



MI Bridges Community Partner Application Instructions

Thank you for your interest in becoming a MI Bridges Community Partner. Please review the Michigan Benefits Access (MBA) Levels of Engagement document prior to completing the MI Bridges Community Partner Application. If you are applying to become a Navigation Partner, all staff/volunteers that will be providing one-on-one assistance at your agency will also need to complete the MI Bridges Navigation Partner User Application and submit that with your Community Partner Application.

Section 1:

Agency Name: Complete with full agency name, spelled out, no acronyms.

Street Address: Complete with street address for main office/location.

City, State, Zip: Complete with city of main office location above, state and zip code.

County: Complete with county where main office is located.

Counties served: Complete with all county or counties in which the agency provides services. If agency has multiple offices, please list all counties of service where those offices are located.

Phone Number: Complete with agency's main phone number.

Tax ID Number: Complete with the agency's tax identification number.

Lead Point of Contact: Complete with staff person who will serve as the lead point of contact for communications with MDHHS and the Michigan Association of United Ways (MAUW). This person will also serve as the staff member who will confirm that the Navigation Partner User application is submitted and that staff and volunteers complete the MBA/MI Bridges Navigation Training and/or Orientation Webinar.

Lead Point of Contact Email: Complete with the email address of the lead point of contact listed above.

Lead Point of Contact Phone Number: Complete with lead point of contact direct phone number.

IP Address: Complete with the agency Internet Protocol Address. You can find your IP address by using a computer at your agency and going to a website such as www.whatsmyipaddress.com or www.ipaddress.com to determine what the IP address is.

Section 2:

Agency type: Select only one. Complete with agency type that best describes your agency's primary area of service. Health Center, Hospital, School, County or Social Service Agency, Food Pantry/Bank, Employment Assistance, Senior Center, Library, Shelter, Faith-Based, Community Center, Community Action Agency, Veterans Organization or Other. You must list agency type in the 'Other' field.

*If more than one agency type best describes your agency please contact harveyj1@Michigan.gov for further instructions.

501(c)3 Status: Select Yes or No to indicate whether or not your agency has 501(c)3 status.

Number of MI Bridges posters you would like sent to your agency in the following languages: Complete with the number of posters your agency would like to receive in English, Spanish, and Arabic.

Number of computers your agency has available for clients to access MI Bridges: Complete with the total number of computers your agency has available for clients to use MI Bridges independently.

Section 3:

Select type of partner status for which you are applying:

Access Partner: An Access Partner is an agency that agrees to promote MBA and MI Bridges by displaying promotional materials about MBA and providing a computer(s) to be utilized by clients to access MI Bridges. The computer(s) does not have to be exclusively for MI Bridges use. As a MI Bridges Access Partner, an agency will offer individuals without access to computers or the Internet a way to complete the application themselves. Examples of agencies that may consider serving as MI Bridges Access Partners include libraries, community centers, or schools.

Navigation Partner: A Navigation Partner is an agency that agrees to promote MBA and MI Bridges by displaying promotional materials, providing a computer(s) to be utilized to access MI Bridge, and providing one-on-one technical and navigation assistance to potential MI Bridges applicants. The assistance provided may vary from simply answering applicant questions to helping clients complete the entire application online. This typically includes teaching clients how to use the system themselves, such as individuals without computer knowledge or literacy skills.

Multiple ID Numbers needed: Check the box in this section if your agency will need multiple ID numbers because of multiple agency offices/locations and a staff member will follow up with your agency.

Michigan 211: Michigan 2-1-1 is a toll-free helpline and online database that connects people with information and resources to build healthy, safe communities. The Michigan 2-1-1 database has information on more than 8,500 agencies and 50,000 programs. Select Yes or No to indicate your agency's willingness to be included in the 2-1-1 Health & Human Services Database.

Section 4: Only complete this section if you are applying as an Access Partner.

Check the box I certify that the agency's lead point of contact has completed or will complete an MBA MI Bridges orientation webinar or navigation training.

Check the box I understand that state and federal laws require that information regarding persons applying through MI Bridges be safeguarded from unauthorized use or disclosure. Throughout the course of conducting MI Bridges outreach and enrollment activities, confidential personal and demographic data from clients will be collected. I understand that the agency may not use personal, medical, or demographic client data for any purpose that is not directly related to the fulfillment of my agency's outreach and enrollment responsibilities. I also understand that the agency may not disclose personal, medical or demographic client information to any person not directly responsible for ensuring the processing of MI Bridges applications.

Michigan Benefits Access Web Site: Select Yes or No to indicate your agency's willingness to be posted on the Michigan Benefits Access web site (<http://www.mibenefitsaccess.org>) as a MI Bridges Access Partner Agency where individuals can go to access MI Bridges.

Section 5: Only complete this section if you are applying as a Navigation Partner.

Check the box I certify that all agency staff and volunteers who will be providing one-on-one assistance will complete and submit a MI Bridges Navigation Partner User Application and I have made them aware of the criminal history check requirements.

Check the box I certify that all agency staff and volunteers who will be providing one-on-one assistance with MI Bridges will complete an MBA MI Bridges Navigation Training provided by the Michigan Association of United Ways.

Check the box I understand that state and federal laws require that information regarding persons applying through MI Bridges be safeguarded from unauthorized use or disclosure. Throughout the course of conducting MI Bridges outreach and enrollment activities, confidential personal and demographic data from clients will be collected. I understand that the agency may not use personal, medical, or demographic client data for any purpose that is not directly related to the fulfillment of my agency's outreach and enrollment responsibilities. I also understand that the agency may not disclose personal, medical or demographic client information to any person not directly responsible for ensuring the processing of MI Bridges applications.

Check the box I certify that all MI Bridges one-on-one assistance provided by agency staff or volunteers will be conducted in person.

Check the box I certify that our agency will not financially benefit from providing MI Bridges one-on-one assistance.

Michigan Benefits Access Web Site: Select Yes or No to indicate your agency's willingness to be posted on the Michigan Benefits Access web site (<http://www.mibenefitsaccess.org>) as a MI Bridges Navigation Partner Agency where individuals can receive benefit access services.

Target Benefit Access Services Population: Check all boxes that correspond to the type of clients that receive benefits access services at your agency. Your Agency's Clients Only, Any resident within your county, Any resident within the state of Michigan, Any Resident of your community. You must list the type of clients that receive benefits access services at your agency in the 'Other' field.

Type of Benefit Access Services: Select Yes or No to indicate whether your agency will assist clients in applying for all benefit applications (Food Assistance, Cash Assistance, Medical Assistance, Child Development and Care, and State Emergency Relief) in MI Bridges.

If your agency does not assist clients in applying for all benefit applications in MI Bridges, check all of the types of benefit applications your agency does assist clients in applying for (Food Assistance, Cash Assistance, Medical Assistance, Child Development and Care, and State Emergency Relief).

Section 6:

Sign and date application: The MI Bridges Community Partner Application must be signed by the agency director. The Executive Director or CEO of the agency should sign the application demonstrating the overall agency support for becoming a MI Bridges Community Partner. Only original signatures (no digital signatures) will be accepted on the application. Please print out the application, complete all signature information, and submit the application via the email address or fax number listed below.

Submit completed application to:

Michigan Department of Health & Human Services
235 S. Grand Avenue, Suite 1106
Lansing, MI 48933
Email: DHSCCommunityPartners@michigan.gov
Fax: (517) 335-4624