STATE OF CALIFORNIA

DISABILITY STATEMENT FOR INCOME LOSS AUTHORIZATION

VCB-30-12733 (Rev. 12/2021)

CalVCB Application No.:_____

CalVCB may reimburse a victim/claimant for income loss due to a qualifying crime-related injury. The victim's treating medical or mental health provider must provide the following information. For additional information and instructions, please see the second page.

To be completed by the Treating Medical or Mental Health Provider

Victim's Name (Please Print):	Date of Injury:
Was this a crime related injury? Yes ☐ No ☐	Was this a work-related injury? Yes ☐ No ☐
Diagnosis With Code(s):	
Prognosis:	
Dates of disability period: From: __/_____/___ to __/_____/_____	
Was the patient able to perform modified work-related duties during this time period? Yes ☐ No ☐ If yes, please indicate the number of hours or percentage of time the patient is able to work per week: Number of hours: _____ or Percentage of time: _____	
Treating Medical or Mental Health provider certification and signature (REQUIRED): I certify under penalty of perjury that, my examination of the patient was within the scope of my licensure. Based upon this examination, I further attest that, this Disability Statement accurately describes the patient's disability and the estimated period of disability, if any.	
I further certify that I am licensed to practice in the state of:_____	
Treating Medical or Mental Health Provider Name (as shown on license) (Please Print):	State License No.
Treating Medical or Mental Health Provider Address	Telephone Number
Treating Medical or Mental Health Provider Signature:	Date Signed:

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Supervising Mental Health Provider Name	State License Number	Specialty
Supervising Mental Health Provider Address	Telephone Number	
Supervising Mental Health Provider Signature	Date signed	

A disability statement can be submitted in either of the following ways: a CalVCB Disability Statement for Income Loss Authorization Form; or submit a letter addressed to CalVCB on the treating medical or mental health provider's prescription pad or letterhead stationery that states:

1. The nature of the victim's qualifying crime related injuries;
2. The prescribed period during which the victim is unable to work;
3. Current diagnosis and prognosis for recovery;
4. Certification that the disability resulted directly from the qualifying crime.

Approved Providers for Physical Injuries:

- Medical doctor
- Osteopath (DO)
- Optometrist
- Dentist
- Podiatrist
- Chiropractor

Approved Providers for Emotional Injuries 6 months or less:

- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Clinical Psychologist
- Licensed Psychiatrist

When the disability period of an emotional injury exceeds six (6) months, the disability statement must be completed by a treating licensed clinical psychologist or psychiatrist.