

EFFECTIVE

November 15, 2007.

SUBJECTS

1. Relocation services updated:
 - Shelter units free of lead-based paint.
 - Potential homelessness or homeless.
2. Burial rates.
 - Application deadline.
3. Online manual pages.

**1) RELOCATION
SERVICES
UPDATED****ERM 303****Shelter Units
Free of Lead-
based Paint**

According to the Department of Health and Human Services, homes built before 1978 often contain lead-based paint. Medical studies have shown that lead can cause harmful effects ranging from reduced intelligence and behavior difficulties to internal organ damage and, at high levels, can cause death. The Childhood Lead Poisoning Prevention and Control Commission, as directed in PA 434 of 2004, convened and adopted the mission to integrate public and private sector strategies to prevent and control childhood lead poisoning.

Before relocation services can be approved for families with children under the age of six (6), a DHS-3688, Shelter Verification form, with a revision date of November 2007 or later, is required. A question has been added to the revised form asking if the home is free of lead paint. Refer to Exhibit I.

The shelter provider is required to complete and sign the DHS-3688. If the shelter unit is not free of lead-based paint, payment for relocation services for that residence may not be approved.

The signed DHS-3688 is required only when a family, with a child under the age of six (6), has requested relocation services to move into a new residence. An updated form is not required for relocation services (rent to prevent eviction) for the current residence.

**Homeless or
Potentially
Homeless**

A note is added to clarify that a Demand for Possession Non-Payment of Rent or Notice to Quit are not acceptable verifications for relocation services.

2) BURIAL RATES**ERM 306**

All applications and payments for burial **processed** on or after November 15, 2007 must be paid at the new rates. Refer to the table, Maximum Payments For SER Burial Services effective 11/15/2007, below.

The maximum contribution from family and/or friends has been increased from \$2600 to \$4000. The maximum burial rate for unclaimed bodies is \$465.

Reason: Burial rate changes are established by Administrative Rule:

- 1939 PA 280, as amended.
- MAC 400.7001 - 400.7049.

**Application
Deadline**

The SER application deadline is changed from 10 working days to 10 calendar days.

Reason: Clarification.

MAXIMUM PAYMENTS FOR SER BURIAL SERVICES Effective 11/15/2007			
Burial Service	Payment to Funeral Director (code 80)	Payment to Cemetery or Crematory (code 81)	Payment for Vault (code 82)
Fetus or infant under age 1 month	\$100	\$45	\$0
Burial with memorial service	\$455	\$145	\$100
Burial without memorial service	\$220	\$145	\$100
Cremation with memorial service	\$455	\$145	\$0
Cremation without memorial service	\$220	\$145	\$0
Transportation of donated body	\$.32 per mile up to \$176	\$0	\$0
Maximum payment where irrevocable funeral agreement (8A) exists	\$0	\$145	\$100

**3) ONLINE
MANUAL PAGES**

Online manual pages will be updated with the January 2008 release of policy.

EXHIBIT - DHS-3688, SHELTER FORM

SHELTER VERIFICATION

Michigan Department of Human Services

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, 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.

"This institution is an equal opportunity provider."

AUTHORITY: Federal

7 CFR Food Stamp Act, 454 PA 2004, MCL Security Privacy Act, 454 PA 2004, MCL 445.81 et seq., 1939 PA 280, as amended and MAC 400.7001 - 400.7049

COMPLETION: Required for Ser Relocation Services. Optional for other programs.

PENALTY: Decrease or loss of benefits.

Grantee Name, Grantee Client ID, Case Number, County, District, Section, Unit, Specialist, Date, Verification Due Date, Specialist Name, Phone Number, Local Office Name and Address

Your shelter obligation must be verified by the verification due date in the box above. You may give this form to your landlord, mortgage company or land contract holder for completion, or you may provide other proofs, such as:

- Rental or mortgage contracts, a signed and dated statement from your landlord, mortgage company or land contract holder, that includes the name and address of the client, amount paid and period covered.
Current copies of your property taxes, homeowner's insurance, assessment, telephone, heat and utility bills.

Contact our office if you have any questions or need additional forms.

To Be Completed by LANDLORD/MORTGAGE CO./LAND CONTRACT HOLDER about Client's Obligation

Total Monthly Shelter Obligation (Excluding Additional Fees), Address of Shelter Unit, Type of Shelter Unit, Property Owner/Contract Holder/Landlord, Mailing Address for Shelter Payment, Signature of Landlord/Mortgagor/Land Contract Holder

To be Completed by AFC/Supported Independent Living Facilities Only:

Is your home a DMH/CMH contract home?, Does DMH or CMH pay a subsidy on behalf of the client?, Client's monthly shelter responsibility, Client is responsible to pay:, Client's monthly uncovered medical expenses, Medical services provided for this client, Is your home a non-profit home?, AFC Home/Supported Independent Living Facility Name, Signature of AFC/Supported Independent Living Facility/Representative

DHS-3688 (Rev. 11-07) Previous edition obsolete. MS Word

**MANUAL
MAINTENANCE
INSTRUCTIONS**