



THIN BLUE LINE OF MICHIGAN

Application for Benefits

It is the mission of the [Thin Blue Line of Michigan](#) to assist and support members of Public Safety and their families with their financial, emotional, physical, and medical needs. We are here to assist you. Please provide the following information so that the [Thin Blue Line of Michigan](#) may consider your request.

PUBLIC SAFETY MEMBER INFORMATION

Full Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone: _____

E-mail: _____

Birth Date: ____/____/____

Date of injury/death: _____

Position/Rank/Title: _____

Employer: _____

Employer's Address: _____

Employer's Telephone: _____

APPLICANT INFORMATION

Full Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone: _____

E-mail: _____

Birth Date: ____/____/____

Member's dependents (names, ages, relationship to member):

Occupation: _____

Annual household income: \$ _____

Request (Please attach additional pages if more space is needed 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 Public Safety Member'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 copies of the Member's last four pay stubs from their employment as public safety in the State of Michigan.

Please have the Member 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

Applicant/Representative/Referral liaison

GENERAL AUTHORIZATION

You are hereby authorized to furnish and release to the Thin Blue Line of Michigan, or any representative thereof, any and all information which may be requested relative to the undersigned applicant/member, including, but not limited to, employment, financial, credit, economic, medical, physical, dental, or other condition, history and treatment, billing or statements, insurance records, school records, including grades, achievements, intelligence quotients, test records, and correspondence files maintained by any teachers or administrators, and to furnish copies of any and all records you may have concerning same. Your full cooperation with the Thin Blue Line of Michigan is requested. The foregoing authorization shall continue in force until revoked by the undersigned in writing. A photostatic copy of this authorization shall serve in its stead.

MEDICAL AUTHORIZATION

You are hereby authorized to furnish and release to the Thin Blue Line of Michigan, or any representative thereof, any and all information which may be requested regarding the undersigned's mental, physical, dental, or other condition, history and treatment, and to furnish them or any person designated by them, with any x-rays taken of the undersigned applicant/officer and/or records which you have regarding the undersigned's condition or treatment, expenses, charges, and billing. Your full cooperation with the Thin Blue Line of Michigan is requested. The foregoing authorization shall continue in force until revoked by the undersigned in writing. A photostatic copy of this authorization shall serve in its stead.

EMPLOYMENT AUTHORIZATION

You are hereby authorized to furnish and release to the Thin Blue Line of Michigan, or any representative thereof, any and all information which may be requested relative to the undersigned applicant's/member's employment, past or present, and to furnish copies of any and all records which you may have concerning the undersigned, regarding, or in connection with the undersigned's employment. Your full cooperation with the Thin Blue Line of Michigan is requested. The foregoing authorization shall continue in force until revoked by the undersigned in writing. A photostatic copy of this authorization shall serve in its stead.

CREDIT REPORT NOTICE AND AUTHORIZATION

Pursuant to the U.S. Fair Credit Reporting Act, as amended, 15 USC 1681 et seq., notice is hereby given that the Thin Blue Line of Michigan may obtain a consumer credit report regarding applicant or subject member and may use this report in making benefit determination decisions that affect the applicant or member.

The applicant/member authorizes the Thin Blue Line of Michigan to obtain a consumer credit report regarding the applicant/member from a consumer reporting agency pursuant to the U.S. Fair Credit Report Act, as amended, 15 USC 1681 et seq.

Public Safety Member's signature

Date of Signature

Applicant's signature

Date of signature