

Important Information for families who are **RENEWING** their family support subsidy

Parent's responsibility for required documentation:

- Complete and sign the *application*.
- Send a copy of your current year or most recent *Michigan 1040 Individual tax return* (sample enclosed) or **If taxes are not filed**, complete the *Request for Consent and Disclosure form*.
- If you are a guardian to the individual, submit a copy of current guardianship papers.
- Contact your school district for the *eligibility form* to be completed (must be on school letterhead)
- Please note the school information **MUST** come from the school and cannot be *accepted from the* parent or guardian.

If you are **MARRIED** or **DIVORCED**:

- If married, you must submit proof of both parents' incomes.
- If you are not married, but live together, you must submit proof of both parents' incomes.
- If divorced, you must submit a copy of the divorce decree.

Important information about tax reporting:

You have until April 30th to report that your taxable income for the year has exceeded \$60,000 by faxing a copy of your MI-1040 tax return immediately. If your taxable income exceeds \$60,000 and it is not reported immediately you will be liable for repayment of family support subsidy funds.

GRACE PERIOD

Families must renew their child's eligibility (form DCH-1181) for FSS payments **each year near or during their child's birth month**. Families are notified that their eligibility period is running out three times prior to expiration. Notification is in the form of messages on the check stubs or by email if payments are electronically directed to a financial institution.

Subsidy payments continue up to and including the birth month of the child. After that there are no further payments until eligibility is re-determined. There is a two-month grace period following the child's birth month in which families can renew the subsidy without penalty. If the renewal process is completed during the first or second month following the birth month of the child and meets FSS eligibility criteria, the subsidy will be reinstated retroactively. Families renewing their child's FSS after the grace period ends will be treated as new applicants. In this situation, payments will resume the month following the date that the community mental health services program has in its possession a completed, signed application and all other required supporting documentation.

Checks are mailed directly from the State of Michigan. Family Support Subsidy checks should arrive around the 21st of every month. The State of Michigan will not investigate any lost checks unless it has been late for at least 14 days (from the 21st or whenever the check was mailed).

EFT available through SIGMA

Electronic fund transfer (direct deposit) of Family Support Subsidy (FSS) payments is available through the State of Michigan Budget Office, through SIGMA VSS. Should you choose to register, the switch from mailed to electronic FSS payments will take approximately 5-10 business days. **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, please go to the **SIGMA VSS web site:** www.michigan.gov/sigmavss

- Half-way down this page on the left-hand side you will see “SIGMA VSS”, click on the green button that says “SIGMA VSS”. This will take you to another screen. Under “What would you like to do?”, first select “Download Vendor Guides” which allows you to select forms to assist you in the registration process. Select “Register Your Vendor Account”.
- Once you have read all the information provided, click the “Sign Up” button in the upper right corner of the home screen and complete the boxes with your information.

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 Helpdesk at (517) 284-0540**. They are available Monday – Friday, 7 a.m. to 5 p.m. You may also email SIGMA at: SIGMA-Vendor@michigan.gov

Your vendor ID

You will need to notify this office or the Michigan Department of Health and Human Services and provide them with your SIGMA vendor number, once you have successfully registered.

Questions?

Please contact me directly via email at FSS@Oaklandchn.org or by phone 947.345.1576.

Submit your application and other required documents:

- Via email: FSS@OaklandCHN.org
- FAX: 248.906.8411
- US Mail: OAKLAND COMMUNITY HEALTH NETWORK
ATTN: Debra Monroe
5505 Corporate Drive
Troy, Michigan 48098

DCH-1181 COMPLETION INSTRUCTIONS

Collect the following documents (copies are acceptable):

- Your child's legal birth certificate. (Your child must be under age 18.)
- Your most recently filed Michigan income tax return (MI-1040), or if a MI-1040 income tax form was not filed, you may submit a copy of your most recently filed United States (US-1040) income tax return. For new applicants only, other evidence of current year income may be used if neither a Michigan nor a U.S. income tax form was filed. Your family's taxable income must not exceed \$60,000. In situations where there is joint physical custody, both parents must submit a copy of their individual tax return.
- Your child's social security card (optional). If your child does not currently have a social security number, you may apply online for one through the Social Security Administration <http://www.ssa.gov> or telephone 800-772-1213. You may apply for this subsidy while you are waiting to receive a social security number.

Note: This information will be used to complete the application and will serve as proof of eligibility. Make sure to submit copies as any documents you provide will not be returned to you.

You must also contact your child's local public school, intermediate school district or regional educational services agency and provide authorization to send or fax written verification of your child's educational eligibility category and, if necessary, evidence of educational programming to your local county community mental health services program (CMHSP). This is the agency that provided you with this form. Please note that the only special education eligibility categories that meet FSS criteria are **Severe Cognitive Impairment, Severe Multiple Impairment or Autism Spectrum Disorder AND in a program that qualifies under FSS law**. Your CMHSP representative will provide you with a fax number and/or mailing address for the educational institution to use in transferring required documentation.

Other information:

- If your child is currently living in a nursing home, center for persons with developmental disabilities, foster family care home or residential school, you may apply for FSS if the child is returning to your home in a very short period of time.
- If your child is adopted and enrolled in the Michigan Department of Health and Human Services, Adoption Subsidy Program, you may continue to receive the monthly adoption subsidy even if your child becomes eligible for FSS payments. Your child may NOT, however, also have an open medical subsidy within the Adoption Subsidy Program. If you are unsure if your child has an open **medical** subsidy, you can verify this information by calling (517) 335-6443. If there is an open medical subsidy, you may wish to request closure of it as a means to meeting FSS eligibility requirements.

Line-by-line completion instructions:

1. Purpose:
 - Check **New Applicant** if this is the first time you have applied for the subsidy.
 - Check **Annual Renewal** if you are renewing eligibility.
 - Check **Restore** if there has been a gap in eligibility/payments.
 - Check **Change of Status** and write in the corresponding block number(s) to report changes in information previously provided. When reporting a change in status, you need to complete **ONLY** blocks 1, 2, 3 and 4 as well as the block(s) containing the information that has changed.
2. Child's Name – First, Middle Initial, Last.
3. Child's Date of Birth – Month/Day/Year.
4. Child's Social Security Number. Note: You may apply for FSS at the same time that you are completing social security number registration for your child.
5. Child's Gender – Male or Female.
6. Telephone Number – Your primary telephone number including area code.
7. Race (optional)
 - a) **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 - b) **Black or African American** - A person having origins in any of the Black racial groups of Africa.
 - c) **American Indian and Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

- d) **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - e) **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - f) Some other race.
 - g) Unknown.
8. Name of public school that signed the Multi-Disciplinary Evaluation Team (MET) report.
 9. Parent/Guardian Name (First, Middle Initial, Last) **THE PERSON LISTED IN THIS BOX WILL BE THE SOLE PAYEE FOR FSS PAYMENTS. If you desire both parents'/guardians' names on the check then select "Another Payee" and the other parent/guardian must complete block 20.**
 10. Parent/Guardian Social Security Number – Enter the SSN of the person listed in block 9.
 11. Print the address where the child resides (must be same as parent/guardian- only one address may be listed).
 12. Has the child's residence changed in the last year? If yes, enter previous city name.
 13. Is your child adopted? Check **yes** or **no**.
 14. If your child is adopted, check **yes** or **no** indicating if the child is receiving a medical subsidy through the Michigan Department of Health and Human Services Adoption Subsidy Program.
 15. Check the bracket corresponding to the **taxable** income amount displayed **on line 16** on your most recently filed Michigan income tax form (MI-1040). If a Michigan income tax form was not filed, you will be required to complete a Michigan Department of Treasury 4095 form to prove that you did not file a Michigan income tax form. Your CMHSP will guide you in this process. (Note: if joint physical custody, both parents' incomes must be reported).
 16. Confirm **yes** or **no** that the child lives in Michigan with one or both of the persons listed in blocks 9 and 20. If no, fill in the month and year the child left the family home.
 17. If **no** is marked in block 16, indicate whether the child is temporarily living with another relative.
 18. It is important to read and understand all the items listed. **Your signature in block 19 (and 20 if another payee is listed) indicates that you understand and agree to all bulleted items.**
Questions about the information displayed in this block can be directed to the agency representative providing you with this form.
 19. Signature of the person named in block 9. Be sure to include the date of signature.
 20. If "another payee" was selected in block 9, the other parent/guardian must complete block 20.

The bottom portion of the application is for CMHSP use.

NEXT STEPS: Take or send this completed application along with a copy of your most recently filed Michigan income tax form, a copy of your child's legal birth certificate and a copy of your child's social security card to the CMHSP representative that gave this paperwork to you. You must also contact your child's public school, intermediate school district or regional services educational agency to give them permission for the sharing of documentation with the CMHSP. The CMHSP representative will give you a fax number or mailing address that the school can use to send the required educational information.

FAMILY SUPPORT SUBSIDY PROGRAM

Michigan Department of Health and Human Services

1. Purpose New Applicant Annual Renewal
 Restore Change of Status (Enter block #s that have changed): _____

2. Child's name (first, middle initial, last)		3. Date of Birth (m/dd/yy)	4. Child's SSN
5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Primary Telephone No.	7. Race (see instructions for codes)	8. Name of public school signing MET report
9. Parent/Guardian name (first, middle initial, last)		Another payee (If yes fill in block 20) <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Parent/Guardian SSN

IMPORTANT: If found eligible, Family Support Subsidy checks will be mailed to this address.

11. Parent/Guardian Address (number & street)	City	State	Zip Code
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12. Has your family moved in the last year? No Yes → Previous city: _____

13. Is your child **adopted**? No Yes → 14. If **yes**, is your child receiving a **medical subsidy** through the Adoption Subsidy Program? No Yes

15. What is your **taxable** income as listed (line 16) on your most recently filed Michigan income tax form? (If joint physical custody, both parent's incomes must be reported.)
 \$19,999 or **Less** \$20,000 - \$44,999 \$45,000 - \$60,000 **Over** \$60,000

16. Does your child currently live in Michigan with one or both of the parents/guardians listed? Yes No → If no, date child left the family home: Month: _____ Year: _____

17. Does your child **temporarily** live with a **relative**? Yes No

18. PARENT/GUARDIAN CERTIFICATION:

- I agree to notify my county Family Support Subsidy coordinator within **two weeks** of any changes in information reported on this form.
- I understand that a change in status can include name, address, living arrangement, an open medical subsidy, a more recent tax return with a taxable income of more than \$60,000, or a change in the child's educational eligibility category and/or programming.
- I understand that this program requires a **yearly renewal** near or during my child's birth month and that I must contact my community mental health services program to start the renewal process. There is a two-month grace period following my child's birth month in which I may renew the subsidy without penalty.
- If I fail to reapply within the renewal period or grace period, I will **not** receive compensation for any payments I may have missed if my child is later found eligible. The new eligibility period will start and payments will resume the month following receipt of a complete packet of renewal information.
- I agree that subsidy dollars received will be used to meet the special needs of my child/family.
- I declare that this information is complete and true to the best of my knowledge.
- I understand that providing false information or failing to provide notice of a change in required information may result in denial of eligibility, repayment of any amount inappropriately received and perjury penalties as provided by law.

19. Parent/Guardian signature	Date
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20. Other Payee (Parent/Guardian signature)	Other Payee (printed name)	Other Payee SSN	Date
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THIS SECTION IS FOR CMHSP USE ONLY – DO NOT WRITE BELOW THIS LINE

Child's current education eligibility category:

A. Severe Cognitive Impairment: If Severe Cognitive Impairment, does the documentation include written verification from the public school that the child's latest intellectual assessment shows development at a rate of 4.5 or more standard deviations **below** the mean? Yes No

B. Autism Spectrum Disorder: If Autism Spectrum Disorder, does the child's special education programming fall under any of the following options?

1) Severe Cognitive Impairment Program (**R340.1738**)..... Yes No

2) Severe Multiple Impairments Program (**R340.1748**)..... Yes No

3) Autism Spectrum Disorder Program (**R340.1758**) Yes No

C. Severe Multiple Impairment

Is this family eligible for the one-time double subsidy payment to prepare for the child's return to home? Yes No

Has this child been in an out-of-home placement during the past 12 months? Yes No
 If yes, enter the date child returned home: Month: _____ Year: _____

Type of out-of-home placement: **Group Home** **Foster Care** **Other (explain):** _____

Complete application packet received date (M/DD/YYYY)	Effective Date (M/DD/YY)	Expiration Date (M/DD/YY)
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Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No (Due to block #): _____	CMHSP authorized signature	Date	CMHSP Board No.
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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.

AUTHORITY: Sections 155-161 of PA 258 of 1974, as amended.
COMPLETION: Is voluntary for a new application, but is required for annual renewal, change of status or restore to active status.

Today's date:	
TO:	Debra Monroe, Oakland Community Health Network
Subject:	Identification of Special Education Eligibility Category & classroom or program placement if ASD (R 340.1715)
Name of the Public School & District, ISD, LEA or PSA providing information	
Student's name & date of birth:	

*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.

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)
- ISO Plan Content Areas (R 340.1832) This student is receiving special education services through an approved ISO 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 of staff completing the form: _____

Return form to: Debra Monroe, Oakland Community Health Network [Email: Fss@oaklandchn.org](mailto:Fss@oaklandchn.org) / **Fax:** 248.906.8411

Never give the documentation to the parents to submit.
Form must come directly from the school, or it will not be considered valid.

2025 MICHIGAN Individual Income Tax Return MI-1040

Amended Return
(Include Schedule AMD)

Return is due April 15, 2026. 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		3. Spouse's Full Social Security No. (Example: 123-45-6789)	
Home Address (Number, Street, or P.O. Box)					4. School District Code (5 digits)	
City or Town			State	ZIP/Postal Code	Country Code	
5. STATE CAMPAIGN FUND 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.				6. FARMERS, FISHERMEN, OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.		
7. 2025 FILING STATUS. Check one. a. <input type="checkbox"/> Single b. <input type="checkbox"/> Married filing jointly c. <input type="checkbox"/> Married filing separately* * If you check box "c," complete line 3 and enter spouse's full name below: <input type="text"/>				8. 2025 RESIDENCY STATUS. Check all that apply. a. <input type="checkbox"/> Resident b. <input type="checkbox"/> Nonresident * c. <input type="checkbox"/> Part-Year Resident * * If you check box "b" or "c" you must complete and include Schedule NR.		

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.	x	\$5,800	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.	x	\$3,400	9b.		00
c. Number of qualified disabled veterans.....	9c.	x	\$500	9c.		00
d. Number of Certificates of Stillbirth from MDHHS (see instructions).....	9d.	x	\$5,800	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. Adjusted Gross Income from your U.S. Form 1040 (see instructions).....	10.					00
11. Additions from Schedule 1, line 9. Include Schedule 1	11.					00
12. Total. Add lines 10 and 11.....	12.					00
13. Subtractions from Schedule 1, line 31. Include Schedule 1	13.					00
14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....	14.					00
15. Exemption allowance. Enter amount from line 9f or Schedule NR, line 19.....	15.					00
16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....	16.					00
17. Tax. Multiply line 16 by 4.25% (0.0425).....	17.					00

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

Request and Consent for Disclosure of Michigan Tax Return Information

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 authorized 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	Email Address
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 Michigan 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. I understand that once the tax returns are furnished, the appointee is solely responsible for the privacy and security of the tax return information. This authorization expires in six months and is not a substitute for a formal Form 151, Authorized Representative Declaration.			
Appointee Name Debra Monroe, Oakland Community Health Network	Email Address monroed2@Oaklandchn.org	Telephone Number (947) 245-1576	
Address (Street) 5505 Corporate Drive	City Troy	State MI	ZIP Code 48098
Signature of Taxpayer OR Legal Representative			Date
<input checked="" type="checkbox"/> Check this box if you prefer to have your request emailed back.			

PART 3: FEE SCHEDULE		
Authorized third parties must pay the fee described here. 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	X N/A	\$ 5.00
Additional Year(s)	X N/A	\$ 3.00 X _____
FEE TOTAL		\$5.00

Please allow 60 days for processing your request.
 The Disclosure Unit will only provide records once. Records will not be resent without submitting a new 4095 form and fee.
 You must submit your request with payment to the following address, "Michigan Department of Treasury, Disclosure Unit does not issue invoices. Please wait 30 days from mailing to check the status of request.

Send this form to:
 Michigan Department of Treasury
 Privacy and Security, Disclosure Unit
 P.O. Box 30832
 Lansing, MI 48909
 Email: Treas_Disclosure@michigan.gov
Allow 60 days to process your request.

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"/>	Other _____
4. <input type="checkbox"/>	See attached 4374 form for additional information needed
Disclosure Unit Approval Certification	Date Completed