Required Documentation for Relocation Benefits

CalVCB may reimburse a claimant up to $2,000 per household for expenses incurred in relocating. Although your claim may have been found eligible, not all claimants qualify for relocation benefits. The need for the relocation must be verified and required as a direct result of the qualifying crime. To determine this, certain documentation is required.

Please read the instructions carefully and provide requested documentation including receipts or proof of expenses to assist CalVCB staff in verifying your request.

1. Determination that the Need to Move was Either:

   Necessary for Safety Reasons* Or Necessary for Emotional Reasons*
   Law Enforcement Verification Form or a Medical or Mental Health Provider
   letter from law enforcement on the Verification Form or a letter from your
   agency’s letterhead containing the same licensed treatment provider on their
   information requested on the Law letterhead containing the same information
   Enforcement Relocation Verification Form. requested on the Medical or Mental Health
   Provider Verification Form.

   *For a listing of acceptable Law Enforcement Agencies, Medical Providers and Mental Health Providers please see the other side of this form.

2. Verification of the cost for moving into the new apartment, house or room

When you are requesting the cost for moving into the new residence (deposit, rent), please submit the following:

   Apartment or House Rental   Room Rental or Renting from
   Lease/Rental Agreement must be Family/Friend
   completed by the Apartment Manager,
   Leasing Agent or Landlord. If a Lease/Rental
   Agreement is not available, the CalVCB
   Rental Verification Form must be
   completed.

   When you are requesting that CalVCB pay the Apartment or Landlord directly, the W-9 Form
   must be completed by the Apartment Manager, Leasing Agent or Landlord in addition to the
   Lease/Rental Agreement.
The remaining security deposit balance must be returned to CalVCB upon termination of the rental agreement. The check must be sent to CalVCB Accounting, PO Box 1348, Sacramento CA 95812-1348. Indicate “Relocation Refund” along with the renter’s full name and application ID on the check.

3. Verification of Other Expenses and Completion of the Relocation Expense Verification Worksheet

When requesting other moving costs, please submit copies of contracts, receipts, billing statements, etc. that substantiate your losses.

Before CalVCB can consider payment of any expenses associated with relocation; the Relocation Expense Verification Worksheet* must be completed with your signature acknowledging that all of the information is correct and that you agree not to inform the offender of the location of your new residence.

*If you have received this relocation information by mail, the required forms should be included in your packet. If not, the forms can be obtained at our website at victims.ca.gov.

Mail the completed documents to:

Victim Compensation Board
P. O. Box 3036
Sacramento, CA 95812-3036

Or fax the documents to (866) 902-8669.

If you have any questions or need assistance, please feel free to contact us at (800) 777-9229.

Law Enforcement Agencies that can Provide the Documentation for Relocation

• Police Department
• Sheriff’s Department
• District Attorney
• County Probation Department
• Social Services Agency, e.g., Child Protective Services (CPS)
• Department of Justice
• Department of Corrections
• Department of Youth Authority
• Highway Patrol
• Police Department of any campus of the University of California
• California State University or community college
• State of California agencies authorized by statute to investigate or prosecute violators
• Federal agencies authorized by statute to investigate or prosecute violators

Medical Health Providers that can Provide the Documentation for Relocation Based on Emotional Well Being

- Doctor of Osteopathic Medicine (DO)
- Physician, Medical Doctor (MD)

A signature from the licensed supervising physician is required for the following:

- Nurse Practitioner (NP)
- Physician Assistant (PA)

Mental Health Providers that can Provide the Documentation for Relocation Based on Emotional Well Being

- Clinical Nurse Specialist
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Psychiatrist
- Psychiatric Mental Health Nurse
- Psychologist
- Registered Psychologist

A signature from the licensed supervising therapist is required for the following:

- Associate Social Worker
- Associate Professional Clinical Counselor (APCC)
- Associate Marriage and Family Therapist (AMFT)
- Psychiatric Resident
- Psychological Assistant
- Psychology Intern
- Sexual Assault Counselor