

Forced or Involuntary Sterilization Compensation Program



Application Instructions (Rev. 04/2022) [ENG]

The California Victim Compensation Board (CalVCB) Forced or Involuntary Sterilization Compensation Program Application is made up of five pages. To complete the application, please follow the below instructions.

Section 1: Claimant and Representative Information

Claimant Preferred Language – Select the spoken and written language preferred for communications to and from CalVCB. The language selected here will apply to all future communications.

Claimant Information – Include all requested information on the individual applying for compensation as a survivor of forced or involuntary sterilization. Provide a Social Security Number if you have one. If you don't have one, check No Social Security Number.

If claimant is currently in the custody of the California Department of Corrections and Rehabilitation (CDCR), include the claimant's full name while in custody (if different than legal name), along with their CDCR inmate identification number, housing unit and cell number.

Legally Authorized Representative Information – Include all requested information on the individual applying on behalf of a survivor of forced or involuntary sterilization, including documentation demonstrating proof the representative is the legally authorized representative of the claimant.

Section 2: Sterilization Procedure Details

Please provide as much information as possible regarding the sterilization, including the claimant's name at the time of sterilization and information about when and where the sterilization occurred.

Information provided here will assist CalVCB in obtaining documentation that may establish eligibility.

Section 3: Trust or Beneficiary Designation

If the claimant wishes to identify a trust or designate a beneficiary, please complete Section 3: Trust or Beneficiary Designation information and attach any required documentation.

If the claimant does not wish to assign a trust or beneficiary, then this section may be left blank.

Assigning a Trust Designation: Claimants must complete and include a copy of the fully executed Trust.

Assigning a Beneficiary: Claimants must include the beneficiary's name, address, phone number, Social Security Number, Date of Birth and relationship to the claimant.

Beneficiary and Trust designations will not become effective until the information has been verified. The designation must be approved before filing a claim.

Section 4: Supporting Documents

Supporting Documents: CalVCB will request medical records on the claimant's behalf to obtain any documentation that supports the application. However, if there are any documents supporting the claimant's application, please include them with the application. Documentation may include, but is not limited to:

- Documentation of the sterilization
- Sterilization recommendation
- Surgical consent forms
- Relevant court or institutional records
- A signed statement by the claimant, claimant's physician, or another individual with knowledge of the sterilization
- Any other documentation that supports the application

Section 5: Voluntary Demographic Information

Providing information in this section is voluntary and does not affect the application in any way. Include responses to the questions on the claimant's race, gender, ethnicity and sexual orientation. The information will remain confidential and will be used only for statistical purposes. If you choose not to provide this information, continue to Section 6.

Section 6: Voluntary Outreach Information

Providing information in this section is voluntary and does not affect the application in any way. Include responses to the questions on how the claimant or authorized representative heard about the Forced or Involuntary Sterilization Compensation Program. The requested information will be used for statistical purposes and to evaluate the effectiveness of outreach efforts. If you choose not to provide this information, continue to Section 7.

Section 7: California Payee Data Record Form (STD. 204)

This form is required to be completed and submitted with the application, in order to receive payment from the state.

Section 8: Information Release, Compensation Agreement and Signature

It is important to read and understand the information in this section. It authorizes CalVCB to obtain and verify eligibility and all other information related to the claim. Additionally, it provides notification about compensation.

Signature Page – By signing the application, the claimant agrees that CalVCB may provide information about this application, and the information contained in it, to any representative named on this application, government agency, or health care provider or other provider of services. Applications received without a claimant or legally authorized representative's signature are considered incomplete.

Completed Application – CalVCB will accept applications from January 1, 2022, to December 31, 2023.

Mail, email or fax completed form to:

California Victim Compensation Board
 c/o Forced or Involuntary Sterilization Compensation Program
 P.O. Box 591, Sacramento, CA 95812-0591
 Email: FISCP@victims.ca.gov
 Fax: 916-491-6429

For more information:

1-800-777-9229 | Hearing impaired, call the California Relay Service (711)

Our Customer Service Unit is available Monday through Friday between the hours of 8 a.m. and 5 p.m.