



## MN Heals Family Support Fund Application Form

**MN Heals Family Support Fund Grantee Agency: MN Alliance on Crime Phone: 612-940-8090x105**

*\*The request must be made as a direct result of a law enforcement use of deadly force incident from 7/1/23-6/30/25. Funds can only be used for funeral/burial, and mental health services. \*\*Program support provided by state funds through the Office of Justice Programs, Department of Public Safety.*

**Referral Agency (If applicable):** \_\_\_\_\_

Staff Name: \_\_\_\_\_ Contact Phone/Email: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to Victim: \_\_\_\_\_

**Victim Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

City of Incident: \_\_\_\_\_ County of Incident: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

**Funding Request:**

Amount of **Funeral/Burial** Request: \$ \_\_\_\_\_

Services have already been rendered:  Yes  No  Request was made over phone

Vendor's Name: \_\_\_\_\_ Vendor's Phone/Email: \_\_\_\_\_

Vendor's Address: \_\_\_\_\_

Amount of **Mental Health Services** Request: \$ \_\_\_\_\_

Services have already been rendered:  Yes  No  Request was made over phone

Vendor's Name: \_\_\_\_\_ Vendor's Phone/Email: \_\_\_\_\_

Vendor's Address: \_\_\_\_\_

**Attach invoices, estimates, and any other supporting documents. MN Alliance on Crime staff may contact you to request additional information. When possible, payment will be made directly to the vendor of services on the applicants' behalf.**

***MN Alliance on Crime Use Only:***

MN Alliance on Crime Staff Approval: \_\_\_\_\_ OJP Approval (If Requested): \_\_\_\_\_

Payment:  Check  Credit Card Method:  Check for Pick Up  Check for Mail

Date Completed: \_\_\_\_\_ Other Services Requested: \_\_\_\_\_