



HOUSE of REPRESENTATIVES

STATE OF MICHIGAN

Appropriations Requests for Legislatively Directed Spending Items

1. The sponsoring representative's first name:
Kathy
2. The sponsoring representative's last name:
Schmaltz
3. The cosponsoring representatives' names. All cosponsors must be listed. If none, please type 'n/a.' A signed letter from the sponsor approving the co-sponsorship and a signed letter from the member wishing to co-sponsor are required. Attach letters at question #9 below.
n/a
4. Name of the entity that the spending item is intended for:
Feonix - Mobility Rising
5. Physical address of the entity that the spending item is intended for:
2050 15th St., Detroit, MI 48216
6. If there is not a specific recipient, the intended location of the project or activity:
Lenawee, Hillsdale, Jackson, Calhoun, and Kalamazoo Counties
7. Name of the representative and the district number where the legislatively directed spending item is located:
• District 34: Dale Zorn • District 35: Jennifer Wortz • District 45: Sarah Lightner • District 46: Kathy Schmaltz • District 47: Carrie Rheingans • District 44: Steve Frisbie • District 40: Matthew Longjohn • District 41: Julie Rogers • District 42: Matt Hall
8. Purpose of the legislatively directed spending item. Please include how it provides a public benefit and why it is an appropriate use of taxpayer funding. Please also demonstrate that the item does not violate Article IV, S 30 of the Michigan Constitution. Across Michigan—especially in Jackson, Calhoun, Kalamazoo, and Lenawee Counties—thousands of veterans wake up with one simple goal: to care for themselves and their families. But for many, that goal is undermined by something as basic as not having a ride. From routine cancer treatments to mental health care, too many veterans—particularly in rural areas or with limited incomes—are left stranded. Many do not qualify

for transportation assistance through the VA due to restrictive federal thresholds, such as a 30% service-connected disability rating. Meanwhile, civilians on Medicaid face no such barrier. To close this gap, Feonix- Mobility Rising is working to launch a Veterans Transportation Assistance Hub—a coordinated, locally anchored system that connects veterans to reliable, affordable rides through a centralized mobility platform. The Hub will provide ride scheduling assistance and cover the full cost of the trip. It prioritizes public transit as the primary mode and, when unavailable, utilizes a trusted network of:

- Volunteer drivers (mileage reimbursed)
 - Regional and rural transit agencies
 - Taxi services and small businesses
 - Human service nonprofits
 - Rideshare and specialty medical transportation, including wheelchair-accessible vans.
- This model, successfully tested by Feonix – Mobility Rising in the 2024 Michigan Mobility Wallet pilot with MDOT, combines modern scheduling tools with community-based services to remove barriers to care for our veterans.

Transportation shouldn't be the reason a veteran misses dialysis, therapy, or follow-up cancer care. And yet, it happens every day.

According to the University of Michigan Transportation Research Institute:

- Over 153,000 Michigan veterans live with a disability
- Nearly 19,000 are income constrained
- More than 5,300 lack access to a vehicle

National research underscores the consequences. A MITRE Corporation study of the Veterans Transportation Service found:

- Over 250,000 appointments canceled annually due to transportation barriers
- Veterans without rides were 3.75x more likely to experience suicidal ideation
- Lack of transportation contributed to worse cancer survival rates and higher ER use

When transportation was provided:

- Mental health cancellations dropped by 20%
- ER visits declined 34.6%
- Veterans kept an average of 3 more appointments per year

In regions like Battle Creek and Ann Arbor, where VA care is concentrated, missing just one ride can mean missing a month of care. The ripple effects stretch across families, workplaces, and communities.

This program offers not only compassion but also return on investment. The MITRE study found VTS generated over \$110 million in cost avoidance in one year:

- \$74.4 million from fewer canceled appointments
- \$13.2 million from reduced inpatient stays
- \$6.1 million from avoided ER visits

Additionally, a Transportation Research Board study found that providing rides for common chronic conditions is cost-saving or highly cost-effective in every case reviewed. The proposed Hub does not create new clinical services—it unlocks access to the ones we already have. Clinics are open. Providers are ready. The only missing link is a ride. With proven success from the Mobility Wallet pilot, this initiative demonstrates how technology and community collaboration can expand transportation access

efficiently and equitably.

- Demonstrate it does not violate Article IV, S30, MCL

This project complies with Article IV, Section 30 because it serves a clear public purpose: enabling veterans to access health and social services. Funds will support services delivered by public agencies, nonprofits, and contracted transportation providers. At no point will funds be used for private gain.

9. Attach documents here if needed:

Attachments added to the end of this file.

10. The amount of state funding requested for the legislatively directed spending item.

997000

11. Has the legislatively directed spending item previously received any of the following types of funding? Check all that apply.

["None"]

12. Please select one of the following groups that describes the entity requesting the legislatively directed spending item:

Non-profit organization

13. For a non-profit organization, has the organization been operating within Michigan for the preceding 36 months?

Yes

14. For a non-profit organization, has the entity had a physical office within Michigan for the preceding 12 months?

Yes

15. For a non-profit organization, does the organization have a board of directors?

Yes

16. For a non-profit organization, list all the active members on the organization's board of directors and any other officers. If this question is not applicable, please type 'n/a.'

o Charnelle Hicks - Board President o Karina Ricks - Vice President o John Peracchio - Corporate Secretary o Peter Appel - Treasurer o Valerie Lefler - Founder & Executive Director o Crissy Ditmore o Komal Doshi o Ashley Hutto o Joe Provenzano o Nicole Fincham-Shehan o Ron Scott o Sylvester Hester o Warren Whitlock

17. "I certify that neither the sponsoring representative nor the sponsoring representative's staff or immediate family has a direct or indirect pecuniary interest in the legislatively directed spending item."

Yes, this is correct

18. Anticipated start and end dates for the legislatively directed spending item:

Based on award of funding, estimated project dates: October 2025 - December 2026

19. "I hereby certify that all information provided in this request is true and accurate."

Yes

Michigan Population Estimates for Selected Segments of the Population using Public Use
Microdata Sample (PUMS) Datafiles

Michigan Population Estimatesⁱ

Population Estimate	All	Female	Male
MICHIGAN	10,034,118	5,063,281	4,970,837
Population segments			
Asset limited, income constrained population ⁱⁱ	946,938	540,298	406,640
Asset limited, income constrained and employed	339,327	208,851	130,476
<u>ALICE population</u> ⁱⁱⁱ	112,215	66,516	45,699
Veteran ^{iv}	475,209	39,795	435,414
Individuals with self-reported disability	1,473,604	762,233	711,371
Subsegments created by interacting variables^v			
Veteran with self-reported disability	153,017	9,407	143,610
Asset limited, income constrained veteran	18,665	2,848	15,817
Asset limited, income constrained veteran with disability	8,567	1,205	7,362
Asset limited, income constrained veteran without vehicle in the household	5,397	1,144	4,253
Asset limited, income constrained disabled veteran without vehicle in the household	2,645	131	2,514

ⁱ *Author's calculations.* Figures based on population estimates generated from the US Public Use Microdata Sample dataset available at <https://www.census.gov/programs-surveys/acs/microdata/access.html>. Prepping the data include linking both the individual and household datafiles. Figures reported could be computed for smaller geographic areas and they are all point estimates that were obtained using the person weights associated with each record.

ⁱⁱ The asset limited, income constrained (ALIC) population segment represents individuals that 1) are associated with a SNAP/EBT recipient household **AND** 2) make up to 150% of the federal poverty level (FPL). I would like to point out that this is a conservative estimate given that all other forms of public assistance are excluded. This is an example of how we can define this population in a manner that is objective and generalizable across geographic areas but there is a degree of flexibility as to how we do this. Please take a look at the PUMS codebook available [here](#) should you want the population defined in a different manner.

ⁱⁱⁱ The ALICE population refers to individuals who are employed, asset limited, income constrained and earn more than the 100% of the FPL threshold for Michigan but not enough to afford the basics where they live. To ensure a uniform manner of defining this population, we have used the same conservative level of 150% of the FPL used in defining the ALIC population as the upper income threshold for this cohort. These individuals earn, at least, 101% of the FPL for the State of Michigan.

^{iv} This segment of the population is restricted to individuals who provide their period of service (including peacetime service) from WWII to the 2nd Gulf War (9/2001) or later.

^v Created by interacting variables with one another. This could be used as a prelude to construct detailed profiles for these segments of the population. The margins of error for these estimates may increase appreciably when these estimates are generated for very small geographic areas.