



Form

**Consumer Enrollment Form**  
(Complete this form to make a choice)

We are asking you to choose a Manager of Comprehensive Provider Network (MCPN) to receive services.

**STEP 1:** Please fill out the boxes below. If you need help, please call a DWMHA Access Center Representative at **1-800-241-4949** or **(TDD) 1-866-870-2599 for the Hearing Impaired.**

Your First Name: <b>(Please Print)</b>		Middle Initial:	Last Name:
Street:			
City:		Zip Code:	
Date of Birth:		Sex: ___Male___Female	
Home Phone Number: ( )			
Work Phone Number: ( )		E-mail:	
Cellular Phone Number: ( )			
Social Security Number: ( )			
Do you have Medicaid? ___Yes, I have Medicaid ___No, I don't have Medicaid			
Your First Language is: ___English___Arabic ___Chinese ___Italian ___Polish			
___Spanish			

**STEP 2: QUESTIONS:** Please answer the following questions before you make a choice.

- Do you understand how to make a choice?                    \_\_\_Yes    \_\_\_No
- Has someone talked to you about making a choice?        \_\_\_Yes    \_\_\_No
- Do you want someone to talk to you about making a choice?   \_\_\_Yes    \_\_\_No

**If you need help in filling out this form, please contact a DWMHA Access Center Customer Service Representative at: 1- 800-241- 4949.**

**STEP 3:** Look through your Customer Service Directory to select the MCPN of your choice.

Your Customer Service Directory will tell you what providers are in each MCPN. Choose the MCPN that has the provider you want to use.

If you need help finding a provider, call a **DWMHA Access Center Representative at 1-800-241-4949.**

**CHOOSE ONLY ONE:**

For: **Mental Illness (MI)**

CareLink Network \_\_\_\_\_

**CHOOSE ONLY ONE:**

For: **Developmental Disabilities (DD)**

Community Living Services \_\_\_\_\_

Consumer Link Network \_\_\_\_\_

Integrated Care Alliance \_\_\_\_\_

**STEP 4: Your Signature.** Please sign in the box below or have your legal guardian sign.

Signature:

Date:

Please Print Name:

Signature of the person helping you fill out the form:

**STEP 5: Your Legal Guardian or Appointed Power of Attorney.** Please fill out the box below if you have a legal guardian or an appointed power of attorney. If you need help, call a DWMHA Access Center Representative at: **1-800-241-4949 or (TDD) 1-866-870-2599 for the Hearing Impaired.**

Name:

Address:

Phone Number: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship: \_\_\_ Parent: \_\_\_ Family Member \_\_\_ Spouse \_\_\_ Other \_\_\_ Guardian \_\_\_\_\_

**STEP 6:** Please mail your application back to the address below (currently no walk-ins are being accepted).

**DWMHA Access Center  
1333 Brewery Park Blvd.  
Suite 140  
Detroit, MI 48207**

**You will receive a Confirmation Letter of your enrollment in the mail.**