



STATE OF MICHIGAN  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 LANSING

GRETCHEN WHITMER  
 GOVERNOR

ELIZABETH HERTEL  
 DIRECTOR

Members Name:  
 Members' date of birth:  
 MDHHS Case Number:  
 Dates of Service:

Dear AFC Home Operator:

Please supply the following information regarding the above-named resident of your facility:

Total amount resident pays per month for medical care, including behavioral health services (i.e. community living supports, personal care): \$ \_\_\_\_\_

Total amount resident pays you for rent: \$ \_\_\_\_\_

Medical services, including behavioral health services, you provide (i.e. community living supports and personal care): \_\_\_\_\_

You may designate a fixed percentage amount of the total cost of care per month as the resident's room and board cost. This must be universal for all residents applying for assistance.

\_\_\_\_\_  
 Provider's signature

\_\_\_\_\_  
 Date

Thank you for this information.

Sincerely,

\_\_\_\_\_  
 MDHHS Eligibility Specialist

For agency use only

Total cost	- Room & Board	= Medical
	-	=

Room & Board	- FS Allotment for 1	= Shelter
	-	=

The Department of Health and Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, 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 an DHHS Office in your county.