

## 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\*

Law Enforcement Verification Form or a letter from law enforcement on the agency's letterhead containing the same information requested on the Law Enforcement Relocation Verification Form.

#### Or Necessary for Emotional Reasons\*

Medical or Mental Health Provider Verification Form or a letter from your licensed treatment provider on their letterhead containing the same information 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

Lease/Rental Agreement must be 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.

#### Room Rental or Renting from Family/Friend

CalVCB Rental Verification Form must be completed by the Landlord or the individual that is renting the house/room to you.

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](http://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
- Licensed Professional Clinical Counselor Intern (LPCCI)
- Marriage and Family Therapist Intern (MFTI)
- Psychiatric Resident
- Psychological Assistant
- Psychology Intern
- Sexual Assault or Domestic Violence Peer Counselor
- Violence Peer Counselor