

## Mental Health Provider Relocation Verification Form

### ► **MUST Be Completed by the Mental Health Provider**

A statement from the treating mental health therapist is required when a victim of crime is requesting relocation benefits from the California Victim Compensation Program (CalVCP) due to crime-related emotional trauma. This form is to help mental health providers document how the crime affected the victim's emotional well-being. The form may be used with or without a letter from the mental health provider. If a letter is submitted without this form, it must be on the provider's letterhead and contain all the information requested in this form including signature and license number.

#### Victim Information

Name	Phone Number		
Address	City	State	Zip

#### Crime Information

Crime Date	Type of Crime
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#### Mental Health Information

Provider/Organization Name & Address:	License Number/ Expiration Date
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Is the victim currently receiving therapy for this crime? (Yes) (No)

If "No", on what basis are you making your assessment of the victim's need to relocate due to emotional trauma?

### ► **Is it necessary for the victim to relocate due to emotional reasons directly related to the crime?**

☐ Yes    ☐ No    ☐ Not enough information to determine

► Explain why relocation is necessary for the victim's emotional well-being:

► Describe the consequences if he or she does not relocate:

**Important Note!** Psychology Intern, Psychological Assistant, Associate Social Worker, Sexual Assault or Domestic Violence Peer Counselor requires a signature from the licensed supervising therapist.

Mental Health Provider Name:	Phone Number
Signature	License Number      Date

**FOR STAFF USE: If Form is not fully completed by the mental health provider, contact the provider, add the missing information, complete the section below and have the document scanned in.**

Mental Health Provider Supplying Information	Phone Number
VW Center Name, Number and Advocate/ Staff Completing This Form	Phone Number      Date