SECTION 6 - CONTINUUM OF CARE

Please list your page	articipation in any	lifetime support groups	. Include the pro elevant information	gram name, dates on.	attended, location,
Program Name	Start/End Dates	Location	Attendance	Sponsor	Other Information
AA	2008-Present	Grass Roots/Voices in Recovery	Monthly	Michael	
(Select "Yes" or "I	No") YES ⊠ st the program nar	nunity-based or 12-step NO ⊠ me, dates attended, free			ame and any other
Program Name	Start/End Dates	Location	Attendance	Sponsor	Other Information
(Select "Yes" or "I	No") YES □ t the program nan	her recognized recover NO ⊠ ne, dates attended, fred		ance, sponsor's na	ame and any other
Program Name	Start/End Dates	Location	Attendance	Sponsor	Other Information

SECTION 7 – ADDITIONAL INFORMATION

For your hearing request or administrative review request: Please refer to your last hearing order for any additional information you may be required to submit. You may also submit any other evidence you believe is relevant to your case. Attach any additional pages as necessary.

SECTION 8 – FOREIGN LANGUAGE AND SIGN LANGUAGE INTERPRETERS

Foreign Language Interpreter: If you require a foreign language interpreter, it is your responsibility to make arrangements to have one present at your hearing or review. The interpreter must be qualified by the state of Michigan and cannot be a family member or a friend. If you need assistance in locating a foreign language interpreter, please contact the Department of State at 888-SOS-MICH (767-6424).

Sign Language Interpreter: If you require a sign language interpreter, we will assist you in making the arrangements for an interpreter. Please contact the Department of State at 888-SOS-MICH (767-6424) by calling the Michigan Relay Center at 800-649-3777.