GUARDIANSHIP ASSISTANCE CASE OPENING REQUEST

Michigan Department of Human Services

INSTRUCTIONS:

Assigned worker COMPLETES this entire form. Guardian and assigned worker sign page 2.

Child's Name (Last, First, Middle)			
Child's Birthdate	Child's Social Security Number	Child's Race	Child's Sex

Payments can only be issued in **one** guardian name. Choose **one** guardian payee by checking the Payee box next to one name below.

Guardian Parent Name (Last, First, Middle)	Payee ☐	Guardian Name, if more than one (Last, First, Middle)	Payee ☐
Social Security Number of Above Guardian		Social Security Number of Above Guardian	
Home Address (Number and Street)		City	State / Zip
Mailing Address (if different from above, or P.O. Box)		City	State / Zip
Home Phone Number		Work or Other Phone Number	Whose Number? (name)

1. Type of Assistance

☐ Guardianship Assistance ☐ Medical Subsidy ☐ Nonrecurring Expenses

Guardianship Order Date

2. Criminal History

Does any adult (age 18 or over) in the household have felony convictions for any of the following:

- Child abuse or neglect, spousal abuse
- Crime against children, including pornography
- Violence, rape, sexual assault, homicide
- Within the last five years: physical assault, battery, or a drug related offense

☐ Yes ☐ No

If yes, name and relationship _____

4. Medical Coverage for Child (Other than Medical Subsidy)

☐ Medicaid ☐ Insurance ☐ Children's Special Health Care Services ☐ No insurance coverage for child

Insurance Company Name #1	Insurance Policy Number
Coverage/Policy Type: ☐ Major Medical ☐ Dental ☐ Vision ☐ Catastrophic Only	
Insurance Company Name #2	Insurance Policy Number
Coverage/Policy Type: ☐ Major Medical ☐ Dental ☐ Vision ☐ Catastrophic Only	
Insurance Company Name #3	Insurance Policy Number
Coverage/Policy Type: ☐ Major Medical ☐ Dental ☐ Vision ☐ Catastrophic Only	

DISTRIBUTION:

ORIGINAL – DHS Subsidy Office, Central Office
Make a copy to retain for your records

To the best of my knowledge, the following information is accurate and complete.

Guardian (s) Signature(s)	Date
Assigned Worker Signature	Date
Telephone Number	Agency Name

INSTRUCTIONS:

Attach a copy of:

- The JC 91, Order Appointing Juvenile Guardian.
- Send the original of this form and all attachments to:

MICHIGAN DEPARTMENT OF HUMAN SERVICES
SUBSIDY OFFICE
235 S GRAND AVE SUITE 413
PO BOX 30037
LANSING MI 48909

- Retain a copy for your records.

AUTHORITY: Act 260 of 2008, as amended. COMPLETION: Mandatory. PENALTY: Failure to comply may result in inability to open case.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.