

Billing Form for In-Home Supportive Services



CalVCB Application Number:

When no other reimbursement source is available CalVCB may reimburse a victim/claimant for In- Home Supportive Service expenses he/she has paid to a caregiver as a result of a qualifying crime- related injury. This billing form must be submitted to CalVCB at 30 day intervals. Payment for attendant care is limited to a daily maximum of eight hours, not to exceed 40 hours per week. Additionally, the treating medical provider must recertify the need for attendant care in writing at 60-day intervals, even if the disability has been determined to be permanent. The victim’s physician, physician assistant or nurse practitioner must submit one of the following documents:

1. A CalVCB Disability Statement for In-Home Supportive Services; or
2. A statement on the treating medical provider’s letterhead addressed to CalVCB that contains the same information in the Disability Statement for In-Home Supportive Services.

CalVCB staff will verify that a recertification for In- Home Supportive Services Disability Statement is on file every 60 days.

To be completed by Claimant or Conservator

Victim’s Name (Please Print):

Claimant’s Name: (if different from Victim’s Name):

Caregiver’s Name:

Caregiver’s Relationship to Victim:

Caregiver’s Address:

Caregiver’s Phone Number:

Assistance was provided during the following time period: _____ to _____ (mm/dd/yyyy)

On the table below indicate the days of the month and hours that services were provided.

Month:

Date:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Hours Worked																

Date:	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hours Worked															

Total Hours for Month: _____ Hourly Billing Rate: _____ Paid: Yes

I declare under penalty of perjury under the laws of the State of California (Penal Code sections 72, 118, and 129) that: I have read all of the questions contained on this form and, to the best of my information and belief, all my answers are true, correct and complete. I further understand that if I have provided any information that is false, intentionally incomplete or misleading, I may be found liable under Government Code section 12650 for filing a false claim with the State of California and/ may also be guilty of a misdemeanor or felony punishable by six months or more in the county jail, up to four years in state prison, and/or fines up to \$10,000.

Caregiver’s Signature _____

Date _____

Victim or Claimant’s Signature _____

Date _____



Privacy Notice on Collection

1. CalVCB collects this information based on California Government Code sections 13952 et seq. and 13954.
2. All information collected from this site is subject to, but not limited to, the Information Practices Act. See <http://victims.ca.gov/media/prc.aspx>.
3. This information is collected for the purpose of determining eligibility for compensation.
4. CalVCB may disclose your personal information to another requestor, only if required to do so by law or in good faith that such action is necessary to:
 - a. Conform to the edicts of the law or comply with legal process served on CalVCB or the site;
 - b. Protect and defend the rights or property of CalVCB; and,
 - c. Act under exigent circumstances to protect the personal safety of users of CalVCB, or the public.
5. Individuals are to provide only the information requested.
6. The information provided is mandatory.
7. The consequences of not providing the requested information could result in the denial of your application.
8. You have the right to access the records containing the personal information that you provided.
9. The information collected is used by the California Victim Compensation Program.
10. Any questions regarding the information collected, please write to the following address: PO Box 48, Sacramento, CA 95812, email info@victims.ca.gov, call (800) 777-9229, or contact the CalVCB Privacy Coordinator at InfoSecurityandPrivacy@victims.ca.gov.
11. For additional information regarding privacy, please see CalVCB's Privacy Notice. See <http://victims.ca.gov/privacy.aspx>.
12. For information regarding consumer information on security, please visit <https://oag.ca.gov/privacy/online-privacy>.