



THIN BLUE LINE OF MICHIGAN

Application for Benefits

It is the mission of the Thin Blue Line of Michigan to assist and support families of injured or deceased, on or off-duty, sworn peace officers of law enforcement agencies in their financial, emotional, physical, and medical needs occasioned by the officer's injury or death. We are here to assist you. Please provide the following information so that the Thin Blue Line of Michigan may consider your request.

OFFICER INFORMATION

APPLICANT INFORMATION

Full Name: _____

Full Name: _____

Address: _____

Address: _____

City: _____ Zip Code: _____

City: _____ Zip Code: _____

Telephone: (____) _____

Telephone: _____

Birth Date: __/__/__ SS#: _____

Birth Date: __/__/__ SS# : _____

Date of injury/death: _____

Officer's dependents (names, ages, relationship to officer) _____

Rank/Title: _____

Employer: _____

Address: _____

Occupation: _____

Telephone: _____

Annual household income: \$ _____

Request (Please attach additional pages if more space is required for any response) Check here if additional pages are submitted

Briefly explain the circumstances supporting this application: _____

How can the Thin Blue Line of Michigan best assist you? _____

Are you or the Officer's family or dependents facing a critical situation if assistance is not provided (i.e. imminent eviction, utility shut-off, lack of medical care, etc.)? Please describe in detail. _____

Please describe the nature and amount of assistance you are requesting. Identify all other available sources and amounts of support you are either presently receiving or have requested assistance from: _____

If request is for medical assistance does the officer or applicant have any medical insurance coverage? If so, describe in pertinent detail the scope of coverage, deductibles, payment limits, etc. _____

Any additional information that should be considered? _____

Please attach to this Application verification of the Officer's certification as a sworn peace officer in the State of Michigan.

Please have the officer and all applicants sign and date the attached releases and authorizations.

The Thin Blue Line of Michigan Board of Directors is committed to giving due consideration to the merits of each submitted Application and will not discriminate against applicants based upon religion, race, color, national origin, age, height, sex, weight, or marital status.

To the best of my knowledge and belief, all of the information contained upon the Application and any attachments is true and complete.

Date

Officer/Representative/Referral liaison