

Consumer Enrollment Form

(Complete this form to make a choice)

We are asking you to choose a Clinically Responsible Service Provider (CRSP) to coordinate services.

STEP 1: Please fill out the boxes below. If you need help, please call a DWIHN Access Center Representative at 1-800-241-4949 or (TDD) 1-866-870-2599 for the Hearing Impaired.

(TDD) 1-866-870-2599 for the Hearing Impaired.				
Your First Name: (Please Print)	Middle Initi	al: La	ast Name:	
Street:				
City:			Zip Code:	
Date of Birth:			Birth Gender (Sex) :MaleFemale	
Home Phone Number: ()				
Work Phone Number: ()			E-mail:	
Cellular Phone Number: ()				
Social Security Number: ()				
Do you have Medicaid?Yes, I have MedicaidNo, I don't have Medicaid				
Your First Language is:Englis	hArabic	Chinese	ItalianPolish	
Spanish				
STEP 2: QUESTIONS: Please answer the following questions before you make a choice.				
 Do you understand how to make a choice?YesNo Has someone talked to you about making a choice?YesNo Do you want someone to talk to you about making a choice?YesNo 			YesNo	
STEP 3: Look through your Customer Service Directory to select the CRSP of your choice.				

If you need help finding a provider, call a **DWIHN Access Center Representative at 1-800-241-4949.**

Revised April 2021 TD

Choose One Clinically	Responsible Service Provider		
-	/Adolescents/Youth with I/DD, SMI & SED		
☐ All Well Being Services (AWBS)	□ Northeast Integrated Health		
☐ Arab Community Center for Economic and Social Services (ACCESS)	☐ Psygenics		
☐ Development Centers, Inc.	☐ Team Wellness Center		
☐ Neighborhood Services Organization (NSO) No SED	☐ The Guidance Center		
Children			
	ren/Adolescents/Youth with SMI & SED		
Arab American and Chaldean Council (ACC)	☐ Hegira Health, Inc.		
☐ Black Family Development, Inc.	☐ Lincoln Behavioral Services		
☐ Community Care Services	Ruth Ellis Center		
☐ Community Network Services (CNS) Healthcare	☐ Southwest Counseling Solutions		
Population Served: Adults, Chi	ildren/Adolescents/Youth with I/DD		
□ Community Living Services	☐ Macomb-Oakland Regional Center, Inc. (MORC)		
☐ Goodwill Industries of Greater Detroit	☐ Wayne Center		
-	d: Adults Only with I/DD		
☐ JVS Human Services	☐ Services to Enhance Potential (STEP)		
	d: Adults Only with SMI		
☐ Central City Integrated Health (CCIH)			
	Adolescents/Youth with I/DD & SED		
☐ Starfish Family Services, Inc.	☐ The Children's Center		
·	en/Adolescents/Youth with SED		
☐ Assured Family Services			
STEP 4: Your Signature. Please sign	n in the box below		
Signature:	Date:		
Please Print Name:			
Tribado Frint Harrior			
Signature of the person helping you fill out the	e form:		
	v if you have a legal guardian or an appointed all a DWIHN Access Center Representative at: 599 for the Hearing Impaired.		
Name:			
Address:			
Phone Number: () E-r	mail:		
Relationship: Parent: Family Memb	per Spouse Other Guardian		

STEP 6: Please mail your application back to the address below (currently no walk-ins are being accepted).

DWIHN Access Center 707 W. Milwaukee Detroit, MI 48202

You will receive a confirmation letter of your enrollment in the mail.