

Michigan Department of Health and Human Services
Division of Victim Services
Crime Victim Services Commission
Grand Tower, Suite 1113
235 South Grand Avenue, PO Box 30037
Lansing MI 48909

Main Line: 517-241-7373

Fax: 517-335-2439

Victim only toll-free number: 877-251-7373

E-mail: mdhhs-michigancrimevictim@michigan.gov

CRIME VICTIM SERVICES COMPENSATION APPLICATION REFERENCE GUIDE

A separate application should be filed for each person who was injured.

The Crime Victim Services Commission (CVSC) Compensation Program may help crime victims and their immediate families with the financial costs of crime. We may cover costs such as medical treatment, counseling, funerals, crime scene clean-up, grief counseling and loss of income or support not paid by other sources. The program is administered by the Michigan Department of Health and Human Services.

What are the basic eligibility requirements for the Crime Victim Compensation Program?

- An individual who was personally physically injured, as a direct result of a crime.
- If the victim is a minor, deceased, or mentally incapacitated, a claimant can file a claim for expenses incurred as a result of the victim's injuries.
- The victim must be injured in the State of Michigan, or another state or country that does not have a crime victim compensation fund.
- The crime must be reported to law enforcement within 48 hours, waivers may apply.
- The victim or claimant must cooperate with law enforcement officials in the investigation and prosecution of the case.
- Seek reimbursement from other available sources (health insurance, Medicaid, Medicare, disability insurance, donations, no-fault insurance etc.)
- File a claim with CVSC within one year from the date of injury or discovery, waivers may apply.
- Not be involved in any criminal activity or misconduct.

What expenses may be covered by Crime Victim Compensation Program benefits?

- Reasonable and necessary medical, dental, optical and counseling services
- Loss of earnings due to physical injuries preventing victim from working
- Loss of support to dependents of homicide victims
- Eyeglasses, hearing aids, dentures or prosthetic devices, if damaged during or needed because of the crime
- Funeral and burial expenses
- Crime scene clean-up (for homicide crimes only)
- Grief counseling (for homicide crimes only)

Who is not eligible for Crime Victim Compensation Program benefits?

- The offender, an accomplice of the offender, or any person engaged in illegal activity at the time of the crime.
- A victim or claimant who fails to cooperate with the investigation, prosecution or with Crime Victim Services.
- Benefits may be denied or reduced if the victim's own behavior contributed to the crime.
- Anyone incarcerated when the crime occurred.
- If resources have covered all the eligible out of pocket expenses.

What expenses are not covered by the Crime Victim Compensation Program?

- Damage, repair or loss to property or vehicle.
- Pain, suffering, or emotional distress damages.
- Loss of earnings for family members of victims.
- Funeral or burial expenses not directly related to the internment of the body (ex: headstones, flowers, programs, etc.)
- Any expense that is not directly related to the crime.

Crime Victim Services is considered the payor of last resort.

- All other available third-party resources (for example, Medicare, Medicaid, personal health insurance, Workers' Compensation, court-ordered restitution, Go-Fund me accounts, donations and settlements) must meet their legal obligations to pay crime-related expenses.
- The Crime Victim Services Commission must be notified that a civil lawsuit is filed in relation to the crime, if restitution is ordered by the criminal court, or if any party receives the proceeds of a settlement.

IMPORTANT INFORMATION

If your address or phone number changes, it is important that you let us know. The toll-free number for victims is 877-251-7373.

Staff cannot discuss an application with anyone who is not listed as the victim, a claimant, or an attorney representing the victim. This includes phone inquiries or any other method of communication. A business, agency, medical facility, or organization cannot apply as a claimant.

If you need help completing this application, contact your local prosecuting attorney victim advocate. Or, the Crime Victims' Compensation staff is also available to help by phone at 877-251-7373. You may access our website at www.michigan.gov/crimevictims to find more information on the program.

Keep this page for your records.

Crime Victim Compensation Application Instructions

This is a step-by-step guide to complete an application for assistance from the Crime Victim Services Commission. Please complete all sections that apply to you. Submit application, required documentation, and receipts. It is important to read page 4, and then sign and date.

PAGE 1

Section 1. Victim information must be completed for all applications. The victim is the individual who was physically injured. Social Security Number and Date of Birth are required fields.

Section 2. Claimant information. Complete the entire section if the victim is a minor, deceased, or mentally incapacitated. Social Security Number and Date of Birth are required fields.

Section 3. This section is required for ALL applicants with an estimate of your annual household income. If a claimant is applying on behalf of the victim, complete this section showing the claimant's income.

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Section 4. Complete this section with crime information. It is important to complete law enforcement agency information, including incident number and location of crime. If you have the police report, please provide a copy.

- If you did not report the crime to law enforcement within 48 hours, please explain the reason for the delay in number 31. We may be able to apply a waiver for eligibility.
- If you are not filing this claim within 1 year from the date of crime, please explain the reason for the delay in number 32. We may be able to apply a waiver for eligibility.

Section 5. Restitution and Recovery Information. Complete this section if you know the offender's name, court information, and if restitution was ordered. If you have, or intend to file, a civil court action, please complete numbers 38 and 39.

Section 6. Statistical information for Crime Victim Compensation program. This section is strictly voluntary.

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Section 7. Complete this section for the type of benefits you are requesting. Please select all that may apply.

- If your injury is the result of a criminal sexual assault, complete number 46. If you are retired by reason of age or disability, complete number 47. Waivers may apply.

Section 8. Please complete this section if you are applying for medical, dental, or counseling benefits. Include with your application all itemized medical bills and receipts if you made payment.

Check the boxes that apply if you have any resources available to assist with payments. We may be able to assist with co-pays, deductibles, or other non-covered medical expenses. Submit explanation of benefit statements from your insurance company.

Section 9. Please complete this section if you are applying for funeral expenses, grief counseling crime scene clean up or loss of support benefits. Please submit receipts if you made payment.

- If applying for funeral expenses, submit itemized bill, life insurance benefit statement, and/or list of donations received. If there was no life insurance, submit a written statement verifying that there was no policy for the victim.
- If applying for grief counseling submit itemized bills, initial assessment and goal-oriented treatment plan from your therapist and explanation of benefit statements.
- If applying for crime scene clean-up, submit itemized bill.
- You may be eligible for loss of support if victim is deceased and has dependent spouse or child(ren). Please submit the following: victim's most recent income tax returns or child support order, Social Security death benefit determination, and life insurance benefit statement. If there was no life insurance, submit a written statement verifying that there was no policy for the victim.

Section 10. Please complete this section if you are applying for loss of earnings benefits. This benefit is available for a victim who was employed at the time of the crime and disabled for at least 2 continuous weeks as a result of their injuries. Attach two or three pay stubs showing gross and net pay with tax deductions from just before the date of crime. If you are/were self-employed, attach copies of income tax returns for the year of the crime. Submit a doctor's letter verifying the dates you are disabled from working, along with a diagnosis.

PAGE 4

Please print name of victim and claimant. Read the entire page carefully. Your signature indicates your understanding and agreement to the authorization, repayment requirement, financial hardship, and declaration. Please sign and date.

WHAT IS NEXT? You will receive an Acknowledgment of Claim letter after your application has been accepted for processing. The letter will contain your claim number and a request for additional documentation, if required.

Keep this page to reference our address and phone number. Please notify CVSC of an address change.

Mail your completed application and documentation to:

Michigan Department of Health and Human Services
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CRIME VICTIM SERVICES COMPENSATION APPLICATION CHECKLIST

Please use the checklist below as a worksheet to help guide you through the documents required for the type of benefit(s) you are requesting. Please be advised that additional information may be necessary at a later date in the application process. Timely submission of required documents may reduce the processing time for your claim.

Please make sure you have answered all sections of the Crime Victim Compensation application and include the required documents with your submission.

FOR ALL APPLICATIONS:

1. _____ Make sure your household income is entered on the application in the appropriate section. It cannot be blank or "0"
2. _____ Submit a copy of the police report if you have it.
3. _____ **If you are filing more than 1 year after the crime occurred, a copy of the police report is required to be sent in with the application**, along with written explanation as to why you didn't apply within a year from the date of the crime.

APPLYING FOR MEDICAL BILLS AND/OR COUNSELING?

1. _____ Submit Itemized copies of all medical/counseling bills, plus copies of any paid receipts.
2. _____ All medical/counseling bills should be submitted to your insurance, Medicaid, or Medicare carrier first, if applicable; then provide copies of the Explanation of Benefits (or Case Action Notice if you have Medicaid) showing rejection of coverage or partial payment.
3. _____ 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.
4. _____ If you are applying for a medical procedure that has not taken place yet, and you need a pre-authorization, please provide an itemized estimate from the provider for the procedure.
5. _____ 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 to your home or vehicle.
6. _____ If you are applying for counseling, submit a copy of the initial assessment and goal oriented treatment plan from your counselor or therapist.

APPLYING FOR FUNERAL/BURIAL BENEFITS?

1. _____ Submit an itemized copy of the funeral home and/or cemetery bill(s), plus copies of any paid receipts.
2. _____ 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.
3. _____ Submit the Life Insurance Benefit Statement. If there was no life insurance, please submit a written statement verifying that there was no policy for the victim.

APPLYING FOR LOSS OF EARNINGS OR SUPPORT?

1. _____ 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 showing gross pay, net pay, and tax deductions.
2. _____ 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.
3. _____ 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.
4. _____ If you are applying for loss of support, provide a copy of the Life Insurance Benefit Statement. If there was no life insurance, please submit a written statement verifying that there was no policy for the victim.
5. _____ If you are applying for loss of support, provide the Social Security Survivor's Benefit Statement for you and your children.
6. _____ If you are applying for loss of support, provide a copy of the Court Order for Child Support.
7. _____ If you are applying for loss of support, provide a copy of the victim's most recent Federal and State Income Tax Returns and W-2 forms.

Applications and supporting documentation can be submitted via e-mail, fax, or mail. You will find our e-mail address, fax number, and mailing address on page 1. If you have any questions regarding the Crime Victim Compensation program, please call our office at (517) 241-7373.

Keep this checklist for your records.