



VICTIM INFORMATION SHEET

California Victim Compensation Program

(For Advocates use only)

Full Name of Claimant:	
Victims, Derivative, or Witness:	
Date of Crime:	
Type of Crime:	
Police Report Number:	
ADA & Phone Numbers:	
Investigating Officer & Phone Number:	
Advocate & Phone Number:	

BASICS

Payer of last resort State funded program, nothing is guaranteed [Yes / No] Filing a civil suit?

Reduces Rates

Medical Bills – In order to determine the appropriate rate of payment, the Board uses a bill review service. The Bill Review Service (BRS) amount is the maximum rate payable for services, as approved by the Board.

Mental Health Bills – CalVCP has established rates for mental health providers. These rates differ depending on the license of the provider who is providing the mental health treatment.

MEDICAL AND/OR DENTAL

In order to determine the appropriate rate of payment, the Board uses a bill review service. The Bill review Service (BRS) amount is the maximum rate payable for services, as approved by the Board.

[Yes / No] Medical insurance Workers' Compensation Auto insurance (crimes involving a vehicle only)

MENTAL HEALTH

The California Victim Compensation Program (CalVCP) has established limits on the number of mental health sessions that may be reimbursed per application.

INCOME LOSS

Disability letter Employment verification Pay stubs (CalVCP will order tax returns)
 Taxes not filed – When did they start this job? State Disability Insurance (SDI) – Disability over one week

SUPPORT LOSS

Homicide cases and adults incapacitated as the result of a crime

RELOCATION

Law enforcement verification (personal safety) Mental health verification (emotional safety)
 VCP rental agreement form (landlord completes) Copy of lease agreement
 W-9 if landlord is being paid directly

EMERGENCY AWARD

Will not be processed without documentation

**In some cases, additional documentation will be needed.*



INCOME LOSS

CalVCP may reimburse a victim for income that is lost due to a period of disability suffered as a direct result of the qualifying crime. The direct victim or the adult who is the parent or legal guardian of a hospitalized minor victim may apply for income loss.

VERIFYING WAGE HISTORY

Required documents:

- Tax returns - CalVCP will request copies of tax returns directly from the Franchise Tax Board in order to verify work history.
- Pay stubs

WORKERS COMPENSATION

If the incident occurred at work, you should first apply with your Workers' Compensation carrier. Workers' Compensation only pays a certain percentage of your salary, so you should still apply with CalVCP. If Workers' Compensation denies payment of your income loss, you must then submit a denial letter to CalVCP.

Required information:

- Whether or not employer carries Worker's Compensation Insurance
- Worker's Compensation carrier information
- Claim status
- Settlement Information

STATE DISABILITY INSURANCE

- You must apply for State Disability Benefits through the Employment Development Department (EDD). You can get the application and physician verification documents directly from EDD. If the benefit is available to you, CalVCP will obtain verification directly from EDD.

DISABILITY LETTER FROM PHYSICIAN OR THERAPIST

- You must obtain and submit a disability letter from your doctor on letterhead indicating the nature of your injuries/diagnosis and how long your crime-related disability period is.

PAY STUBS

- You must also provide pay stubs from one week prior to the incident.

COMPLETED EMPLOYMENT VERIFICATION FORM

- The Employment Verification Form must be completed by the claimant's employer. CalVCP will send the form to the claimant's employer.

CRIME-RELATED EXPENSES

- CalVCP will only cover medical and dental expenses that are a direct result of the crime. This is determined by the crime report, medical records that state the cause and type of injuries, or a Medical Treatment Verification letter completed by a provider.

MEDICAL/MENTAL HEALTH INSURANCE

CalVCP is the payer of last resort. Submit your bills to your insurance provider first.

- No Insurance (Indicate none on the application).
- If you have been denied by your insurance provider, give the advocate with copy of the denial letter.
- CalVCP may pay for co-payment, co-insurance, share of cost, and/or deductible amount on any eligible medical-related bills based on the Explanation of Benefits (EOB) statement from your insurance. You should submit a copy of the EOB to CalVCP or your advocate who will submit it to CalVCP.

SUBMITTING MEDICAL BILLS

Bills need to be submitted on a standard insurance form that all providers should have. Any bills not submitted on a standard form will delay processing time.

The standard billing forms are:

- A CMS 1500 or CMS 1450 (UB04) for medical bills. CMS 1500 forms are used for outpatient medical and medical related services, while the CMS 1450 is for hospital bills.
- An American Dental Association (ADA) Form for dental bills.

If you have already paid for these medical bills, you should tell your medical provider to submit bills on an itemized form.

PROVIDER REIMBURSEMENT

- It is your responsibility to inform your provider that you have applied with CalVCP. Please give your provider your CalVCP application number.

CLAIMANT REIMBURSEMENT

- CalVCP may be able to reimburse claimants if CalVCP can verify that payment has been made.
- Under very limited conditions, CalVCP may be able to reimburse a claimant for out-of-pocket expenses at 100%. Generally, CalVCP can only reimburse claimants at reduced rates. For any specific questions, please contact CalVCP.

MEDICAL/MENTAL HEALTH INSURANCE

CalVCP is the payer of last resort. Submit your bills to your insurance provider first.

- No Insurance (Indicate none on the application).
- If you have been denied by your insurance provider, you should provide the advocate with a copy of the denial letter.
- CalVCP may pay for co-payment, co-insurance, share of cost, and/or deductible amount on any eligible medical or mental health-related bills based on the Explanation of Benefits (EOB) statement from your insurance. You should submit a copy of the EOB to CalVCP or your advocate who will send it to CalVCP.

Mental health sessions must be submitted to your insurance company. If your insurance company denies your bill, submit an explanation of benefits (EOB) or denial letter to CalVCP with the bills.

STARTING TREATMENT

- Depending upon whether you are a direct victim or related to the direct victim will determine the number of sessions allowed. CalVCP will only reimburse licensed mental health providers or your out-of-pocket expense.

Please Note: CalVCP will only pay a reduced rate and may not pay 100% of out-of-pocket expenses.

- After you have received five sessions of treatment, your provider must complete a Treatment Plan (TP) and keep it on file. The TP must be submitted to CalVCP upon request.
- CalVCP strongly encourages you to request that your therapist contact CalVCP after five sessions so that CalVCP can explain eligibility and session allowances.

ADDITIONAL TREATMENT PLAN

- Once you reach your initial session limit, and if it is necessary to receive additional sessions, your Mental Health Provider must submit a copy of the original Treatment Plan and a request for additional treatment on the Additional Treatment Plan (ATP) form.

It is your responsibility to inform your provider that you have applied with CalVCP. Please give your provider your CalVCP application number.

RELOCATION

CalVCP may reimburse you or a landlord up to \$2,000 per household for expenses related to relocating. However, the need for relocation must be as a direct result of the qualifying crime. To determine this, proper documentation is required. Please read all sections and then complete the Relocation Packet.

COMPLETED RELOCATION PACKET

Several documents necessary for verifying relocation expenses are either provided by an advocate, available online, or are mailed upon receipt of your application. This packet of information includes:

- Instructions
- Law Enforcement Verification Form
Law enforcement must verify that it is necessary for the victim to relocate for their personal safety.
- Mental Health Provider Verification Form
A mental health provider must verify that it is necessary for the victim to relocate due to crime-related emotional trauma and describe how the crime affected the victim's emotional wellbeing and will continue to affect the victim if they do not relocate.

Please note: CalVCP requires either a Law Enforcement Verification form or a Mental Health Provider Verification form, not both.

- Relocation Expense Verification
Complete and sign the expense verification sheet and submit copies of contracts, receipts, billing statements, etc. that show your losses.
- CalVCP Rental Verification or Copy of signed lease agreement (for rental)
Must include your new address, landlord's name and phone number, move-in date, and landlord's signature.

Important: You must submit receipts for all relocation-related expenses.

Please read relocation packet thoroughly and complete all necessary documents before submitting.

SUPPORT LOSS

CalVCP can make support loss payments to family members who were legally dependent upon a person who was injured or killed by a violent crime.

Legal dependents may include:

- A minor child.
- An unborn child conceived prior to the date of the qualifying crime.
- A spouse or registered domestic partner.
- An incapacitated adult.

VERIFYING LEGAL DEPENDENCY

- You will need to give CalVCP documents that show that you depend on the crime victim. CalVCP may request copies of a marriage certificate, evidence of alimony awards, birth certificates, child support records, evidence of an adult child's obligation to support a parent, etc. to prove legal dependency.

VERIFYING WAGE LOSS HISTORY

- CalVCP will request copies of tax returns directly from the Franchise Tax Board in order to verify the victim's work history.

WORKERS COMPENSATION DEATH BENEFITS

- If the incident occurred at work, the victim should first apply for benefits with their Workers' Compensation carrier. Since Workers' Compensation only pays a certain percentage of someone's wages, you should still apply with CalVCP. If Workers' Compensation does not cover the victim's expenses, submit the denial letter to CalVCP.

SOCIAL SECURITY SURVIVORS BENEFITS

- Victims must apply for Social Security Survivors Benefits (SSSB) if they are eligible.

VETERAN'S DEATH BENEFIT

- Victims must apply for Veteran's Death Benefit (VDB) if they are eligible.

COMPLETED EMPLOYMENT VERIFICATION FORM

- CalVCP will request employment verification from the victim's employer if the victim is deceased.