

MICHIGAN DEPT. OF HEALTH AND HUMAN SERVICES
BARRY LAWSUIT PROCESSING UNIT
PO BOX 30784
LANSING MI 48909-9561

<FIRST NAME FIELD><LAST NAME FIELD>
<STREET_ADDRESS>
<CITY>, <STATES> <ZIP_CODE>

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.

Mailing Date: <date mailed>

NOTICE OF “LUMP SUM” PAYMENT FOR BACK BENEFITS MDHHS OWES YOU BASED ON THE *BARRY v. LYON* LAWSUIT

If you do not understand this, call 877-522-8050
Si usted no entiende esto, llame a 877-522-8050
مقرلا بلع لاصتالاب مق ، اذه مهفت ال تنك اذإ 877-522- 8050

Dear <FIRST NAME FIELD><LAST NAME FIELD>,

The Michigan Department of Health and Human Services (MDHHS) has determined that you are entitled to a Food Assistance payment for back benefits.

MDHHS will put \$3,120 in Food Assistance benefits on your Bridge Card unless you ask MDHHS for the exact amount you are owed from December 30, 2012 to January 9, 2015 (opt out)(see below). Although you should receive your lump sum within 120 days, we cannot give you the exact date you will receive it. This \$3,120 Food Assistance is called a “lump sum” payment.

HOW DO I GET THE LUMP SUM PAYMENT?

If you want the \$3,120 lump sum payment you do not have to do anything.

MDHHS will put the “lump sum” on your Bridge Card. If you have never had a Bridge Card, MDHHS will send you one. If you need a replacement Bridge Card, call 877-522-8050.

If you accept the \$3,120 lump sum payment, that is the full amount you will get as back Food Assistance benefits. By accepting the lump sum, you agree that \$3,120 is the amount of Food Assistance benefits you will receive for December 30, 2012 to January 9, 2015 as a result of the *Barry v. Lyon* lawsuit. You will **not** be able to appeal that amount or ask to have your benefit amount individually calculated.

WHY IS MDHHS MAKING THIS PAYMENT TO ME?

MDHHS is making this payment because MDHHS did not let <NAME OF DISQUALIFIED PERSON> have Food Assistance for some period of time between December 30, 2012 and January 9, 2015, based on a “criminal justice disqualification.” A federal court in the *Barry v Lyon* lawsuit decided that MDHHS could not disqualify individuals under a “criminal justice disqualification” based solely on an outstanding felony warrant. As a result, under federal law, MDHHS owes you for any Food Assistance you would have received if <NAME OF DISQUALIFIED PERSON> had not been disqualified.

The \$3,120 “lump sum” payment may be more or less than the exact amount of Food Assistance MDHHS would have paid you without the disqualification. You should expect to receive the lump sum payment in about 120 days.

WHAT IF I WANT THE EXACT AMOUNT INSTEAD OF THE LUMP SUM

If you want MDHHS to calculate and pay you the exact amount of Food Assistance you were denied when <NAME OF DISQUALIFIED PERSON> was disqualified, you must **opt out** of the lump sum payment. **If you “opt out”, you agree that you will NOT get the \$3,120 lump sum.** Instead, you will get the actual amount MDHHS decides your household was denied when <NAME OF DISQUALIFIED PERSON> was disqualified.

If you do not have the paperwork MDHHS needs to figure out the exact amount, you may receive less than you believe you are owed, or even no payment at all. If MDHHS decides the exact amount is less than \$3,120, you will not be able to go back and ask for the lump sum.

To opt out and claim the exact amount you are owed, fill out the enclosed “OPT OUT FORM” and send it to the following address by [30 days from date this notice was sent]. Keep a copy of the filled-in form and write the date you mail it on your copy.

Michigan Department of Health and Human Services
Barry Lawsuit Processing Unit
P.O. Box 30784
Lansing MI 48909-9561

WHAT HAPPENS IF I ASK MDHHS FOR THE EXACT AMOUNT (OPT OUT)?

ONCE YOU ASK MDHHS FOR THE EXACT AMOUNT (OPT OUT), YOU CANNOT GO BACK AND ASK TO RECEIVE THE LUMP-SUM PAYMENT.

- Once you send in your form, MDHHS will calculate the actual amount you were denied because of the criminal justice disqualification.
- You may have to give MDHHS more information and proof about past income, expenses, assets and the people in your family in past months, so that MDHHS can calculate the actual amount you should have been paid in those months. MDHHS will send you a notice telling you what information and proof you must provide and the date it must be received by MDHHS. If you do not provide information or proof MDHHS asks for, MDHHS might not be able to give you back benefits, or might need to give you a smaller amount.
- MDHHS will send you a notice of the benefits that you will be paid after MDHHS calculates the amount based on the proofs you provide.
- The calculated amount may be more or less than the \$3,120 lump sum. If you think the amount is wrong, you may request an administrative hearing to determine if the amount is correct.

SHOULD I TRY TO PROVE THE EXACT AMOUNT?

You should decide what you think is best for you and your family. Some things to consider:

- Do you think MDHHS owes you more than \$3,120 for the time when **<NAME OF DISQUALIFIED PERSON>** was disqualified? How many months was that person cut off or denied? How much would you have received if that person was not cut off or denied?
- Do you have the information and proof MDHHS will need to pay the actual amount you were denied?
- It will take longer to get back benefits if you “opt out” and ask MDHHS to decide the exact amount instead of accepting the lump sum.

If you are not sure what to do, ask for help from one of the places listed under “**QUESTIONS**” below.

SPECIAL SITUATIONS

If you owe MDHHS for Food Assistance that we overpaid you in the past, that amount will be paid first and any remaining benefits will be put on your Bridge Card.

If you cannot have a Bridge Card because you are in jail or prison, you must contact MDHHS within **90 days** after you are released, to get your payment.

1. Contact the MDHHS Barry Processing Unit within **90 days after the mailing date on this notice** to tell us you are in jail or prison.

MDHHS
Barry Lawsuit Processing Unit
P.O. Box 30784
Lansing, MI 48909-9561

Contact us even if you think we are aware that you are in jail or prison, to be sure that you receive your payment when you are released.

2. You must contact MDHHS within **90 days after you are released**, to get your payment. If you do not contact us within that time, you will lose your right to get your benefits.

QUESTIONS?

Visit aclumich.org/publicbenefits for answers to many common questions.

Contact the MDHHS Barry Lawsuit Processing Unit at 877-522-8050.

Call the local, free legal services or legal aid near you or call 313-578-6826 (this number is staffed by the organizations that brought the *Barry v Lyon* lawsuit).

To find your local, free legal services office, go to <http://michiganlegalhelp.org/> (click on Find a Lawyer) or look in your yellow pages under “Attorneys.”

OPT OUT FORM – IF YOU WANT MDHHS TO DECIDE THE EXACT AMOUNT OWED TO YOU

IF YOU SIGN THIS FORM AND RETURN IT TO MDHHS, YOU WILL NOT GET THE LUMP SUM PAYMENT.

DO NOT SIGN THIS FORM AND RETURN IT TO MDHHS UNLESS YOU ARE SURE YOU UNDERSTAND YOUR CHOICES.

CALL 313-578-6826 IF YOU HAVE QUESTIONS.

You must mail this form within 30 days from date the Notice of “Lump Sum” Payment for Back Benefits was sent if you want to opt out of the lump sum payment and prove the exact amount owed to you.

Please fill in all information. Please print clearly. (*Denotes a required field.)

- Be sure to **SIGN THE FORM** and **keep a copy with the date that you mail it.**
- Mail this form to: Michigan Department of Health and Human Services
Barry Lawsuit Processing Unit
P.O. Box 30784
Lansing, MI 48909-9561

Person Asking MDHHS for the Exact Amount:

*First Name		*Middle Initial	*Last Name	
MDHHS Case Number (if known)	Date of Birth (Mo., Day, Year)		Social Security Number	Telephone Number () -

Mailing Address:

*Street Address or PO Box		*City	*State	*Zip Code
Email Address		*County		

I would like MDHHS to decide the exact amount of Food Assistance Program benefits owed to me for the entire period that I was disqualified because of a criminal justice disqualification.

I understand that:

- **I will not get the lump sum. I will get the amount MDHHS decides.** That amount may be more or less than the lump sum. Once I opt out of the lump sum, I cannot go back and ask to receive the lump sum.
- MDHHS may ask me for information to calculate the amount, if any, owed to me. **If I cannot provide information or proof that MDHHS asks for, MDHHS might not be able to give me back benefits or might give me a smaller amount.**
- **I have the right to appeal the benefit amount that MDHHS decides if I disagree with that amount.**
- Any amount that I receive through this process will be the full amount MDHHS owes me as a result of the *Barry v Lyon* lawsuit for the period from December 30, 2012 to January 9, 2015.

My signature means the information on this form is true.

*Signature	*Date
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Keep a copy of this form for your records. Write the date you mail this form on your copy.