

Choose One Clinically Responsible Service Provider	
Population Served: Adults, Children/Adolescents/Youth with I/DD, SMI & SED	
<input type="checkbox"/> All Well Being Services (AWBS)	<input type="checkbox"/> Northeast Integrated Health
<input type="checkbox"/> Arab Community Center for Economic and Social Services (ACCESS)	<input type="checkbox"/> Psygenics
<input type="checkbox"/> Development Centers, Inc.	<input type="checkbox"/> Team Wellness Center
<input type="checkbox"/> Neighborhood Services Organization (NSO) No SED Children	<input type="checkbox"/> The Guidance Center
Population Served: Adults, Children/Adolescents/Youth with SMI & SED	
<input type="checkbox"/> Arab American and Chaldean Council (ACC)	<input type="checkbox"/> Hegira Health, Inc.
<input type="checkbox"/> Black Family Development, Inc.	<input type="checkbox"/> Lincoln Behavioral Services
<input type="checkbox"/> Community Care Services	<input type="checkbox"/> Ruth Ellis Center
<input type="checkbox"/> Community Network Services (CNS) Healthcare	<input type="checkbox"/> Southwest Counseling Solutions
Population Served: Adults, Children/Adolescents/Youth with I/DD	
<input type="checkbox"/> Community Living Services	<input type="checkbox"/> Macomb-Oakland Regional Center, Inc. (MORC)
<input type="checkbox"/> Goodwill Industries of Greater Detroit	<input type="checkbox"/> Wayne Center
Population Served: Adults Only with I/DD	
<input type="checkbox"/> JVS Human Services	<input type="checkbox"/> Services to Enhance Potential (STEP)
Population Served: Adults Only with SMI	
<input type="checkbox"/> Central City Integrated Health (CCIH)	
Population Served: Children/Adolescents/Youth with I/DD & SED	
<input type="checkbox"/> Starfish Family Services, Inc.	<input type="checkbox"/> The Children's Center
Population Served: Children/Adolescents/Youth with SED	
<input type="checkbox"/> Assured Family Services	

STEP 4: Your Signature. Please sign in the box below

Signature:	Date:
Please Print Name:	
Signature of the person helping you fill out the form:	

STEP 5: Please fill out the box below if you have a legal guardian or an appointed power of attorney. If you need help, call a **DWIHN Access Center Representative at: 1-800-241-4949 or (TDD) 1-866-870-2599 for the Hearing Impaired.**

Name:	
Address:	
Phone Number: ()	E-mail:
Relationship: ___ Parent: ___ Family Member ___ 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.