



MI Bridges Navigation Partner User Application

SECTION 1:

Legal Name (first, middle initial, last)

Personal Address

City, State, Zip Code

Agency

Navigation Partner ID #

Date of Birth (mm\dd\yyyy)

Driver's License or State ID #

Phone Number

Email

SECTION 2:

Type of User (select ONLY one)

Agency Staff Member

Volunteer

SECTION 3:

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 I 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 I may not disclose personal, medical or demographic client information to any person not directly responsible for ensuring the processing of MI Bridges applications.

I understand that the Michigan Department of Health & Human Services will conduct a criminal history check consisting of an ICHAT and Central Registry Check. I further understand that certain criminal convictions will prohibit my participation - specifically, crimes that raise concerns for clients' safety and property or raise questions about my honesty and integrity. They include but are not limited to: homicide, criminal sexual conduct, assault, battery, kidnapping, larceny, embezzlement, conversion, fraud, forgery and false representation. I certify that I have not been convicted of any crime, including, but not limited to those listed above, that would raise concerns for clients' safety and property or cause you to question my honesty and integrity.

I will successfully complete an MBA MI Bridges Navigation Training provided by the Michigan Association of United Ways.

If you already completed an MBA MI Bridges Navigation Training, please document the training date and location below.

Training Date

Training Location (Agency or City)

SECTION 4:

By signing the application you are verifying you are working or volunteering with an agency who is a Navigation Partner with MDHHS and that the information is true and accurate to your knowledge. Only original signatures (no digital signatures) will be accepted on the application.

Print Name _____

Title _____

Signature _____

Date _____