



oklahoma
crimevictims
compensation



Hope is now a few clicks away!

ocvapp.okvictimscomp.com

HOPE BEGINS WITH HELP

Easing the Financial Burden of Crime Victims

Welcome

Oklahoma Crime Victims Compensation (OCVC) may be available if you or someone you love suffered physical or psychological injury due to a violent crime that occurred anywhere in the state of Oklahoma.

How to Apply

It's simple. Use our online application to apply for compensation benefits. We will help you through every step of the process.

What expenses qualify for compensation?

OCVC may provide compensation for these UNREIMBURSED expenses related to the crime: medical, dental and prescriptions; counseling and rehabilitation; grief counseling for families of homicide victims; traditional healing; crime scene cleanup; funeral and burial expenses; work loss and replacement of services; loss of support for dependents of a deceased victim; mileage reimbursement for appointments for the victim.

When should a claim be filed?

The crime should be reported to law enforcement within 72 hours, and a claim should be filed within one year of the injury or death of the victim. Reporting and filing deadlines may be waived and extended under certain circumstances, or if the victim was a minor or incapacitated adult.

Log in

Log in

Create account

[Forgot password?](#) | [Verify Email](#)

If you prefer to complete a written application, please complete a printable version below and send it to Oklahoma Crime Victims Board via mail or fax.



[Printable PDF in English](#)

[PDF Imprimible en Español](#)



[Printable Word Doc in English](#)

You may now start a new application. Please use the button below to begin the process.

Attention! Only one application should be submitted per crime incident.

[Start a New Application](#)

If you prefer to complete a written application, please complete a printable version below and send it to Oklahoma



[Printable PDF in English](#)
[PDF Imprimible en Español](#)



[Printable Word Doc in English](#)

Top New Notifications

8/2/2019, 10:52 PM (CST)

Welcome to OCVC's Online Application! This notification system will inform you of important changes in your account. If you checked the 'Receive Notifications by email' option in your profile, you will receive emails when new notifications are sent.

[All Notifications >](#)

Victim Information

* Are you the victim of a crime? Yes No

We need additional information because you are the victim. Please complete the fields below.

Other Phone (if any)

* Social Security Number

* Gender

Please list any disabilities you had prior to this incident

Residential Address

[Copy Mailing Address](#)

* Address Line 1

Address Line 2

* City

* State

* Postal Code

Quick Help

Victim - The crime victim is the person who was injured, threatened with injury, or killed due to the crime. Please complete this form with the victim's information

Information about the Crime

* What crime(s) were committed which led to the filing of this claim?

- | | |
|---|--|
| <input type="checkbox"/> Arson | <input type="checkbox"/> Identity Theft/Fraud/Financial Crimes |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Kidnapping |
| <input type="checkbox"/> DUI/DWI | <input type="checkbox"/> Leaving the Scene |
| <input type="checkbox"/> Child Physical Abuse/Neglect (under age of 16) | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Child Pornography (under age of 16) | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Child Sexual Abuse (under age of 16) | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Terrorism |
| <input type="checkbox"/> Human Trafficking | |

* Primary Location of Crime

* City of Crime

County

* Date of Crime

* Time of Crime (approximate)

Age when Crime Occurred

If victim is a child, when was the crime disclosed by the child to an adult?

Date

Time

Date Reported to the Police

Quick Help

Incident Information - Complete all fields if possible. A complete application assists the application review process.

Expenses Being Claimed

Check the requested crime-related expenses and attach copies OR a list of any crime-related bills.

- | | |
|---|--|
| <input type="checkbox"/> Funeral / Burial | <input type="checkbox"/> Counseling/Mental Health |
| <input type="checkbox"/> Traditional American Indian Services | <input type="checkbox"/> Income Loss For Victim |
| <input type="checkbox"/> Loss of Support/Dependent Care | <input type="checkbox"/> Income Loss For Caregiver |
| <input type="checkbox"/> Grief Counseling | <input type="checkbox"/> Travel (doctor/counseling visits) |
| <input type="checkbox"/> Crime Scene Cleanup | <input type="checkbox"/> Replacement Services |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Future Economic Loss |

Anticipated Expenses (Max Characters 500)

Text input

0/500

List the victim's injuries (physical and psychological) caused by the crime (Max Characters 500)

Text input

0/500

List the doctors, mental health professionals, and hospitals where the victim is or was receiving treatment after the crime (Max Characters 500)

Text input

0/500

Quick Help

Expenses - Read carefully and select each expense that should be claimed. Supporting documentation for each expense must be attached using the 'Attach' button under **Attachments** at the bottom of the screen. If the victim or claimant does not have expenses at this time, but anticipates having expenses, state this in the "Anticipated Expenses" box and attach invoices for treatment after treatment is received.

Insurance Information

Is there any insurance to possibly assist with the claimed expenses? Yes No

* Insurance Type

* Insurance Company Name

* Phone Number

Policy Number

Amount Received or Expected

Beneficiary's Address

Street Address

Unit (Apt, Rm, etc.)

City

State

Postal Code

Beneficiary's First Name

Beneficiary's Middle Name

Beneficiary's Last Name

Beneficiary's Relationship to the Victim

Quick Help

Insurance - Please include all insurance information. The Oklahoma Crime Victims Compensation Board (OCVCB) will not consider expenses until insurance has been filed and paid. The only exception is Indian Health Services.

Civil Suit Information

Has a civil lawsuit been filed because of this crime? Yes No

Civil Case Number Type of Suit (i.e. wrongful death, liability etc.)

* Attorney's First Name

* Attorney's Last Name

* Law Firm

Attorney's Phone Number

* Street Address

Unit (Apt, Rm, etc.)

* City

* State

* Postal Code

ATTACHMENTS

Click 'Attach' button to upload/attach copies of any documents related to civil suit.

 Attach

< Back

Continue >

Quick Help

If you or someone on your behalf is filing a civil suit, by law, you are required to notify OCVCB within 30 days of filing the action. DO NOT include the criminal case information here.

Victim's Employment Information

Did you have a job? Yes No

* Were you unable to work due to the crime? Yes No

How many days of work did you miss or are expected to miss due to physical or psychological injuries related to the crime?

From Date To Date Weekly Net Pay (after taxes)?

How long have you been employed at this location?

Is your income a result of Self Employment? Yes No

Were any of the days you were unable to work due to this incident paid by your employer or some other sources?

Yes No

* Employer's Business Name Occupation

Supervisor's First Name Supervisor's Last Name Employer's Phone Number

Quick Help

Employment information is required for certain benefits to be covered. Provide as much detail as possible to assist with the review of the application. Information previously input can be edited or employers added here.

Victim's Dependent(s)

Do you have any dependents? Yes No

Prefix * First Name Middle Name

Prefix First Name Middle Name

* Last Name Suffix

Last Name Suffix

* Relationship to the Victim * Date of Birth * Social Security Number

Select mm/dd/yyyy XXX-XX-XXXX

* Is this person listed as a dependent on the victim's tax return?

Yes No

< Back

Continue >

Quick Help

If the victim is deceased, list all dependents of the victim. They may qualify for compensation benefits. Dependent information previously input can be edited here or dependents added.

Suspect/Offender Information

Is a suspect or offender known? Yes No

Prefix * First Name Middle Name

* Last Name Suffix

* Has there been an arrest?

Yes No

* Have charges been filed?

Yes No

If charges were filed, what is the Criminal Case Number?

Relationship to the Victim (if any)

▾

< Back

Continue >

Quick Help

Any information about potential suspects is helpful. Provide as much detail as possible. You can edit information about suspects previously input and/or add suspects here.

Application Summary

Victim Information

Edit

Full Name	<input type="text" value="John Doe"/>	Gender	<input type="text" value="Male"/>
SSN	<input type="text"/>	Applicant Relationship to the Victim	<input type="text"/>
Date of Birth	<input type="text"/>	Is victim deceased?	<input type="text"/>
Primary Phone	<input type="text"/>		
Email	<input type="text"/>		
Residential Address	<input type="text"/>		
Mailing Address	<input type="text"/>		

Victim's Race/Ethnicity

Edit

No information entered

Claimant Information

Edit

Quick Help

1. Please review each section of the application carefully.
2. If any edits are needed, click the 'Edit' button in the appropriate section(s) and make the necessary changes.
3. Click 'Save' after making any edits.
4. Click 'Sign' at the bottom of the screen.
5. Provide your signature on the next screen.
6. Submit the application.

Claim 080319-10008

Status: APPLICATION COMPLETED AND SUBMITTED TO OCVCB

See [Notifications](#) for details

Submitted 8/3/2019
Assigned to Assignment to District Office is pending

Victim Name John Doe
Incident Date 8/5/2014

If you need to submit additional information related to this claim, please click the 'Submit Additional Information' button below

Submit Additional Information

Open Claim

Claim 080219-10007

Status: All

Submitted 8/2/2019
Assigned to Assignment to Dis

If you need to submit additional information

Submit Additional Information

Open Claim



Claim #: 080319-10008

Your application has been successfully submitted.

Ok

You may now start a new application. Please use the button below to begin the process.

Attention! Only one application should be submitted per crime incident.

Start a New Application

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NOTIFICATIONS

Note	Date ▾
New Your application for Claim # 080219-10007 was successfully submitted to Oklahoma Crime Victims Compensation Board.	8/2/2019, 11:25 PM (CST)
New Welcome to OCVC's Online Application! This notification system will inform you of important changes in your account. If you checked the 'Receive Notifications by email' option in your profile, you will receive emails when new notifications are sent.	8/2/2019, 10:52 PM (CST)

Quick Help

This is the list of your notifications. New notifications are marked with a "New" indicator. Click on each notification to mark as "read" and remove "New" indicator.

Claims

Search Claims

Claim # ▾	Submitted ▾	Status ▾	Status Updated ▾	Assigned County ▾	Claim Summary
051419-78920	00/00/0000	Complete	01/01/0001	Norman	Victim Jane Doe Crime Date 00/00/0000
051319-12185	00/00/0000	None	01/01/0001	Woodward	Victim John Doe Crime Date 00/00/0000
051319-46005	00/00/0000	Complete	01/01/0001	-	Victim Jim Doe Crime Date 00/00/0000
051319-63267	00/00/0000	Complete	01/01/0001	Chandler	Victim Janet Doe Crime Date 00/00/0000
051319-29178	00/00/0000	Complete	01/01/0001	-	Victim James Doe Crime Date 00/00/0000
051219-60959	00/00/0000	None	01/01/0001	Wilburton	Victim Julie Doe Crime Date 00/00/0000

Claim 051419-78920

Claim Status: **COMPLETED AND SUBMITTED TO OCVCB**

- Assign
- Change Status
- Send Notification

Claim Submissions	
Application Submission	7/13/2019, 12:18 AM
Additional Submission	7/14/2019, 8:48 AM

Show Claim Log

Application Summary

[Download Application](#) 

Victim Information

Full Name	John Doe	Phone Number	(123) 456-7890
Date of Birth	MM/DD/YEAR	Email	johndoe@gmail.com
Social Security Number	123-45-6789	Address	1234 Main Street Tulsa, OK 00000
Gender	Male	Mailing Address	Same

Victim's Race/Ethnicity

Ethnicity	Pacific Islander
------------------	------------------

Claimant Information

Name	Claimant Name	Relationship to the Victim	Relation
-------------	---------------	-----------------------------------	----------

Contact Information

No information entered

Incident Information

Claim 051419-78920

Application Summary

[Download Application](#) 

Claim Status: **COMPLETED AND SUBMITTED TO OCVCB**

Victim Information

[Assign](#) [Change Status](#)

Claim Submissions

Application Submission

Additional Submission


Show Claim Log

Number (123) 456-7890
Email johndoe@gmail.com
Address 1234 Main Street
Tulsa, OK 00000
Address Same

Update Claim Status

Claim Status: **APPLICATION COMPLETED AND SUBMITTED TO OCVCB**

* New Claim Status

Select New Claim Status 

- Application in progress
- Waiting on documentation
- Application completed and submitted to OCVCB
- Awarded
- Denied**
- Continued
- Appeal

[Cancel](#) [Submit](#)

Incident type multiple selected Reported by Agency CPS
Incident Date 04/02/2019 Date Reported to the -
Crime Location - Police
City Tulsa Report Number

Claim 051419-78920

Application Summary

[Download Application](#) 

Claim Status: **COMPLETED AND SUBMITTED TO OCVCB**

Victim Information

Number (123) 456-7890
Email johndoe@gmail.com
Address 1234 Main Street
Tulsa, OK 00000
Address Same

Assign Change Status

Claim Submissions

Application Submission

Additional Submission

Show Claim Log

Send Notification

Claim Status: **APPLICATION COMPLETED AND SUBMITTED TO OCVCB**

This note is sent to the applicant as a Notification. (Max Characters 500)

Note to Applicant Text

0/500

Cancel Submit

Contact Information

No information entered

Incident Information

Assign Claim

Claim 051419-78920

Status: **COMPLETED** and **SUBMITTED TO OCVCB**

Submitted 7/12/2019
Assigned to Oklahoma County District Attorney's Office
Contact Phone (405) 713-1634

Victim Name John Doe
Incident Date 7/4/2017

* Assign to County Office

Select District Office ▾

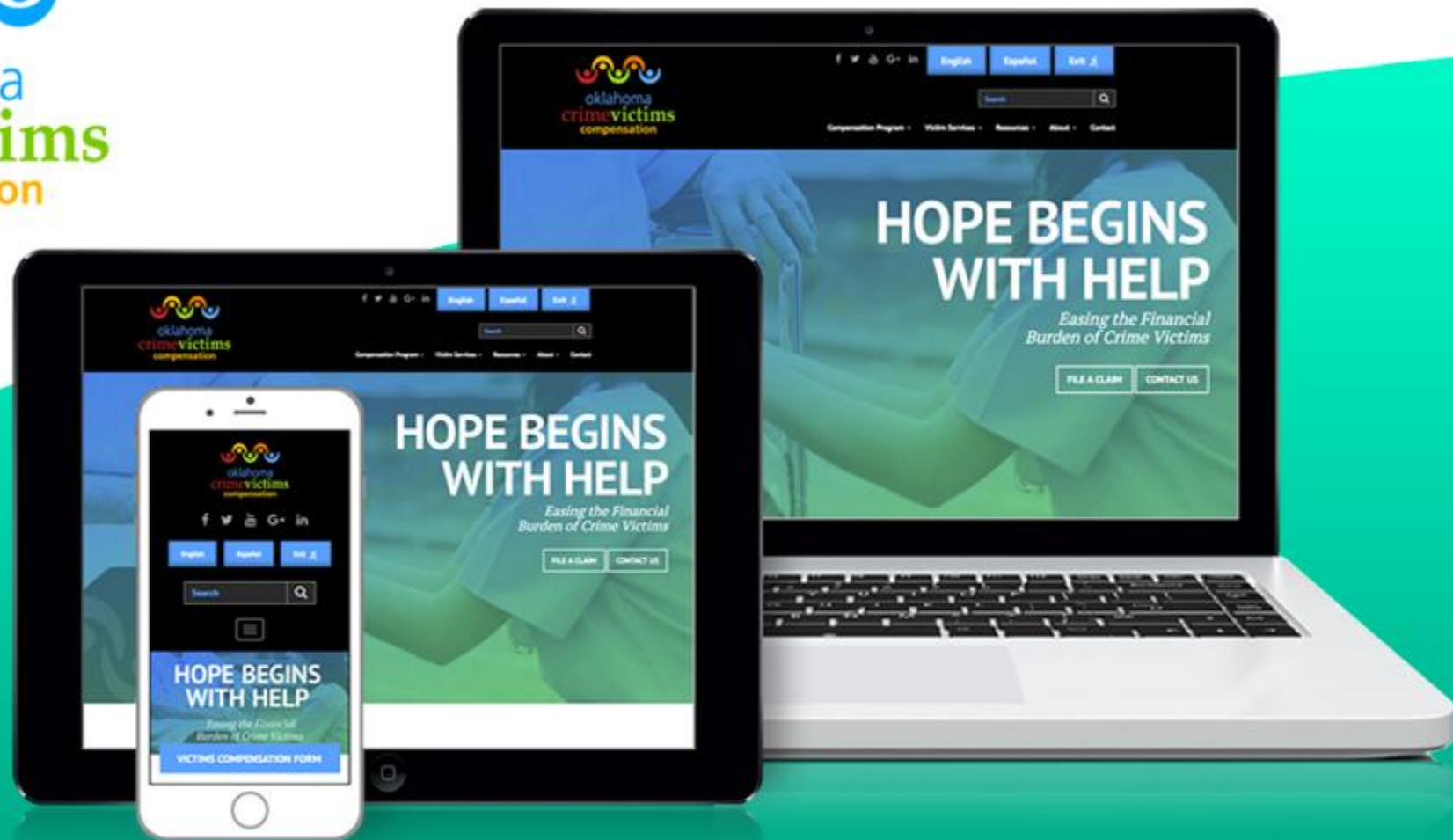
Note (not visible to Applicant) (Max Characters 500)

Note Text

0/500

Cancel

Submit



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ocvapp.okvictimscomp.com



oklahoma
crimevictims
compensation

Suzanne Breedlove
District Attorneys
Council

**Director of Victims Services/
VOCA Compensation &
Assistance Administrator**

405-264-5006 - Office

1-800-745-6098 – Toll Free

suzanne.breedlove@dac.state.ok.us

High Tech in Victim Compensation

Stacie Brendlinger

Victims Compensation Assistance Program
Manager

Pennsylvania

- DAVE – Dependable Access for Victimization Expenses
 - Developed in early 2000
 - Completely rewritten in 2013 to adhere to web-based standards
 - Ongoing improvements
 - Access to state assistance benefits
 - Connections with Administrative Office of PA Courts; Comptroller and Treasury

Pennsylvania

- Access to state assistance benefits
 - Allows for immediate determination if the claimant is on any state benefits that need to be offset from an award (i.e. cash assistance, food stamps).
 - Allows for staff to see if claimant receives Medical Assistance
- Connection to Comptroller and Treasury
 - Every day at 2pm, all awards processed for that day are electronically sent.
 - Payments to victims under \$5,000 get returned to the agency the next day for payment.
 - Payments to providers are paid by the Treasury and any additional money owed the victim over \$5,000 will be paid by Treasury.

Pennsylvania

- Connection with Administrative Office of PA Courts (AOPC)
 - Every day at 2pm, all “active” claims are sent to AOPC to see if there is an offender match to the victim.
 - If a potential match occurs, claim specialist (CS) is alerted.
 - CS reviews the potential match and determines if it is a definite match.
 - Once a definite match is made:
 - CS is alerted to any upcoming court dates or sentencing activities.
 - This ensures the CS can get any payments made to make sure restitution information is provided to the DA prior to sentencing.

Pennsylvania

- Forensic Rape Exams (FREs) are paperless
 - Providers MUST file FREs online.
 - FRE is processed and batched for payment by provider.
 - Payments to FREs are made at the end of every month. Provider gets a lump sum check.
 - Providers receive an Explanation of Benefits like statement that delineates the claims associated with the lump sum payment.
 - This has been a significant cost savings for PA.

Pennsylvania

- Quick Stats

- Averaged 12,630 claims over the past 3-years

- 6,764 regular claims

- 5,866 FRE claims

- Average Processing Time is just over 13-weeks.

- Our goal is 12-weeks, but PA has seen a large turnover in staff over the past year, coupled with the increase in claims.

Pennsylvania

- PA Mobile App
 - Found on Google and Apple under “PA Crime Victims”
 - App launched in March 2017
 - File claim thru app launched in October 2017
 - Features include:
 - Find Help – Shows nearest victim service programs based on your location
 - File or Check Claim Status
 - Provides information on victims rights; and other organizations
 - Provides the ability to contact the Office of Victim Services

Pennsylvania

- Quick Stats – 7/1/17 to 6/30/19
 - Number of claims filed on the app – 448
 - Claimant status check log ins – 9,085
 - 501 different claimants
 - Most claimant log ins was 671 times
 - Average Number of claimant log ins is 18

Pennsylvania

- Each of these improvements have been made with claimants in mind.
- Continually review to see how the process can be made better to quickly get the money into the hands of the claimant.

CALIFORNIA VICTIM COMPENSATION BOARD

LEVERAGING TECHNOLOGY TO SERVE
VICTIMS AND SURVIVORS

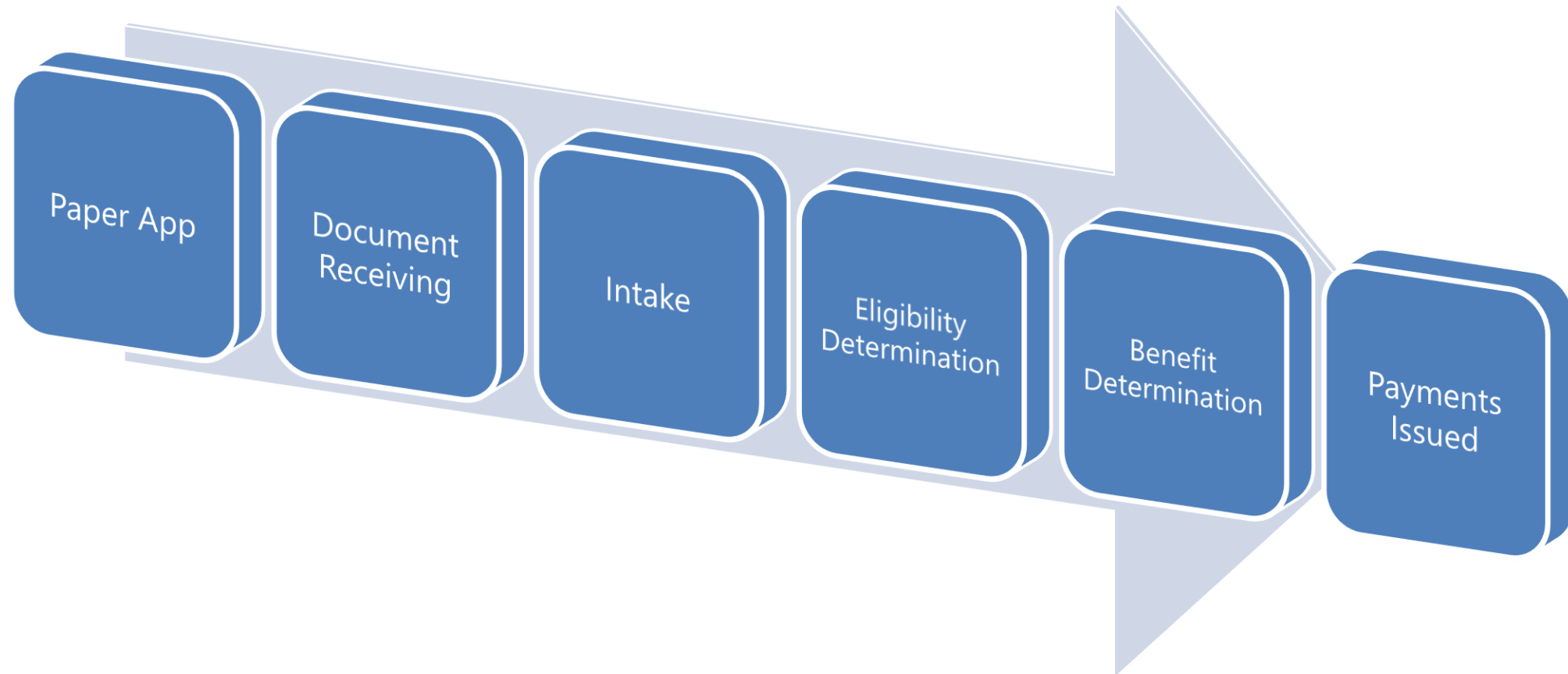
CHRISTIE MUNSON, DEPUTY EXECUTIVE OFFICER
VOCA NATIONAL CONFERENCE, 2019



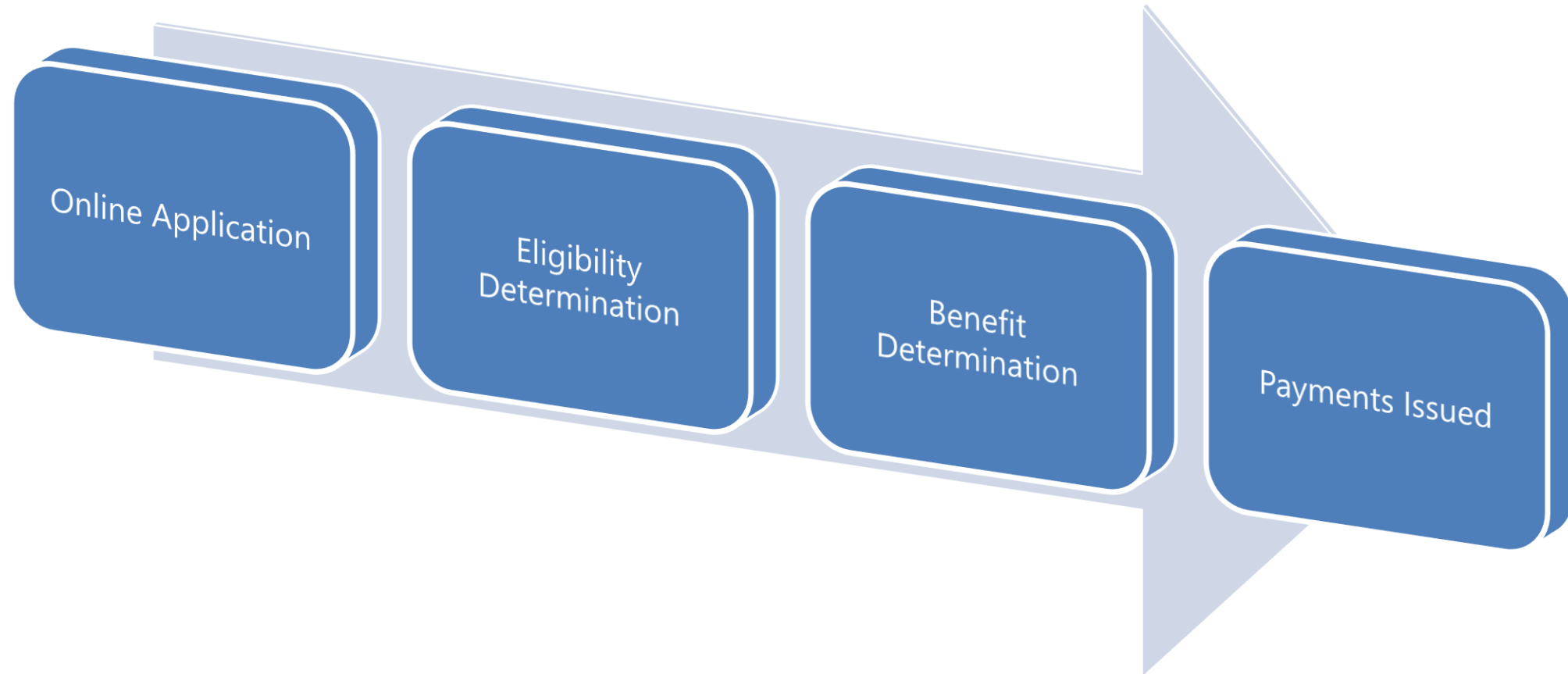
Cares2



Cares2 Workflow Before Online Access



Cares2 Workflow After Online Access



Rules Engine for Autopay

Type of Bill	Autopay Limit	Service limitations
Physician	\$2,000	Not more than 90 days from incident
Hospital	\$10,000	Not more than 30 days from incident
Ambulance	\$2,000	Not more than 90 days from incident
Prescription	\$250	Not more than 90 days from incident
Over the counter	\$250	Not more than 90 days from incident
X-Rays	\$2,000	Not more than 90 days from incident
Lab Work	\$2,000	Not more than 90 days from incident
Individual Therapy	Up to session limit	Claimant must be over 3 years of age
Family Therapy	Up to session limit	Claimant must be over 3 years of age

Rules Engine for Autopay

- Crime relatedness is 100%
- Cannot exceed the available benefit (ex. \$70,000)
- Some vehicle related crime codes not allowed
- Claimant/Applicant is not a violent felon/registered sex offender
- No civil suit
- No Insurance/reimbursement source for medical bills

CalVCB Online Access Portal

- Agile Development in .NET
 - Built by CalVCB
- Phased rollout
 - Provider – 10/18
 - Applicant – 4/19
 - Advocate – Early 2020
 - Law enforcement, probation – 2020
- Device neutral
- Messaging
- Application and bill status



Welcome to CalVCB Online

Were you a victim of crime?

The California Victim Compensation Board (CalVCB) can help.

We can help pay bills and expenses that result from crime. Crime survivors who have been injured or have been threatened with injury may be eligible.

CalVCB Online allows you to:

- Apply for compensation
- Upload and submit documents
- Communicate with CalVCB



[What is CalVCB Online? ▶](#)

Login

Username

Password

Log In

Create a New Account

[Forgot your password?](#)

[Forgot your username?](#)



[Apply for Compensation](#)



[Service Provider Access](#)

About CalVCB

CalVCB is a state program dedicated to providing reimbursement for many crime-related expenses to eligible victims who suffer physical injury or the threat of physical injury as a direct result of a violent crime. Covered crimes include, but are not limited to: assault, child abuse, homicide, sexual assault, stalking and other crimes. For more information, visit victims.ca.gov

CalVCB Customer Service

CalVCB Customer Service

1-800-777-9229 (Phone)

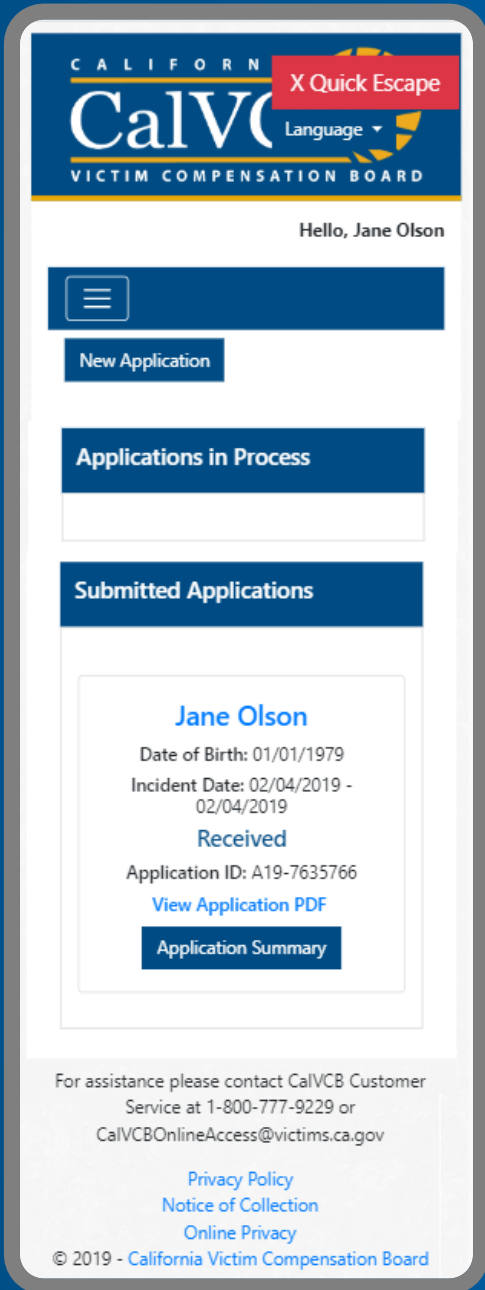
1-866-902-8669 (Fax)

For victim assistance in your area, find a local [Victim Advocate](#)

[Other Resources for Victims of Crime](#)


Pursuant to section 502 California Penal Code and Public Law 99-474, title 18, United States Code, tampering, interfering, damage, and unauthorized access to information will be prosecuted to the full extent of the law.

CalVCB Online Home Page



**Accessible on all
devices and browsers**

Provider Portal - Bill Search Page

X Quick Escape
Language ▾

Hello, Jane

Bill Search Application Search Correspondence Upload Forms Profile User Administration Guide Me Feedback Log off

Bill Search

The Bill Search page allows you to search for bills you have submitted to CalVCB. Narrow your search by entering: Application ID, client first name or last name, Bill ID, check number, dates of service or check issue dates.

Application ID	First Name	Last Name	Bill ID	Check Number
<input type="text" value="Application ID"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="Bill ID"/>	<input type="text" value="Check Number"/>

Check Issue Date Range	Service Date Range	<input type="button" value="Search"/> <input type="button" value="Reset"/>		
From	To		From	To
<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>		<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>

Last 30 Days Bills: (0)

Application ID	Name	Bill ID	Service Date Range	Bill Status	Bill Amount	Paid Amount	Check Number Issue Date
----------------	------	---------	--------------------	-------------	-------------	-------------	---------------------------

Provider Portal - Bill Search Results

Bill Search Results: 5

Application ID	Name	Bill ID	Service Date Range	Bill Status ▼	Bill Amount	Paid Amount	Check Number Issue Date
A16-5999999	Name	B18-20000000	10/04/2018 - 10/04/2018	Waiting for Approval	\$240.00	\$81.00	
A16-5999999	Name	B19-00000000	05/29/2018 - 05/29/2018	Submitted	\$808.00	\$0.00	
A16-5999999	Name	B18-20000000	09/06/2018 - 09/27/2018	Check Issued to Payee	\$720.00	\$480.00	67777777 11/05/2018
A16-5999999	Name	B19-00000000	08/09/2018 - 08/16/2018	Check Issued to Payee	\$480.00	\$480.00	69555555 10/02/2018
A16-5999999	Name	B18-20000000	06/21/2018 - 06/28/2018	Check Issued to Payee	\$480.00	\$480.00	69000000 09/10/2018

Application Search

To search for submitted applications, please enter the First Name, Last Name and Date of Birth of the individual. To narrow your search, enter the Street Address, Phone Number, the last four digits of the Social Security Number or Application ID.

First Name

Middle Name

Last Name

Date of Birth

Street Name

Phone Number

Last 4 SSN

Or search by

Application ID

I'm not a robot



Search

Reset

Application Search Result

Application ID: A17-0000000

Status: Allowed

Mental Health Sessions

Total Benefit: 40


Total Paid: 17

To upload bills or other supporting documents to this application click here:

Upload

Provider Portal Application Search Page

Provider Portal Account Management



CALIFORNIA
CaIVCB
VICTIM COMPENSATION BOARD

Hello, Name [Provider Name]

Bill Search Application Search Correspondence Upload Forms Profile **User Administration** Feedback Log off

User Administration -

The User Administration page allows you to manage user accounts, including: add users, reactivate/deactivate users, unlock user accounts, revoke administration to certain users, and grant administrative rights.

	User Name	Full Name	Type	Last Login	Account Status	Password Expires	
<input type="checkbox"/>	TestProvider		Admin	09/14/2018	Active	09/13/2019	Reset
<input type="checkbox"/>	TestUser		User	09/13/2018	Active	09/13/2019	Reset

[Add User](#) [Reactivate](#) [Deactivate](#) [Unlock](#) [Revoke Admin](#) [Grant Admin](#)

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[Other Resources for Victims of Crime](#)

Pursuant to section 502 California Penal Code and Public Law 99-474, title 18, United States Code, tampering, interfering, damage, and unauthorized access to information will be prosecuted to the full extent of the law.

Applicant Account Creation

Please tell us about yourself:

I want to apply for compensation ▾

CalVCB Online is a convenient way to submit applications for compensation, check the status of submitted applications and view documents.

CalVCB Online allows you to:

- Complete an application and apply for yourself and your dependents
- Communicate with Customer Service
- Submit any bills or documents related to your application
- Update your contact information

What you will need to create an online account:

- First and Last Name
- Email Address
- Mailing Address

What can we help you with?

- Log in to your online account
- Answer any questions regarding your application
- The status of your application and bills

Information that will be requested for your CalVCB application:

- Basic Personal Information
- Crime Information
- Types of expenses you have
- Insurance Information
- Employer Contact Information
(if requesting lost income for yourself or family member)
- Civil Suit Information (if planning to file or filed)
- Electronic Signature

Previous

Continue

Applicant Portal Page

Account Information

Setting up a CaIVCB Online Account gives you access to filing new applications, uploading supporting documents, and communicating with CaIVCB about your submitted applications. If you have any questions please contact Customer Service at CaIVCBOnlineAccess@victims.ca.gov or (800) 777-9229.

Username *

Password *

Confirm Password *

First Name *

Middle Name

Last Name *

Password must meet the following requirements:

- ✗ At least **8 characters long**
- ✓ At most **32 characters long**
- ✗ At least **one capital letter**
- ✗ At least **one lower case letter**
- ✗ At least **one digit (number)**
- ✗ At least **one special character**
- ✓ Not contain **five consecutive digits (number)**
- ✓ Not contain your **username**
- ✓ Not contain your **username backwards**

Mailing Address

Street Number and Name or PO Box *

Country *

City *

State/Province *

ZIP/Postal Code *

Address validation is optional but highly recommended to help CaIVCB better assist you.

Validate Address

Account Set-up Page

CalVCB Communication Preferences

CalVCB may contact you regarding your application and expenses. Please confirm your preferred contact method and language:

Preferred Contact Method *

Preferred Spoken Language *

Preferred Written Language *

How did you find out about us? *

Submit

For assistance please contact CalVCB Customer Service at 1-800-777-9229 or CalVCBOnlineAccess@victims.ca.gov

[Privacy Policy](#)
[Notice of Collection](#)
[Online Privacy](#)

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Communication Preferences

Hello,

Welcome to CalVCB Online.

To complete your account set-up, please click on the button below:

Activate Your Account

This button will be valid for 24 hours.

NOTE: Protecting your information is important to us. When you log in, you will be asked a security question to verify your identity.

Once your account is activated you may complete a compensation application as soon as you are ready.

If an application is not created within 30 days of account activation, the account will be deactivated. If this occurs and you wish to continue with your account, you may contact Customer Service to reactivate the account and complete an application.

If you have any questions or received this message in error, please contact Customer Service at (800) 777-9229 or CalVCBOnlineAccess@victims.ca.gov.

Thank you,

California Victim Compensation Board

www.victims.ca.gov

Our mission is to provide financial assistance to victims of crime.

Account Confirmation Email

New Application

On the Applications Tab you may begin new applications, edit applications in draft, and view information for your submitted applications. Adults may file applications for themselves and their dependents. Please note an adult can only file an application for another adult when they are legally responsible for that adult, such as a guardian or conservator.

Applications in Process

Submitted Applications

Applicant Home Page



Hello, Jane Olson

Applications Messages Upload Forms Account Information

FAQ Feedback Log off

New Message

My Messages

Date Received	From	Subject	Application ID
 08/06/2019 02:07 PM	CalVCB Customer Service	Applications Submitted	A19-7635766
 08/06/2019 02:01 PM	Jane Olson	Applications Submitted	A19-7635766

First Previous **1** Next Last

For assistance please contact CalVCB Customer Service at 1-800-777-9229 or CalVCBOnlineAccess@victims.ca.gov

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Messages

CaVCB Forms

The following forms are available for entering, printing and uploading to CaVCB.

Frequently Used Forms

- [CaVCB Late Filing Consideration Form](#)
- [Complementary and Alternative Medicines Verification Form](#)
- [Consent for Exchange and Release of Information](#)
- [Caregiver's Affidavit](#)

Income Loss

- [Disability Statement for Income Loss](#)

In-Home Supportive Services

- [Billing Form for In-Home Supportive Services](#)
- [Disability Statement for In-Home Supportive Services](#)

Relocation

- [Relocation Packet Instructions](#)
- [Law Enforcement Relocation Benefit Verification](#)
- [Medical/Mental Health Provider Relocation Benefit Verification](#)
- [Relocation Expense Verification](#)
- [W9 Form](#)
- [Relocation Rental Verification](#)
- [Other Billing Forms](#)

Appeals

- [AppealForm](#)

CaVCB Forms

Hello, Jane Olson

Applications Messages Upload Forms Account Information

FAQ Feedback Log off

Account Information

Username: MrsOlson

Name: Jane Olson

Password Expiration Date: 8/5/2020 9:42:51 AM

Street Number and Name or PO Box: PO Box 3036

City: Sacramento

State: California

Zip: 95812

Country: USA

Phone Country: USA

Phone: (800) 777-9229

Phone Type: Cell

Email: calvcbonlineaccess@victims.ca.gov

Request Information Update

CalVCB Communication Preferences

CalVCB may contact you regarding your application and expenses. Please confirm your preferred contact method and language:

Preferred Contact Method *

Email ▾

Preferred Spoken Language *

English ▾

Preferred Written Language *

English ▾

How did you find out about us? *

Victim Services Program ▾

Submit

Account Information Contact Info

Change Password

Current Password *

New Password *

Confirm Password *

Password must meet the following requirements:

- ✗ At least **8 characters long**
- ✓ At most **32 characters long**
- ✗ At least **one capital letter**
- ✗ At least **one lower case letter**
- ✗ At least **one digit (number)**
- ✗ At least **one special character**
- ✓ Not contain **five consecutive digits (number)**
- ✓ Not contain your **username**
- ✓ Not contain your **username backwards**

Submit

Change Security Questions

Question 1: *

Answer *

Question 2: *

Answer *

Question 3: *

Answer *

Customer Service Verification Passcode

The Customer Service Verification Passcode is a code word used to protect your confidential information. You will be asked for this passcode any time you contact the Customer Service Help Desk.

Passcode

Passcode Hint

Show Passcode

Submit

Account Information Security Settings

Other Features



- **Quick Escape**
- **Language**
- **Feedback**
- **FAQ**

4%

Application for [Claimant Name]: TEMPID-29109507

My Information

Help Me

The information below has been populated from your Account Information Page. If you need to update this information, please navigate to [Account Information](#).

Name

Jane Olson

Mailing Address

PO BOX 3036, Sacramento, California, 95812-3036, USA

Preferred Phone Number

(800) 777-9229

Email *

calvcbonlineaccess@victims.ca.gov

Please enter the following additional information:

Phone Country

USA ▾

Additional Phone Number

(XXX) XXX - XXXX

Phone Type

Home ▾

Date of Birth *

mm/dd/yyyy

While not required for eligibility, do you have a social security number? *

▾

Gender Identity

▾

Race/Ethnicity

▾

From the date of the crime to now, have you been in prison, on probation, on parole or post-release community supervision because of a violent felony? *

▾

Are you required to register as a sex offender? *

▾

Why do we ask these questions? California law prevents CalVCB from reimbursing an adult who is incarcerated, on probation or on parole for a violent felony or registered as a sex offender. However, that law does not pertain to application eligibility, only payments during the period the status is in effect.

Check if you were the victim of the crime and completing this application for your expenses

Applicant Information

Information for the person who needs help with expenses:

Help Me

I am paying for expenses related to the death of a loved one.

What is your relationship to the person who needs help with expenses? *

First Name *

Middle Name

Last Name *

Mailing Address

Same as My Address

Street Number and Name or PO Box *

City *

State

Zip *

Country

Address validation is optional but highly recommended to help CalVCB better assist you.

Validate Address

Date of Birth *

While not required for eligibility, does [Claimant Name] have a social security number? *

Gender Identity

Race/Ethnicity

From the date of the crime to now, has [Claimant Name] been in prison, on parole or post-release community supervision because of a violent felony? *

Is [Claimant Name] required to register as a sex offender? *

Why do we ask these questions? California law prevents CalVCB from reimbursing an adult who is incarcerated, on probation or on parole for a violent felony or registered as a sex offender. However, that law does not pertain to application eligibility, only payments during the period the status is in effect.

Save My Progress

Continue

Claimant Information

59%

Application for Jane Olson: TEMPID-29109507

Crime Victim Information

Help Me

What is Jane's relationship to the victim of the crime? *

They were the victim of the crime ▾

Please enter the following information for the victim of the crime:

First Name *

Jane

Middle Name

Last Name *

Olson

Mailing Address

Same as My Address

Street Number and Name or PO Box *

PO BOX 3036

City *

Sacramento

State *

California ▾

Zip Code *

95812-3036

Country *

USA ▾

Date of Birth *

01/01/1979

While not required for eligibility, do you have a social security number? *

Yes ▾

Social Security Number

111-11-1111

Gender Identity

Female ▾

Race/Ethnicity

Asian ▾

Additional Information

Was Jane disabled prior to the crime?

▾

Was Jane disabled due to the crime?

▾

Are you applying on behalf of a minor who witnessed a violent crime?

▾

Minor witnesses (under 18 years of age) are eligible for mental health treatment only. Please provide all crime information you are able to.

Crime Victim Information

Crime Information

Help Me

Date(s) of Crime

From *

mm/dd/yyyy

To

mm/dd/yyyy

Type of Crime *

Description of the crime *

3000 characters left.

Did the crime occur while the victim was on the job or at the workplace? *

Describe physical and/or emotional injuries *

3000 characters left.

Location of Crime

Address, Intersection, or other details *

City

State

California

Zip Code

County

Country *

USA

Reporting Information

Help Me

Please include all information about the crime available to you. Providing law enforcement agency names, report numbers, officer names and contact information will help CalVCB request and obtain crime documentation to better assist you.

Was the crime reported to Law Enforcement? *

Was the crime disclosed to another person or organization? *

Crime Information

Suspect Information

Help Me

Do you know the name of the suspect(s)? *

Yes

First Name *

Middle Name

Last Name *

AKA or Alias

Date of Birth

Gender Identity

Submit


Name	AKA or Alias	Date of Birth	Gender Identity	
No records saved				

Save My Progress

Continue

Suspect Information

Expenses: Direct Victims

X Quick Escape
Language ▾

Hello, Jane Doe

Home Personal Info Crime Info **Expenses** Insurance Representative Upload Sign and Submit FAQ Log off

78%

Application for **Jane**: TEMPID-89685202

Expense Information

For Jane Doe, the following types of expenses may be available for reimbursement. Please check the crime-related expenses you are requesting. Help Me

<input type="checkbox"/> Medical and/or Dental Expenses	<input type="checkbox"/> Crime Scene Clean-up
<input type="checkbox"/> Mental Health Treatment	<input type="checkbox"/> Complementary and Alternative Treatments
<input type="checkbox"/> Moving or Relocation Expenses	<input type="checkbox"/> Home and/or Vehicle Modifications
<input type="checkbox"/> Income Loss	<input type="checkbox"/> Job Retraining or Rehabilitation
<input type="checkbox"/> Home Security Improvements	<input type="checkbox"/> Mileage or Transportation Costs

Other expenses due to the crime

150 characters left.

Expenses: Derivatives and Survivors

Expense Information

For Ann Doe, the following types of expenses may be available for reimbursement. Please check the crime-related expenses you are requesting.

[Help Me](#)

- | | |
|---|--|
| <input type="checkbox"/> Mental Health Treatment | <input type="checkbox"/> Complementary and Alternative Treatments |
| <input type="checkbox"/> Funeral and/or burial expenses | <input type="checkbox"/> Crime Scene Clean-up |
| <input type="checkbox"/> Medical Expenses (for the deceased victim of crime) | <input type="checkbox"/> Loss of Support (for dependents of a deceased or disabled victim) |
| <input type="checkbox"/> Income Loss (for the parent of a hospitalized or deceased minor) | <input type="checkbox"/> Home Security Improvements |

Other expenses due to the crime

150 characters left.

Emergency Award Requests

Emergency Award Request

[Help Me](#)

Emergency Awards can be requested when you have expenses that need immediate payment.

Examples may include, but are not limited to:

- Expenses for moving or relocating quickly
- Funeral, memorial or burial services for a deceased victim
- Expenses that have been paid out of pocket and were a hardship for you and your household

Please only select yes if you need to be reimbursed or have a current expense or bill that needs payment immediately.

Qualifying emergency awards are generally paid within 30 calendar days of application submission.

Are you requesting an Emergency Award payment? *

[Save My Progress](#)[Continue](#)

80%

Application for Anne Doe: TEMPID-10895624

Employer Information

Help Me

In order to reimburse Income Loss or Support Loss, CalVCB must establish the income of the person at the time of the crime. Please enter all employers at the time of the crime.

Enter the following employer information for Anne Doe.

Company Name *

Was self-employed at the time of the crime? *

May we contact your employer?

Company Contact Person

First Name

Last Name

Phone Country

Phone Number *

Ext

Phone Type

Email Address

Mailing Address

Street Number and Name or PO Box

City

State

Zip Code

Country

Address validation is optional but highly recommended to help CalVCB better assist you.

Validate Address

Submit

Company Name ▲ Contact Person ⓘ Phone Number ⓘ Mailing Address ⓘ ⓘ

No records saved

Save My Progress

Continue

Employer Information

80%

Application for Jane Olson: TEMPID-29109507

Health Insurance Information

CalVCB is the payer of last resort. We may contact your insurance company as a potential reimbursement source. Please enter your insurance information below:

Help Me

Does Jane Olson have Medi-Cal? *

Does Jane Olson have Health Insurance? *

Vehicle Insurance Information

Did the crime involve a vehicle? *

Help Me

Workers' Compensation Information

Complete the following fields if the crime occurred while Jane Olson was at work or on the job.

Help Me

Have you filed a workers' compensation insurance claim related to this crime? *

Civil Suit Information

Help Me

A civil suit is usually filed by a person or business who has suffered damages. In contrast, a criminal case is filed by a prosecutor or other attorney representing the local government. If you decide to file a civil suit, you are required to notify CalVCB within 30 days of filing the action.

Have you filed a civil suit related to this crime? *

Save My Progress

Continue

Insurance and Civil Suit Information

80%

Application for Jane: TEMPID-89685202

Health Insurance Information

Help Me

CalVCB is the payer of last resort. We may contact your insurance company as a potential reimbursement source. Please enter your insurance information below:

Does Jane Doe have Medi-Cal? *

Yes

Please enter Jane Doe's insurance information below:

Medi-Cal Benefits Identification Card Number or SSN

Issue Date

Does Jane Doe have Health Insurance? *

Yes

Health Insurance Company Name *

Policy Number

Group Number

Phone Country

USA

Phone Number

(###) ###-####

Ext

Phone Type

Work

Email

person@email.com

Mailing Address

Street Number and Name or PO Box

City

State

California

Zip Code

Country

USA

Address validation is optional but highly recommended to help CalVCB better assist you.

Validate Address

Name of Insured

First Name

Middle Name

Last Name

Submit

Name of Insured	Insurance Company	Policy Number	Phone Number	Action
-----------------	-------------------	---------------	--------------	--------

No records saved

Health Insurance Section

80%

Application for **Jane Olson**: TEMPID-56563870

Representative Information

Help Me

A representative for your application is optional and not necessary to complete an application. However, if you are working with a victim advocate, an attorney or would like another individual or organization to assist you, you may choose to do so.

Do you have a representative for this application? *

Representative Type *

Save My Progress

Continue

Representative

80%

Application for **Jane Olson**: TEMPID-56563870

Representative Information

Help Me

A representative for your application is optional and not necessary to complete an application. However, if you are working with a victim advocate, an attorney or would like another individual or organization to assist you, you may choose to do so.

Do you have a representative for this application? *

Representative Type *

Please select the Victim Witness Advocate Office *

First Name

Last Name

Phone Country

Phone Number

Ext

Phone Type

Email

Save My Progress

Continue

Representative Example - Advocate

80%

Application for Jane: TEMPID-89685202

Upload Documents

Help Me

Please upload any documents or bills related to this application you have available. You will be able to submit documents for this application after you have submitted it to CalVCB through the Upload tab on the Homepage. Documents can be accepted in any of the following formats: JPEG, PNG or PDF. If you need a CalVCB Form, you may access it through the [Forms Page](#).

Examples of these documents may include:

- Crime Report, Court Documents, CPS Reports, Medical Records
- Bills, Receipts, Rental Agreement, Funeral Services Contracts, Explanation of Benefits
- Insurance Card, Vehicle Insurance Declarations Page

Please Note: If you have requested an Emergency Award please upload the bill, invoice or receipt.

Type of Document

Document Title

Choose File No file chosen

Upload

Document Title	Type of Document	Date Added	File Name
No documents uploaded			

Document Upload

91%

Application for Jane Olson: TEMPID-56563870

Information Release

Help Me

I give permission to any healthcare provider; any medical biller, any funeral director or similar persons, any employer, any police or other government agency, including the Department of Justice, the Social Security Administration, the State Franchise Tax Board, and the Federal Internal Revenue Service; any insurance company; or any other person or agency, to provide information relating to this application, including medical (including, but not limited to history or physical records, consultation reports, pathology reports, discharge summaries, operative reports, X ray and other radiology reports, laboratory reports, chart notes, narrative reports, and billing records), mental health, and felony conviction records, to the California Victim Compensation Board (CalVCB) or its representatives, for the purpose of determining eligibility for CalVCB benefits.

This permission also applies to all sources of recovery for the claimed losses, including but not limited to, health or medical benefits, unemployment or disability benefits, Social Security benefits (Social Security disability, Supplemental Security income, and/or retirement, including the supporting medical and/or mental health records), and Veteran benefits. I also give permission for the release of federal and state tax information, including tax returns, for the purpose of verifying income.

I hereby waive all legal privileges to any of this information required by CalVCB regarding my claim.

I agree that a photocopy or fax of this signed form is as valid as the original, and my signature gives permission for the release of all specified information.

I agree that CalVCB or its representatives may pursue restitution from the convicted offender in this matter to recover monies paid to me by CalVCB and that by filing this application I have authorized use of information in this application and subsequent claim files to pursue restitution from the convicted offender.

In order to verify or process this application, I agree that CalVCB or its representatives may provide information about this application, and the information contained in this application, to any representative named on this application, government agency, or health care provider or other provider of services, and may pay the provider directly if payment of these services is approved. I agree that I may revoke this authorization at any time. The revocation must be in writing. The revocation will take effect when CalVCB receives it, but I may be deemed ineligible for CalVCB benefits once the revocation is received by CalVCB. However, no healthcare provider may condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization. I am entitled to a copy of this authorization except in limited circumstances. I agree that information disclosed under this authorization may be redisclosed by the recipient as required by law and this redisclosure may no longer be protected by federal or state law. I agree that the authorizations and agreements herein will expire ten (10) years after the date of my signing this form.

I have read and agree to the above "Information Release."

Date of Agreement

mm/dd/yyyy

Information Release

My Agreement to the California Victim Compensation Board

As required by California law, I will contact and repay the California Victim Compensation Board (CalVCB) if I, or anyone on my behalf, receives any payments from the offender, a civil lawsuit, an insurance policy, or any other government or private entity, for losses suffered as a direct result of the crime that was the basis for receipt of benefits from CalVCB, in the amount of the total benefits granted by CalVCB. I understand I may be responsible for repaying CalVCB any amount for which it is later determined that I was not eligible.

I will notify CalVCB if I hire an attorney to represent me in any action related to this crime or if I pursue any action on my own. Any monies I receive from CalVCB for moving/relocation expenses, improving home security, or for modifying a home or vehicle for a disabled victim will be used only for those purposes. If I am a victim of domestic violence receiving moving/relocation expenses, I will not tell the offender my home address nor allow the offender on the premises at any time, or I will seek a restraining order against the offender.

In the event that I am compensated for any pecuniary loss by CalVCB and the State of California subsequently receives compensation for the same loss on my behalf from the perpetrator (including any monies received through a restitution order) or from any other source, I hereby assign to the Victim Compensation Board any and all rights to such duplicate compensation.

I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true, correct and completed to the best of my knowledge and belief. I understand that I may be found to be ineligible for benefits, and that action may be taken to recover benefits I receive if I provide information that is false, intentionally incomplete, or misleading.

I have read and agree to the above "My Agreement to the California Victims Compensation Board."

Date of Agreement

mm/dd/yyyy


Save and Preview

My Promise to Pay

Electronic Signature

Signature

Please sign this application using your finger, mouse or stylus. By signing below you are declaring under penalty of perjury under the laws of the State of California that all the information you have provided is true, correct and completed to the best of your knowledge and belief.



Date of Signature
08/06/2019


Clear Signature

Save and Preview

Application Preview

Signature

Please sign this application using your finger, mouse or stylus. By signing below you are declaring under penalty of perjury under the laws of the State of California that all the information you have provided is true, correct and completed to the best of your knowledge and belief.



Date of Signature
08/06/2019

Clear Signature

Save and Preview

Hello, Jane Olson

[Home](#) [Personal Info](#) [Crime Info](#) [Expenses](#) [Insurance](#) [Representative](#) [Upload](#) [Sign and Submit](#)

[FAQ](#) [Log off](#)

100%

Application for **Jane Olson**: TEMPID-56563870

Application Review

[Help Me](#)

▾ CalVCB Communication Preferences

Preferred Contact Method:	Email
Preferred Spoken Language	English
Preferred Written Language:	English
How did you find out about us?	Victim Services Program

▾ My Information

Name:	Jane Olson
Mailing Address:	PO Box 3036, Sacramento, California, USA, 95812
Preferred Phone Number:	8007779229
Additional Phone Number:	
Email Address:	calvcbonlineaccess@victims.ca.gov
Date of Birth:	01/01/1979
Social Security Number:	999-99-9999
Gender Identity:	Female
Race/Ethnicity:	Asian
From the date of the crime to now, have you been in prison, on probation, on parole or post-release community supervision because of a violent felony?	No
Are you required to register as a sex offender?	No

Application Preview (expanded)

100%

Application for Jane Olson: TEMPID-56563870

Application Review

Help Me

- CalVCB Communication Preferences

Preferred Contact Method:	Email
Preferred Spoken Language	English
Preferred Written Language:	English
How did you find out about us?	Victim Services Program

My Information

Information for the person who needs help with expenses:

Crime Victim Information

Crime Information

Suspect Information

Expense Information

Insurance(s) Information

Health Insurance Information

Vehicle Insurance Information

Workers' Compensation Information

Civil Suit Information

Representative Information

Documents Uploaded

- Signature

Information Release

I have read and agree to the above "Information Release " 08/06/2019

My Promise to CalVCB

I have read and agree to the above "My Agreement to the California Victim Compensation Board " 08/06/2019

Signature for Jane Olson



08/06/2019

Submit Application

Application Preview (collapsed)

100%

Application for **Jane Olson**: TEMPID-56563870

Application Submitted

Your Application has been submitted to CalVCB.

You will receive correspondence as your application is processed and eligibility for the program is determined. The Temporary Application ID above will be replaced shortly with a new Application ID [example A18-1234567].

Please include your new Application ID any time you send in additional information, through your CalVCB online account, mail, or fax.

If you have any questions, feel free to contact Customer Service through CalVCB Online Messaging, phone (800) 777-9229 or CalVCBOnlineAccess@victims.ca.gov. Representatives are available Monday through Friday, 8:00 am to 5:00 pm, PST.

[Print Application](#)

[Close](#)

For assistance please contact CalVCB Customer Service at 1-800-777-9229 or CalVCBOnlineAccess@victims.ca.gov

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Confirmation

Hello, Jane Olson

Applications Messages Upload Forms Account Information

FAQ Feedback Log off

New Application

On the Applications Tab you may begin new applications, edit applications in draft, and view information for your submitted applications. Adults may file applications for themselves and their dependents. Please note an adult can only file an application for another adult when they are legally responsible for that adult, such as a guardian or conservator.

Applications in Process

Submitted Applications

Jane Olson

Date of Birth: 01/01/1979

Incident Date: 02/04/2019 - 02/04/2019

Submitted

Application ID: A19-7635766

[View Application PDF](#)

[Application Summary](#)

For assistance please contact CalVCB Customer Service at 1-800-777-9229 or CalVCBOnlineAccess@victims.ca.gov

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Submitted Applications

Submitted Applications

Jane Olson

Date of Birth: 01/01/1979

Incident Date: 02/04/2019 - 02/04/2019

Submitted

Application ID: A19-7635766

[View Application PDF](#)

[Application Summary](#)

Application Card

Application Summary [Jane Olson - A19-7635766]

Application ID: A19-7635766

Name: Jane Olson

Application Status: Received

[View Application PDF](#)

Mailing Address: PO Box 3036, Sacramento, CA, 95812

Preferred Phone Number: (800) 777-9229

Date of Crime: 2/4/2019

Application Summary

Mental Health Sessions Benefit

These are the number of mental health sessions available to you and that have been used.

Session Limit:

Total Sessions Paid:

Thank you.

