



DETERMINED FRIENDS VICTIM SERVICES APPLICATION

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE				
APPLICANTS				
Intake Specialist: For office use Only			Date:	
Claimant Name:				
Last	First	Middle	Maiden	
Present Address:				
Number	Street	City	State	Zip
Claimant Date of Birth of _____			Social Security No:	
Telephone: - -		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female (Victim/Survivor)		
Victim Date of Birth: _____				
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced Widowed				
Victim Name: _____			Best Day/Time to reach you:	
Social Security No. _____			No Pref _____ Thur _____	
Present Address:			Mon _____ Fri _____	
Number Street City State			Tue _____ Sat _____	
			Wed _____ Sun _____	
Did the crime take place in Michigan?		Was a Police Report made within 72 hours?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have the offender been arrested and or charged?				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNDER INVESTIGATION				
If yes, when is the said court date?				
LIST VICTIM CHILD/REN				
NAME Down Below	AGE Down Below	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Indian <input type="checkbox"/> Multi-racial	PARENT OR GUARDIAN NAME Down Below	IN NEED OF SREVICE (Write) Yes NO

IMPORTANT: Completion of this Section is required for ALL Applicants.

SOURCES OF EARNINGS OR SUPPORT:

(Check all that apply and indicate if received BEFORE or AFTER the injury)

Employment <input type="checkbox"/>	AFDC, FIP Grant, Food Stamps: <input type="checkbox"/>	Social Security Disability / SSI Benefits: <input type="checkbox"/>
<input type="checkbox"/> Other, Please Explain		
Claim Determination Information:		
Check the Type of Services you are Requesting:		
Benefits for the Victim Funeral <input type="checkbox"/>		
Benefits for a Survivor <input type="checkbox"/>		
Please tell us how you first found out about the Determined Friends Victim Services		
Attorney <input type="checkbox"/> Media <input type="checkbox"/> Medical Provider <input type="checkbox"/> Prosecuting Attorney <input type="checkbox"/> Brochure <input type="checkbox"/> Poster <input type="checkbox"/> Police / Sheriff Victim Service Agency Friend <input type="checkbox"/> Acquaintance <input type="checkbox"/> Other <input type="checkbox"/>		

Applying for Services Through	
Name of Organization:	Name of person referred you:
Complete Address:	

Phone Number:	Job Title:
Did they attend to the issues you have:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Crime Information	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.	
Complete this section and provide a copy of the Police Report if available	
<input type="checkbox"/> Arson <input type="checkbox"/> Assault <input type="checkbox"/> Child Abuse <input type="checkbox"/> DWI / DUI Homicide <input type="checkbox"/> Kidnapping <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Robbery <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Terrorism <input type="checkbox"/> Other (explain):	
Police or Sheriff Agency to which crime was reported Incident Number _____	
Name	City State Phone
Covered Compensation: <input type="checkbox"/> Funeral Assistance <input type="checkbox"/> Obituary <input type="checkbox"/> Head Stone <input type="checkbox"/> Start Up Clothing for Child	
Do you have a request of assistance that's not listed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Crime
Was the person who caused the injury the victim's spouse, former spouse, an individual with whom the victim had a child in common, or a resident or former resident of the victim's household? If yes, Please Explain? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you seek assistance from another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE READ CAREFULLY

APPLICATION GUIDELINES

Funding is Limited.

WARNING: Falsely presenting facts and circumstances to this organization, with the intent to defraud or cheat, may be a crime if compensation is awarded.

Authorization to Release Information, If compensation is granted, No repayment is required:

(Your signature below indicates your understanding and agreement to the following)

AUTHORIZATION FOR RELEASE OF INFORMATION:

I _____ authorize any hospital, doctor, counselor, or other treatment provider who attended to _____; any funeral director or other person who rendered services; any employer; any police or other local government agency, including State and Federal revenue services; any insurance company; or other organization having knowledge; to furnish Crime Victim Services, or its representative, all information concerning the incident which led to the victim's personal injury or death, and the claim made for compensation, including treatment, employment, insurance, or third-party payer information.

PAYMENT REQUIREMENT:

I understand that payment by Determined Friends victim compensation program is payment for emergency financial situations. I also understand that my providers will be paid directly for services rendered.

FINANCIAL HARDSHIP:

I understand that my eligibility for Determined Friends crime victim services requires that losses represent a serious financial hardship for me.

DECLARATION:

I declare, under penalty of perjury, information on this form is true, correct, and complete to the best of my knowledge and belief.

Claimant's Signature _____

Date of Signature _____

Thank you for completing this application form and for your interest in our friendship.

All applications must be mailed to Determined Friends, Inc. 439 S. Main St., Ste. 160 Rochester, MI 48307

