

HOW TO APPLY FOR RELOCATION BENEFITS

VCB-30-19231a (Rev 05/2024)



CalVCB may reimburse a claimant up to \$3,418 per household for expenses incurred in relocating. Although your claim may have been found eligible, not all claimants qualify for relocation benefits. The need for the relocation must be verified and required as a direct result of the qualifying crime. To determine this, certain documentation is required.

Please read the instructions carefully and provide requested information including receipts or proof of expenses to assist CalVCB staff in verifying your request.

Required Documentation:

Necessary for Safety Reasons	OR	Necessary for Emotional Reasons
<input type="checkbox"/> *Law Enforcement Verification Form or a letter from law enforcement on the agency's letterhead containing the same information requested on the Law Enforcement Relocation Verification Form.		<input type="checkbox"/> *Mental Health Provider Verification Form or a letter from your licensed treatment provider on their letterhead containing the same information requested on the Mental Health Provider Verification Form.

**For a listing of acceptable Law Enforcement Agencies and Mental Health Providers please see the other side of this form.*

When you are requesting the cost for moving into the new residence (deposit, rent), please submit the following:

Apartment or House Rental	Room Rental or Renting from Family/Friend
<input type="checkbox"/> Lease/Rental Agreement must be completed by the Apartment Manager, Leasing Agent or Landlord. If a Lease/Rental Agreement is not available, the CalVCB Rental Verification Form must be completed.	<input type="checkbox"/> CalVCB Rental Verification Form must be completed by the Landlord or the individual that is renting the house/room to you.

- ▶ When you are requesting that CalVCB pay the Apartment or Landlord directly, the W-9 Form must be completed by the Apartment Manager, Leasing Agent or Landlord in addition to the Lease/Rental Agreement.
- ▶ The remaining security deposit balance must be returned to CalVCB upon termination of the rental agreement. The check must be sent to CalVCB Accounting, P.O. Box 1348, Sacramento CA 95812-1348, indicate on the check "RELOCATION REFUND," the renter's Full Name and Application ID.

CALIFORNIA VICTIM COMPENSATION BOARD

P.O. Box 3036 • Sacramento, CA 95812 • Phone: 800.777.9229 • www.victims.ca.gov

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DRS Code - 19231, Relo Instructions Worksheet

Rev. 5/2024



Necessary for Safety Reasons**OR****Necessary for Emotional Reasons**

► When requesting other moving costs; please submit copies of contracts, receipts, billing statements, etc. that substantiate your losses.

► Before CalVCB can consider payment of any expenses associated with relocation; the ***Relocation Expense Verification Worksheet** must be completed with your signature acknowledging that all of the information is correct and that you agree not to inform the offender of the location of your new residence.

**If you have received this relocation information by mail, the required forms should be included in your packet. If not, the forms can be obtained at our website at: www.victims.ca.gov.*

Mail the completed documents to:

California Victim Compensation Board
P.O. Box 3036 Sacramento, CA 95812-3036

Or by Fax:

1-866-902-8669

If you have any questions or need assistance, please feel free to contact us at 800.777.9229.

Law Enforcement Agencies that can Provide the Documentation for Relocation:**Mental Health Providers that can provide the documentation for Relocation based on Emotional Well Being:**

- Police Department
- Sheriff's Department
- District Attorney
- County Probation Department
- Social Services Agency (Child Protective Services – CPS)
- Department of Justice
- Department of Corrections
- Department of Youth Authority
- Highway Patrol
- Police Department of any campus of the University of California
- California State University or community college
- Every agency of the State of California expressly authorized by statute to investigate or prosecute violators
- Federal agencies authorized by statute to investigate or prosecute violators

- Clinical Nurse Specialist
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Psychiatrist
- Psychiatric Mental Health Nurse
- Psychologist
- Registered Psychologist

A signature from the licensed supervising therapist is required for the following:

- Associate Social Worker
- Associate Professional Clinical Counselor (APCC)
- Associate Marriage and Family Therapist (AMFT)
- Psychiatric Resident
- Certified Child Life Specialist

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