



MI Bridges Community Partner Application

Please review the Levels of Engagement for Michigan Benefits Access (MBA) document as well as the Community Partner Application Instructions prior to completing this form.

SECTION 1:

Agency Name

Street Address

City, State, Zip Code

County

Counties Served

Phone Number

Tax ID

Lead Point of Contact

Lead Point of Contact Email

Lead Point of Contact Phone Number

IP Address

*****You can find your agency's Internet Protocol (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)

*If you selected 'Other' please list agency type

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

Number of MI Bridges posters you would like sent to your agency in the following languages:

English Spanish Arabic

Number of Computers your agency has available for clients to access MI Bridges:

SECTION 3:

Access Partner

Navigation Partner

Select this box if you will need multiple ID numbers because of multiple agency offices/locations and a staff member will follow up with your agency.

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.

Yes No

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

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

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.

Would your agency like to be listed 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?

Yes No

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

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.

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.

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.

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

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

Would your agency like to be listed 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?

Yes No

Who is your agency's target Benefit Access Services population? Please check ALL that apply.

- | | |
|---------------------------------|---|
| Your Agency's Clients Only | Any Resident of your community |
| Any resident within your county | Any resident within the state of Michigan |
| Other, please specify | |

What type of Benefit Access Services will your agency provide?

Bundled Benefit Access: Will your agency 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?

Yes No

If you answered No to the question above, what benefits will your agency assist clients in applying for? Please Check ALL that apply:

- | | |
|--------------------|----------------------------|
| Food Assistance | Child Development and Care |
| Cash Assistance | State Emergency Relief |
| Medical Assistance | |

SECTION 6: This MUST be signed by the Agency Director

By signing below I certify that all of the above information is true and accurate to my knowledge. My signature demonstrates overall agency support for becoming a MI Bridges Community Partner. Only original signatures (no digital signatures) will be accepted on the application.

Print Name _____ Title _____

Signature _____ Date _____