

In an effort to let others know about the help that is available from the MiCAFE Network (a program of Elder Law of Michigan, Inc.), I give permission to the MiCAFE Network to:

- □ Use my general case information,
- □ Use my name,
- □ Use my photograph,
- □ Have others photograph and/or interview me.

Special instructions: _____

I understand that my image(s) and interview will only be used in electronic or print media to educate others about the services provided by the MiCAFE Network and Elder Law of Michigan, Inc.

The MiCAFE Network has provided me with assistance in applying for benefits. The MiCAFE Network's assistance has changed or improved my life in the following way(s):

Signature:	Date:
Printed Name:	
The MiCAFE Network is a program of Elder Law of Michigan, Inc. (ELM). Elder for, educate, and assist our target populations. While our services address the adults and persons with disabilities. We provide no-cost counseling on legal, y collaborative partner assistance to organizations that work with our target po including the U.S. Administration for Community Living, Michigan Departmen Council on Aging, the Michigan State Bar Foundation, over 120 community of donors. Contributions of time, money, and other resources are always apprec	needs of many different people, we continue to target our services to older pension, housing, nutrition, and benefits access. We also provide direct and pulations. We receive financial and in-kind support from many sources, it of Human Services, Michigan Office of Services to the Aging, the National rganizations throughout Michigan, several hundred volunteers, and over 100
	A program of

