

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CRIME VICTIM SERVICES COMMISSION

COMPENSATION CHECKLIST

Phone: (517) 373-7373 • **Fax:** (517) 373-2439 • **Victims Only Line:** (877) 251-7373
Mailing Address: Crime Victim Services, Capitol View Building, 201 Townsend Street, PO Box 30195, Lansing MI 48909

Please be advised that additional information may be necessary at a later date in the application process

Processing of an application may take 12 to 16 weeks

Please make sure that you have answered all sections of the application

Use the checklist below for the specific compensation you are requesting

For All Applications:

- _____ Make sure your household income is entered on the application in the appropriate section- **It can NOT be blank or "0"**- Show your source of support
 - _____ Submit a copy of the **police report** if you have it
 - _____ Submit a copy of the **Case Action Notice verifying eligibility from the Department of Human Services**
 - _____ **IF THE DATE OF CRIME HAS BEEN OVER 1 YEAR, A COPY OF THE POLICE REPORT MUST ALSO BE SENT IN WITH THE APPLICATION; IN ADDITION TO THE OTHER DOCUMENTATION REQUESTED**
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Applying for Medical Bills and/or Counseling?:

- _____ Submit **Itemized** copies of all medical/counseling bills, **plus copies of any paid receipts AND.....**
- _____ All medical/counseling bills should be submitted to your insurance, Medicaid, or Medicare carrier **first**; then **provide copies of the Explanation of Benefits (or Case Action Notice if you have Medicaid) showing rejection of coverage or partial payment**
- _____ If you have injuries that require medication or replacement of medical equipment such as glasses, dentures, etc.; send a copy of the prescription, the **itemized bill or itemized estimate**, and copy of the receipt if you have already paid
- _____ If you are applying for a medical procedure that has not taken place yet, and you need a pre-authorization, please provide a written **itemized estimate** from the provider for the procedure
- _____ If you are permanently disabled because of your injury, send a copy of the prescription and two cost estimates for any necessary rehabilitative equipment or modifications of your home or vehicle
- _____ If you are applying for counseling, submit a copy of the **initial assessment and goal oriented treatment plan** from your counselor or therapist

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Applying for Burial Benefits?:

- _____ Submit an **Itemized** copy of the funeral bill, including cemetery and funeral home bills, **plus copies of any paid receipts**
- _____ If somebody other than you made a payment toward the funeral costs, and they allow you to be reimbursed for their payment; provide a **notarized** statement from that person **authorizing you** to be reimbursed for that payment
- _____ Submit the Life Insurance Benefit Statement

Applying for Loss of Earnings or Support?:

- _____ If you are applying for loss of earnings and are **NOT self-employed**, provide copies of 2 or 3 pay stubs paid **just before** the date of injury
- _____ If you are applying for loss of earnings and **ARE self-employed**, provide a copy of the **most recent** Federal and State Income Tax Return including Schedule C
- _____ If you are applying for loss of earnings, submit a written disability statement from your physician **verifying your physical disability** and **specific** dates off work
- _____ If you are applying for loss of support, provide a copy of the Life Insurance Benefit Statement **and/or** Social Security Survivor's Benefit Statement for you and your children
- _____ If you are applying for loss of support, please provide a copy of the court order for child support
- _____ If you are applying for loss of support, please provide a copy of the victim's **most recent** Federal and State Income Tax Returns and W-2 forms