

Contact and Intake Information

Date of agency referral to MI-LAPP

Emergency (Referral goal—within 2 business days)
(Provide reason for emergency in Summary of Case Section)

Non-Emergency (Referral goal—within 5 business days)

Referring Agency

Contact Person at Agency

Contact Person's Phone

Contact Person's Email

Client Name

Client Social Security Number Client Date of Birth

Client Phone

Client E-mail

Client's Address

▶ **Return** completed form by e-mail or fax to:

▶ **MI-LAPP Attn: Robert Mathis**

▶ **E-mail: rmathis@mail.michbar.org**

▶ **Fax: 517-372-0401**

▶ **Phone: 517-346-6412**

Court Dates and Other Immediate Deadlines

Summary of Case

Client Eligibility

Is client currently receiving FIP, SSI, food stamps, or Medicaid?

Yes, client is financially qualified to participate in the program.

No, client must qualify by both income and asset limitations.

Note: To participate in the program, client's family income cannot exceed 200% of current federal poverty guidelines. Liquid assets cannot exceed \$5,000.

Number of Children

Number of Adults

Total Income

Total Liquid Assets*

*The total amount of funds that are in the form of cash or can quickly be converted to cash, and investments capable of being quickly converted into cash without significant loss.

Prior Work Done and Suggested Next Steps