

 <p>Michigan Department of Human Services</p> <p>CSA</p> <p>Children's Services Administration Communication Issuance</p>	Type: <input type="checkbox"/> Informational Memoranda (IM) <input checked="" type="checkbox"/> Program Instruction (PI) <input type="checkbox"/> Policy Guide (PG)	
	Issuance Date: 5/21/12	Obsolete Date: n/a
	Response Due: n/a	
	Log No.: 12-066	
	Contact: Mary Lou Mahoney; MahoneyM2@michigan.gov	
	Originating Office: CWAFO	
	Subject/Title: YAVFC Petition Fees	
	Distribution: <input checked="" type="checkbox"/> DHS Child Welfare Staff <input checked="" type="checkbox"/> Private Agency Child Welfare Staff <input checked="" type="checkbox"/> CSA Central Office Managers/Staff <input checked="" type="checkbox"/> Native American Tribes <input type="checkbox"/> Data Management <input checked="" type="checkbox"/> Other: DHS Accounting	
	<input type="checkbox"/> BCAL <input checked="" type="checkbox"/> CWTI <input checked="" type="checkbox"/> SACWIS	

The following communication clarifies the proper process for requesting payment for court filing fees for youth entering Young Adult Voluntary Foster Care. *This Program Instruction replaces 12-042 issued on 4/09/12.*

To ensure the filing fee payment is available by the date the petition is filed, caseworkers must begin the process immediately but, no later than 15 days in advance of the hearing. Attached are the appropriate templates and a Filing Reference Guide for submitting payment requests (DHS-83 Template WC YA Filing Fees, DHS-83 Template, and YAVFC-Filing Fee Desk Reference).

Please be advised that there is a distinction between the two templates. The DHS-83 WC is for Wayne County only. The DHS-83 YA is for the remainder of the state. Private Child Placing Agencies should submit their requests through their local DHS office for signature and processing.

Once the DHS-83 is completed and signed, attach a copy of the petition and any other required supporting documentation, and mail to:

All Counties

Department of Human Services
Payment Processing Unit, Suite 1103
PO Box 30037
Lansing, MI 48909
Fax: 517-335-6457

Wayne County Only

DHS Wayne County
CFU, Cadillac Place
3040 W Grand Blvd, Suite 5-100
Detroit, MI 48202
Fax: 313-456-1263

Once the manual warrant is completed, it will be mailed to the requesting caseworker at the county DHS office. The caseworker will be responsible for the original petition being turned in with the payment. The Payment Processing Unit and the Central Fiscal Unit will not be responsible for mailing the payment in with the petition. Original petitions should be held by the caseworker, and only a copy of the petition should be sent with the DHS-83 request.

YOUNG ADULT VOLUNTARY FOSTER CARE PROGRAM (YAVFC)
FILING FEE DESK REFERENCE

1. For youth to receive the benefits of YAVFC, a Young Adult Ex-Parte Petition must be filed (FOM 722-16, Foster Care – YAVFC ‘Judicial Determination’).
2. There is a \$150.00 filing fee required at the time this petition is filed.
3. To ensure that the filing fee payment is available by the date the petition is filed, caseworkers must make this request AT LEAST 15 days in advance of the hearing.
4. A DHS-83 Manual Warrant Request form must be filled out for this payment request. (Refer to the **DHS-83 WC YA for Wayne County or DHS-83 YA Filing Fee Template** for all others when completing this form.)
5. Once the DHS-83 is completed and signed, attach a copy of the petition and any other required supporting documentation, and mail to:

Department of Human Services
Payment Processing Unit, Suite 1103
PO Box 30037
Lansing, MI 48909
Fax: 517-335-6457.

For Wayne County, submit request to:

DHS Wayne County
CFU, Cadillac Place
3040 W Grand Blvd, Suite 5-100
Detroit, MI 48202
Fax: 313-456-1263

6. Once the manual warrant is completed, it will be mailed to the requesting caseworker at the county DHS office. The caseworker will be responsible for the original petition being turned in with the payment.

Note: The Payment Processing Unit and the Central Fiscal Unit will not be responsible for mailing the payment in with the petition. Original petitions should be held by the caseworker, and only a copy of the petition should be sent with the DHS-83 request.

MICHIGAN DEPARTMENT OF HUMAN SERVICES
Bureau of Accounting

MANUAL WARRANT REQUEST

TO: DHS Wayne County
CFU, Cadillac Place
3040 W Grand Blvd, Suite 5-100
Detroit, MI 48202

Date:
Fax # 313-456-1263

FROM: _____ County or District

PURPOSE FOR REQUEST: Young Adult voluntary Foster Care Filing Fee	Load Number
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AMOUNT	MAKE CHECK PAYABLE TO:		
\$ 150.00			
Address (Street)	City:	State	Zip Code

Accounting Information (fill out ALL fields):

FEIN / SSN	Mail Code	Index Code	PCA Code	Agency Object Code
		64410	74569	6125
N.I.G.P. Commodity Code	FTR-08-25		CS-138	N/A

If registration request, provide attendance names and deadline:
N/A

Date(s) of event:
N/A

Other information:
Youth Name & SWSS Log#

Attached is the **ORIGINAL** vendor document that I (we) understand will be retained in the Bureau of Accounting files. If the original document **is** available, then one (1) person from the Payment Authorization Listing (PAL) must sign the request. If the original document is **not** available, then two (2) people from the PAL Listing must sign the request. **A person CANNOT sign if he/she is the person being registered.**

Please mark one of the following:

- Pickup warrant please call _____ when ready.
- Mail warrant to:

Contact Person Name	Phone Number	Address	
Authorized Signature	Date	Authorized Signature	Date
Print Name	Print Name		

MICHIGAN DEPARTMENT OF HUMAN SERVICES
Bureau of Accounting

MANUAL WARRANT REQUEST

TO: Department of Human Services
Payment Processing Unit, Suite 1103
P.O. Box 30037, Lansing, MI 48909

Date:
Fax: 517-335-6457

FROM:

PURPOSE FOR REQUEST:
Young Adult Voluntary Foster Care Filing Fee

AMOUNT	MAKE CHECK PAYABLE TO:		
\$ 150.00			
Address (Street)	City:	State	Zip Code

Accounting Information (fill out ALL fields):

FEIN / SSN	Mail Code	Index Code	PCA Code	Agency Object Code
		64410	74569	6125
N.I.G.P. Commodity Code	FTR-08-25	CS-138	N/A	

If registration request, provide attendance names and deadline:
N/A

Date(s) of event:
N/A

Other information:
Youth Name & SWSS Log:

Attached is the **ORIGINAL** vendor document that I (we) understand will be retained in the Bureau of Accounting files. If the original document **is** available, then one (1) person from the Payment Authorization Listing (PAL) must sign the request. If the original document is **not** available, then two (2) people from the PAL Listing must sign the request. **A person CANNOT sign if he/she is the person being registered.**

Mail warrant to:

Contact Person Name	Phone Number	Address	
Authorized Signature	Date	Authorized Signature	Date
Print Name	Print Name		