

Disability Statement 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. The 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.

Must be Completed by the Treating Physician, Physician Assistant or Nurse Practitioner

Victim/Patient's Name (please print): _____ Date of Injury (mm/dd/yyyy): _____ Was this a crime-related injury?
Yes No

Diagnosis with Codes:

What is the nature of the disability? (e.g., unable to use arms or stand for a given length of time):

Prognosis:

The patient has been under my care from _____ to _____ (mm/dd/yyyy) and seen on a
Weekly Monthly As-Needed Basis or is Permanently Disabled.



The patient is unable to perform activities of daily living and cannot safely remain in his/her home without assistance:

Yes No

The patient requires in-home care from _____ to _____ (mm/dd/yyyy)

The patient requires in-home care _____ hours per day, _____ days per week.

The patient will require in-home care to assist in the following areas:

Personal Care

Meal Preparation

Changing Bandages and Cleaning Wounds

Transportation to Medical Appointments

Housekeeping

Other (please describe below)

Shopping for food

This in-home care may be performed by a family member or other person and does not require professional or licensed medical care.

Yes No

Physician Information

Physician's Certification and Signature (Required): I certify under penalty of perjury that, based on my examination, this Disability Statement truly describes the patient's disability, the estimated period of disability, if any, and the estimated period of time in-home care will be required. Nurse Practitioners and Physician Assistants require a supervising physician's signature.

Nurse Practitioner/Physician Assistant's Name (please print):

Nurse Practitioner/Physician Assistant's Signature

Date Signed

Physician's Name (as shown on license, please print):

State License Number:

I further certify that I am licensed to practice in the state of:

Street Address:

Telephone number:

City:

State:

Zip Code:

Physician's Signature

Date Signed



Privacy Notice on Collection

1. The California Victim Compensation Board 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/pr.a.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 Board.
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>.