

KALAMAZOO COUNTY DHS
322 E STOCKBRIDGE AVE
KALAMAZOO MI 49001

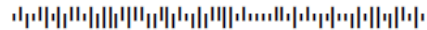
Save time - go online!
Go to www.michigan.gov/mibridges/ to
upload requested proofs and access your case.

Case Name:
Case Number:
Date:
MDHHS Office:
Specialist / ID:
Phone:
Fax:
Individual ID:

STATE OF MICHIGAN
Department of Health and Human Services

If you do not understand this, call an MDHHS office in your area.
MDHHS employees are prohibited by law from providing legal advice.
Si usted no entiende esto, llame a una oficina de MDHHS en su área.
La ley prohíbe a los empleados de MDHHS proporcionar asesoría legal.
إذا واجهت صعوبة في فهم هذا الطلب، فاتصل بمكتب MDHHS الموجود في منطقتك.
يحرم القانون على موظفي MDHHS إعطاء النصيحة القانونية.

KALAMAZOO COUNTY DHS
PO BOX 8123
ROYAL OAK MI 48068-9985



COMMUNITY SERVICE ACTIVITY REPORT

RETURN TO YOUR MDHHS SPECIALIST

Specialist name	Number of hours per month	Report month	*Due date

INSTRUCTIONS

Use this form to report your Community Service Work Activities. To keep your food assistance benefits, the number of hours you work this month must equal the amount of your food assistance benefit divided by the minimum wage.

Community Service Hours =

Community Service Work Activity is providing unpaid work for a nonprofit agency (e.g.: hospital, schools, United Way Agencies, Salvation Army, churches, Community Action Agencies, etc.).

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*Return this form by the due date.

This form must be signed by you and the Community Service Agency for which you provide unpaid work, every month.

over

DHS-1997 (Rev. 6-19) Bridges



Case Name	Case Number	Specialist
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CLIENT

<p>I understand that I must:</p> <p>Engage in self-initiated community service for a nonprofit organization. The number of hours of community service I must perform each month is equal to my total food assistance benefit divided by minimum wage.</p> <p>I agree to the above as a condition of Food Assistance eligibility and I will report monthly using this form.</p>	
Signature	Date

CERTIFYING COMMUNITY SERVICE AGENCY

<p>The person named above must meet work requirements to receive food assistance benefits. One way the work requirement can be met is by providing community service for a local nonprofit organization. Complete and sign the statement below to verify on a monthly basis the number of hours worked. Retain a copy of this form for your records. Thank you for your assistance.</p> <p>I certify that _____ provided _____ hours of unpaid work for _____ during the month of _____, 20____.</p> <p style="text-align: center;">Agency</p>	
Name/Title (please print)	Signature
_____	_____
Phone number	Date
_____	_____
<p>The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.</p> <p>AUTHORITY: Federal 7 CFR Food and Nutrition Act of 2008, as amended.</p> <p>PENALTY: Failure to complete this form could eventually result in a loss of Food Assistance benefits.</p> <p>This institution is an equal opportunity provider.</p>	