

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:

- Severe Cognitive Impairment (SCI) (must be within the severe range)
- Severe Multiple Impairment (SXI)
- Autism Spectrum Disorder (ASD)

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 SCI, SXI, ASD with appropriate programming
- Children living in out-of-home placements (foster care, institutionalization)
- Children over the age of 18
- Families that receive a medical subsidy from the Adoption Subsidy Program

PAYMENTS

Payments are uniform for all families (\$300.36 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 Debra Monroe at 947-345-1576.**

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

- A copy of the child's birth certificate
- A copy of the child's social security card
- A copy of the parent(s) social security card
- A copy of the parent(s) driver's license
- A copy of the family's Michigan 1040 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)

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 submission. If you expect that the school documentation of eligibility will be delayed, please contact Debra Monroe at 947-345-1576 regarding a pending application.** Actual payment for the first covered month may be delayed during the processing of the application.

Submit your application and other required documents:

- Via email: <mailto:FSS@OaklandCHN.org>
- FAX: 248.906.8411
- US Mail: OAKLAND COMMUNITY HEALTH NETWORK
ATTN: Debra Monroe
5505 CORPORATE DR. TROY, Michigan 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: Debra Monroe, 5505 Corporate Dr., Troy, MI 48098

Fax: ATTN: Debra Monroe, 248.906.8411

Email: ATTN: Debra Monroe, FSS@oaklandchn.org

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

Thank you,

Debra Monroe
FSS Coordinator
Oakland Community Health Network
Email: FSS@oaklandchn.org
Fax: 248.906.8411

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: **Debra Monroe, OCHN, Fax: 248.906.8411 / Email: fss@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.

2024 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AM2)

Return is due April 15, 2025. 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		
Name 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 (8 digits)					

<p>5. STATE CAMPAIGN FUND</p> <p>Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.</p> <p>a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse</p>	<p>6. FARMERS, FISHERMEN, OR SEAFARERS</p> <p><input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p>
<p>7. 2024 FILING STATUS. Check one.</p> <p>a. <input type="checkbox"/> Single "If you check box "c," complete line 2 and enter spouse's full name below:</p> <p>b. <input type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately *</p>	<p>8. 2024 RESIDENCY STATUS. Check all that apply.</p> <p>a. <input type="checkbox"/> Resident "If you check box "b" or "c," you must complete and include Schedule NR.</p> <p>b. <input type="checkbox"/> Nonresident *</p> <p>c. <input type="checkbox"/> Part-Year Resident *</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.	<input type="text"/>	x \$5,000	9a.	<input type="text"/>	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.	<input type="text"/>	x \$3,300	9b.	<input type="text"/>	00
c. Number of qualified disabled veterans.....	9c.	<input type="text"/>	x \$500	9c.	<input type="text"/>	00
d. Number of Certificates of Stillbirth from MD445 (see instructions).....	9d.	<input type="text"/>	x \$5,000	9d.	<input type="text"/>	00
e. Claimed as dependent; see line 9 NOTE above.....	9e.	<input type="checkbox"/>		9e.	<input type="text"/>	00

f. Adjusted gross income from Schedule 1 (see instructions)..... 10.

11. Additions from Schedule 2 (see instructions)..... 11.

12. Total (sum lines 10 and 11)..... 12.

13. Subtractions from Schedule 3 (see instructions)..... 13.

14. Income tax (subtract subtractions from line 13 from line 12; if greater than line 12, enter "0")..... 14.

15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 18..... 15.

16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"..... 16.

17. Tax. Multiply line 16 by 4.25% (0.0425)..... 17.

Continue on page 2. This form cannot be processed if pages 2 and 3 are not completed and included.

Sample

EXECUTIVE DIRECTOR & CEO
Annette Downey

BOARD OFFICERS
Judith Summers, Chair
Dr. Steffan Taub, Vice Chair
Jonathan Landsman, Secretary

BOARD MEMBERS
Adam Fuhrman
Dr. Bijaya Avastny Hans
Robert Klotz
Mary Kucharek
Malkia Newman
Sidney Rubin
John Paul Torres
Sarah Guadalupe
Hadas Bernard

RE: Request & Consent for Disclosure of Michigan Tax Return

Persons needing a copy of their tax return may: Write a letter requesting this information. The letter must include a complete name, address, daytime phone number, social security number and the tax year of the requested income tax form.

The mailing address is:
Customer Contact Division
Michigan Department of Treasury
P O Box 30058
Lansing, MI 48909

As an alternative to writing a letter, FSS applicants can call the Michigan Department of Treasury, Customer Service line at **517-636-4486** and choose the option for tax preparation (**select option 1 and follow the verbal instructions**).

Although not recommended, persons seeking a copy of their tax return may also request it on-line by following the instructions displayed at <http://www.michigan.gov/taxes/0,4676,7-238-43715-153676--F,00.html>.

Please note: Seeking information from the Disclosure Office is limited to only those situations whereby a parent/legal guardian asserts that an income tax form was not filed. Those persons reporting having not kept a copy of their tax return or simply unable to find their copy the instructions are (provided above).

“Proof of Income: If you file TAXES, please provide proof of your income by submitting a copy of your current MI 1040 tax return (sample attached) If you DO NOT FILE TAXES, please contact me as soon as possible and request that I send you the “Request and Consent for Disclosure of Michigan Tax Return Information” document.”

Oakland Community Health Network
ATTN Debra Monroe, fss@oaklandchn.org
5505 Corporate Dr.
Troy, MI 48098

Sincerely,
Debra Monroe
FSS Coordinator
Oakland Community Health Network
Fax: (248) 906-8411
fss@oaklandchn.org



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
email, ATTN: Debra Monroe: FSS@Oaklandchn.org

Sincerely,

Debra Monroe
FSS Coordinator
Oakland Community Health Network
Fax: (248) 906-8411
fss@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 checked="" 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	
The most recent completed tax year within the last 5 years			1040	
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. This authorization expires in six months and is not a substitute for a formal Form 151, Authorized Representative Declaration.				
Appointee Name		E-mail Address		Telephone Number
Debra Monroe (Oakland Community Health Network)		fss@oaklandchn.org		947-345-1576
Address (Street)		City		State ZIP Code
5505 Corporate Drive		Troy		MI 48098
Signature of Taxpayer OR Legal Representative				Date
Signature of Taxpayer OR 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.				
First Year	\$ 5.00	\$5.00		
Additional Year(s)	\$ 3.00 X _____			
FEE TOTAL			\$0.00	
<p>Please allow 60 days for processing your request. 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</p>				
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.

Sincerely,

Debra Monroe
FSS Coordinator, Oakland County
Oakland Community Health Network
Email: fss@oaklandchn.org