

# JUVENILE GUARDIANSHIP MEDICAL SUBSIDY APPLICATION

State of Michigan

Department of Human Services

Child's Name (Last, First, Middle)	Birthdate (mm/dd/yyyy)		
Has Child Been Approved for the Guardianship Assistance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the Guardianship Order Been Signed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Print Guardian Name(s) (Prospective or Appointed)	Phone Number (    )		
Address	City	State	Zip Code

**COMPLETE THIS SECTION IF THE GUARDIANSHIP HAS NOT YET BEEN ORDERED BY THE COURT**

Supervising Agency Name	Worker Name		
Complete Address	City	State	Zip Code
Phone (    )	Email		

**INSTRUCTIONS: Complete the following request to apply for certification of Juvenile Guardianship Medical Subsidy.**

A child may be eligible for medical subsidy if:

- The child is eligible for a Juvenile Guardianship Assistance Payment.
- The child is under age 18 at the time of the certification of the medical subsidy condition(s) by the DHS Subsidy office.
- The medical subsidy is necessary because of an identified physical, mental or emotional condition of the child which existed, or the cause of which existed, before the guardianship order by the court.

**Required documentation:**

**For children who have not yet entered juvenile guardianship:** Current (dated within the last 12 months) signed medical and/or professional reports of diagnosed conditions must be submitted with this application. An approved medical subsidy requested before the child is placed in juvenile guardianship is effective the date of the guardianship order.

**For children who are already in a court ordered juvenile guardianship:** If you have current (dated within the last year) signed medical and/or professional reports of diagnosed conditions, attach them to this application

If you do not have current signed medical and/or professional reports of diagnosed conditions, you may submit this application without attaching the reports. You must submit the reports within 90 days of the application. If the reports are received within 90 days of the application and the conditions are approved, the coverage will be effective back to the date the DHS Subsidy Office received the application. If documentation is not received within 90 days, the request will be denied.

**Submit the completed application and professional reports to: DHS Subsidy Office, 235 S. Grand Ave., Suite 412, P.O. Box 30037, Lansing, MI 48909.**

**A medical subsidy is being requested for the following physical, mental or emotional condition(s).**

NAME OF DIAGNOSED CONDITION	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Guardian Signature	Date
<p>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.</p>	<p>If the decision regarding certification is unsatisfactory, a hearing may be requested in writing within 90 days to:                      Administrative Hearings Coordinator                      DHS Subsidy Office                      235 S. Grand Ave., Suite 412                      P.O. Box 30037                      Lansing, MI 48909</p>