

STATE OF MICHIGAN

Crime Victim Services Commission | Crime Victim Compensation Program

Grand Tower, Suite 1113
235 South Grand Avenue, PO Box 30037
Lansing MI 48909

Main Line: 517-241-7373

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

Fax: 517-335-2439

Email: mdhhs-michigancrimevictim@michigan.gov

CRIME VICTIM SERVICES COMPENSATION APPLICATION CHECKLIST

Please use the checklist below as a worksheet to help guide you through the documents that must be submitted based on the type of benefit(s) you are requesting. Please be advised that additional information may be necessary later 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. _____ Please include your Social Security number (if you have one) and date of birth.
2. _____ Submit a copy of the police report if you have it.
3. _____ If you are filing **more than 5 years** after the crime occurred, include a written explanation as to why you didn't apply within 5 years from the date of the crime.

APPLYING FOR MEDICAL, DENTAL, ACCESSIBILITY & REHABILITATIVE EQUIPMENT, NON-MEDICAL REMEDIAL TREATMENT, AND/OR COUNSELING EXPENSES?

1. _____ Submit itemized copies of all bills, plus copies of any paid receipts.
2. _____ All bills should be submitted to your insurance, Medicaid, or Medicare carrier first, if applicable; then, provide copies of the Explanation of Benefits showing partial payment or rejection of coverage.
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 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 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, provide your mental health provider's contact information, including name, phone number, address, email address, and fax number, if available.

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 written statement from that person authorizing you to be reimbursed for that payment.

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 disability and specific dates off work.
4. _____ If you are applying for loss of support, provide the Social Security Survivor's Benefit Statement for you and/or your dependents.
5. _____ If you are applying for loss of support, provide a copy of the Court Order for Child Support, if applicable.
6. _____ 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.

APPLYING FOR RELOCATION (TEMPORARY) OR RELOCATION (PERMANENT)?

1. _____ Submit a signed copy of the lease with the victim's or claimant's name on the lease. The lease must show the name, address, and phone number of the landlord or property owner.
2. _____ Submit a written estimate from utility provider(s) to start utilities. Victim's or claimant's name must be on the estimate or invoice.
3. _____ Submit a written estimate or invoice for moving services. Victim's or claimant's name must be on the estimate or invoice.
4. _____ Submit a written lease or agreement for temporary lodging. Victim's or claimant's name must be on the lease or agreement.
5. _____ If you have made any payments out-of-pocket for your relocation expenses, please submit receipt(s) to verify your payment(s).

APPLYING FOR RESIDENTIAL SECURITY?

1. _____ If your residence is a rental, please provide the landlord's name and contact information. Note that an authorization from the landlord or homeowner may be requested. Additionally, a signed copy of the lease may be requested. Victim's or claimant's name must be on the lease or agreement.
2. _____ Submit the homeowner's or renter's insurance policy coverage, if applicable. An insurance determination may be requested.
3. _____ Submit itemization of costs, installation fees, and receipt(s) showing payment, if applicable.

APPLYING FOR REPLACEMENT COSTS?

1. _____ Submit verification of items held as evidence in this crime.
2. _____ Submit itemized receipt(s) for the items held as evidence and/or estimate(s) for the replacement of the items held as evidence.

APPLYING FOR CRIME SCENE CLEAN-UP?

1. _____ Submit an itemized invoice or estimate for clean-up. If you made payment, please submit receipt(s) to verify.
2. _____ Submit the homeowner's or renter's insurance determination, if applicable.

Applications and supporting documentation can be submitted via email, fax, or mail. You will find our email 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.



Division of
Victim Services