



APPLICATION

iCare of Michigan, P.O. Box 181010, Utica, MI 48318 • www.icare-mi.org

Name _____

Address _____

City/State/Zip _____

Phone Number _____ Email _____

DESCRIPTION

Attach Documents

BILLS

Name of Institution _____ Amount _____

Contact Name _____ Contact Phone Number _____

Address (to mail check) _____

City/State/Zip _____

Name of Institution _____ Amount _____

Contact Name _____ Contact Phone Number _____

Address (to mail check) _____

City/State/Zip _____

Signature _____ Date _____