



MATRIX (Macomb’s Answer To Resource Information Xpress) is a system that helps you find community resources. Depending on your responses, you may be contacted by one or more agencies in Macomb County to address the need identified. Each agency has its own eligibility requirements; you will receive more information from the agencies that contact you. Participating agencies - Community Mental Health, Department of Health and Human Services, Health Department, Macomb Community Action, Martha T. Berry MCF, Michigan Rehabilitation Services, Michigan State University Extension, Michigan Works!, and Veteran Services.

By checking YES, I consent to give County of Macomb and participating organizations the authorization to obtain, release and share all pertinent identifying information about myself that I have provided. In granting such permission, I understand that such information will remain confidential and that such information will only be used for my benefit or to benefit other members of my family. Only authorized personnel will share client information needed for service delivery, to track demographic trends, service patterns and the client outcomes achieved. I release County of Macomb and participating organizations from any legal liability for disclosing or acquiring information that I have permitted by checking YES to this form.

If this is an emergency and immediate assistance is needed - call 911, go to the nearest Emergency Room or call the Macomb County Crisis Line at (586) 307-9100.

I am not required to check YES to this but by doing so, I will be referred to agencies for possible resources.

- Yes
- No

1. Do you live in one of the following Zip Codes?

If not, please enter your Zip Code.

- 48035
- 48036
- 48038
- 48043
- 48045
- 48047
- 48051
- 48080
- 48081
- 48082

If your Zip Code is not in the list, please enter below.

2. Do you require help with the following basic living needs:

Please check all that apply

- Utilities Shut off Notice
- Food
- Housing/Shelter/Evictions
- Foreclosure Prevention
- Medical Insurance assistance
- None of the above

3a. Are you or a family member in need of the following health care assistance?

Please check all that apply

- Low cost birth control, pregnancy testing and exams
- Immunization
- General health questions or resources
- Prescription Drug Disposal
- None of the above

3b. Are you or a family member in need of the following health care services and support?

Please check all that apply

- Mental Health
- Substance Use (including alcohol, prescription or non-prescription drugs, opiate use, other)
- None of the above

4. Are you in need of the following employment help?

Please check all that apply

- You or family member have a physical or mental impairment and require assistance to prepare for, find and/or keep a job
- Interview skills and/or resume writing
- Help with finding a job
- Attending school or training to better your career
- None of the above

5. Are you interested in the following treatment or resources for a child under 21 years old with a special medical condition? Or an adult with cystic fibrosis or hemophilia?

Please check all that apply

- Organizing care
- Support Group
- Insurance benefits
- Equipment
- None of the above

6. Are you interested in any of these young children services for families?

Please check all that apply

- Healthy food and resources for pregnant women, infants and children (WIC)
- Help with breastfeeding or free breastfeeding classes
- Free nutrition classes for pregnant, breast-feeding, and post-partum women
- Free nutrition classes for adult care-givers of children

- Free home visits from a nurse to support pregnant women, infants and children
- Preschool and school readiness (Head Start - Birth to 5 years)
- None of the above

7. Are you interested in the following US military veterans benefits?

Please check all that apply

- Medical: free hearing aids, eyeglasses, prescriptions
- Disability/Pension: service connected disability claims, non service connected pension, upgrade of discharge, property tax exemption
- Additional: Shut off of utilities, burial benefits, food, housing assistance, homeless prevention, transportation to Detroit VA medical center, foreclosure, eviction
- None of the above

8. Are you interested in learning more about the following senior services:

Please check all that apply

- Senior Food Services
- Home Injury Prevention & Medical Equipment Loan
- Grass Cutting or Snow Removal Assistance
- Adult Day Center or Short and Long-Term Nursing Home Care
- Transportation
- Resource Referral
- None of the above

9. Are you interested in any of the following educational programs or services?

Please check all that apply

- Basic Nutrition Education, Food Preservation or Food Safety Workshops
- First-Time Home Buyer or Personal Finance Education
- Health & Disease Prevention and Management Education
- Residential Lawn and Garden Maintenance Tips or Plant and Insect Diagnostics
- Youth Development Programs
- Master Composting or Septic System Education
- Alternatives to Anger, Stress Management
- None of the above

10. In order to assist you further are there other services you need that have not been included in the survey?



The **Right Connection** is a user-friendly directory of free, low cost or unique services in Macomb County.

By checking YES, a link to the Right Connection Directory will be emailed to you if a valid email address is entered below.

- Yes
- No

11. How would you like to receive information about these services?
Please check all that apply

Contact information will need to be provided in order to receive agency materials

- Be contacted by the participating agency(s) via phone
- Be contacted by the participating agency(s) via email
- Receive available material via mail
- No longer wish to participate (No resources will be provided including the Right Connection Directory Link)

First Name:

Middle Name:

Last Name:

Street Address:

City:

Zip Code:

Phone Number:

Email Address:

Thank you for taking our survey. If you checked any services, one or more participating agencies will be contacting you. Materials will be sent to you in the survey language specified, if available. If you provided a valid email address, a copy of this page will be sent you.

