



MI Bridges Navigation Partner User Application Instructions

All staff or volunteers who will be providing one-on-one applicant assistance via an approved MI Bridges Navigation Partner need to complete the application.

Section 1:

Name: Complete with your legal name (first, middle initial, last).

Street Address: Complete with your personal street address.

City, State, Zip: Complete with your personal city, state and zip code.

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

Navigation Partner ID #: Complete with your agency's Navigation Partner ID number, if applicable.

Date of Birth: Complete with date of birth (i.e., 01/01/1950).

Driver's License or State ID #: Complete with your valid Michigan driver's license or state identification number.

Phone Number: Complete with your direct phone number at the agency.

Email: Complete with your agency email address.

Section 2:

Select type of user: Select only one.

Agency Staff Member: Select if you are a paid staff member of the agency listed above and you provide one-on-one assistance with MI Bridges applications.

Volunteer: Select if you are a volunteer at the agency listed above and you provide one-on-one assistance with MI Bridges applications.

Section 3:

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 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.

Check the box I understand that the Michigan Department of Health & Human Services (MDHHS) 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.

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

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

Section 4:

Sign and date application: 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 (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