.

**Those registering for the first time:** It is suggested that for those registering for the first time that you review the “**SOM VSS User Guide for New Vendors**” which is located on the right-hand side of the page under “**Forms and Reference Documents**”.

**Contact Information for questions or assistance can be found on the “Agency Contacts” section above the “Forms and Reference Documents”:** <https://sigma.michigan.gov/webapp/PRDVSS2X1/AltSelfService> .

You do not need to notify this office or the Michigan Department of Health and Human Services of your decision to access this service. To ensure confidentiality of your personal financial information, we are not able to assist you with electronic payments registration. If you have any questions or need assistance, call the SIGMA Call Center at (517) 284-0540 or toll free (888) 734-9749. They are available Monday-Friday, 7 a.m. – 6 p.m. You may also email SIGMA at [SIGMA-Vendor@michigan.gov](mailto:SIGMA-Vendor@michigan.gov).

Sincerely,

Stephanie Murray  
FSS Coordinator, Oakland County  
Oakland Community Health Network  
Phone: (248) 464-6379