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.
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 Crime Victims on mail or fax.

- Printable PDF in English
- PDF Imprimible en Español
- Printable Word Doc in English
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
  XXX-XX-XXXX

* Gender
  Select

Please list any disabilities you had prior to this incident

Disabilities

Residential Address  Copy Mailing Address

* Address Line 1  Address Line 2
  Address Line 1  Address Line 2

* City  * State  * Postal Code
  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?

- [ ] Arson
- [ ] Assault
- [ ] DUI/DWI
- [ ] Child Physical Abuse/Neglect (under age of 16)
- [ ] Child Pornography (under age of 16)
- [ ] Child Sexual Abuse (under age of 16)
- [ ] Homicide
- [ ] Human Trafficking
- [ ] Identity Theft/Fraud/Financial Crimes
- [ ] Kidnapping
- [ ] Leaving the Scene
- [ ] Robbery
- [ ] Sexual Assault
- [ ] Stalking
- [ ] Terrorism

* Primary Location of Crime

Select

* City of Crime

County

Select

* 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**

[ ] mm/dd/yyyy

**Time**

[ ] Select Time

Date Reported to the Police

[ ] mm/dd/yyyy

[ ] Select time
Expenses Being Claimed

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

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

Anticipated Expenses (Max Characters 500)

Text input

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

Text input

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

Text input

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

City

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

First Name

* Attorney's Last Name

Last Name

* Law Firm

Law Firm

* Attorney's Phone Number

Phone Number

* Street Address

Street Address

* City

City

* State

OK

* Unit (Apt, Rm, etc.)

Unit (Apt, Rm, etc.)

* Postal Code

Postal Code

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.

ATTACHMENTS

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

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Weekly Net Pay (after taxes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yyyy</td>
<td>mm/dd/yyyy</td>
<td>0.00</td>
</tr>
</tbody>
</table>

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  

<table>
<thead>
<tr>
<th>Employer's Business Name</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Supervisor's First Name  

<table>
<thead>
<tr>
<th>Supervisor First Name</th>
<th>Supervisor's Last Name</th>
<th>Employer's Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Victim's Dependent(s)

Do you have any dependents?  
- [ ] Yes  
- [x] No

Prefix  
- [ ] Yes  
- [ ] No

First Name

Middle Name

Last Name

Suffix

Relationship to the Victim

Date of Birth

Social Security Number

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.

Is this person listed as a dependent on the victim's tax return?  
- [ ] Yes  
- [ ] No

Back  

Continue
Suspect/Offender Information

Is a suspect or offender known?  
- Yes  
- No

Prefix  
- Prefix

* First Name
- First Name

Middle Name
- Middle Name

* Last Name
- Last Name

Suffix
- Suffix

* Has there been an arrest?  
- Yes  
- No

* Have charges been filed?  
- Yes  
- No

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

Relationship to the Victim (if any)
- Select

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

Full Name: John Doe
Gender: Male
SSN
Date of Birth
Primary Phone
Email
Residential Address
Mailing Address

Victim's Race/Ethnicity
No information entered

Claimant Information

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

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

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

Submit Additional Information

Claim 080219-10007

Submitted: 8/2/2019
Assigned to: Assignment to District Office is pending

Victim Name: John Doe
Incident Date: 8/2/2013

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

Submit Additional Information

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.

Start a New Application

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

<table>
<thead>
<tr>
<th>Note</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>8/2/2019, 11:25 PM (CST)</td>
</tr>
<tr>
<td>Your application for Claim # 080219-10007 was successfully submitted to Oklahoma Crime Victims Compensation Board.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>8/2/2019, 10:52 PM (CST)</td>
</tr>
<tr>
<td>Welcome to OVC'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.</td>
<td></td>
</tr>
</tbody>
</table>
## Claims

**Search Claims**

<table>
<thead>
<tr>
<th>Claim #</th>
<th>Submitted</th>
<th>Status</th>
<th>Status Updated</th>
<th>Assigned County</th>
<th>Claim Summary</th>
</tr>
</thead>
</table>
| 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

<table>
<thead>
<tr>
<th>Action</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Submission</td>
<td>7/13/2019, 12:18 AM</td>
</tr>
<tr>
<td>Additional Submission</td>
<td>7/14/2019, 8:48 AM</td>
</tr>
</tbody>
</table>

**Application Summary**

**Victim Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
<td>John Doe</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>123-45-6789 MM/DD/Year</td>
</tr>
<tr>
<td>Social Security</td>
<td>123-45-6789</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td>Phone Number</td>
<td>(123) 456-7890</td>
</tr>
<tr>
<td>Email</td>
<td>john <a href="mailto:DOE@gmail.com">DOE@gmail.com</a></td>
</tr>
<tr>
<td>Address</td>
<td>1234 Main Street, Tulsa, OK 00000</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>Same</td>
</tr>
</tbody>
</table>

**Victim’s Race/Ethnicity**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>Pacific Islander</td>
</tr>
</tbody>
</table>

**Claimant Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Claimant Name</td>
</tr>
<tr>
<td>Relationship to the Victim</td>
<td>Relation</td>
</tr>
</tbody>
</table>

**Contact Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>No information entered</td>
<td></td>
</tr>
</tbody>
</table>

**Incident Information**
Claim 051419-78920

Claim Status: COMPLETED AND SUBMITTED TO OCVCB

Application Summary

Victim Information

* New Claim Status

Claim Status: APPLICATION COMPLETED AND SUBMITTED TO OCVCB

Select New Claim Status

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

Submit
Claim 051419-78920

Claim Status: COMPLETED AND SUBMITTED TO OCVCB

Application Summary

Victim Information

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

Show Claim Log

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

Submit
Hope is now a few clicks away!

ocvapp.okvictimscomp.com
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 Workflow Before Online Access

- Paper App
- Document Receiving
- Intake
- Eligibility Determination
- Benefit Determination
- Payments Issued
# Rules Engine for Autopay

<table>
<thead>
<tr>
<th>Type of Bill</th>
<th>Autopay Limit</th>
<th>Service limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>$2,000</td>
<td>Not more than 90 days from incident</td>
</tr>
<tr>
<td>Hospital</td>
<td>$10,000</td>
<td>Not more than 30 days from incident</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$2,000</td>
<td>Not more than 90 days from incident</td>
</tr>
<tr>
<td>Prescription</td>
<td>$250</td>
<td>Not more than 90 days from incident</td>
</tr>
<tr>
<td>Over the counter</td>
<td>$250</td>
<td>Not more than 90 days from incident</td>
</tr>
<tr>
<td>X-Rays</td>
<td>$2,000</td>
<td>Not more than 90 days from incident</td>
</tr>
<tr>
<td>Lab Work</td>
<td>$2,000</td>
<td>Not more than 90 days from incident</td>
</tr>
<tr>
<td>Individual Therapy</td>
<td>Up to session limit</td>
<td>Claimant must be over 3 years of age</td>
</tr>
<tr>
<td>Family Therapy</td>
<td>Up to session limit</td>
<td>Claimant must be over 3 years of age</td>
</tr>
</tbody>
</table>
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
Accessible on all devices and browsers
Provider Portal - Bill Search Page
## Provider Portal - Bill Search Results

### Bill Search Results: 5

<table>
<thead>
<tr>
<th>Application ID</th>
<th>Name</th>
<th>Bill ID</th>
<th>Service Date Range</th>
<th>Bill Status ▼</th>
<th>Bill Amount</th>
<th>Paid Amount</th>
<th>Check Number</th>
<th>Issue Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A16-59999999</td>
<td>Name</td>
<td>B18-20000000</td>
<td>10/04/2018 - 10/04/2018</td>
<td>Waiting for Approval</td>
<td>$240.00</td>
<td>$81.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A16-59999999</td>
<td>Name</td>
<td>B19-00000000</td>
<td>05/29/2018 - 05/29/2018</td>
<td>Submitted</td>
<td>$808.00</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A16-59999999</td>
<td>Name</td>
<td>B18-20000000</td>
<td>09/06/2018 - 09/27/2018</td>
<td>Check Issued to Payee</td>
<td>$720.00</td>
<td>$480.00</td>
<td>67777777</td>
<td>11/05/2018</td>
</tr>
<tr>
<td>A16-59999999</td>
<td>Name</td>
<td>B19-00000000</td>
<td>08/09/2018 - 08/16/2018</td>
<td>Check Issued to Payee</td>
<td>$480.00</td>
<td>$480.00</td>
<td>69555555</td>
<td>10/02/2018</td>
</tr>
<tr>
<td>A16-59999999</td>
<td>Name</td>
<td>B18-20000000</td>
<td>06/21/2018 - 06/28/2018</td>
<td>Check Issued to Payee</td>
<td>$480.00</td>
<td>$480.00</td>
<td>69000000</td>
<td>09/10/2018</td>
</tr>
</tbody>
</table>
Provider Portal Application Search Page
Provider Portal Account Management

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.

<table>
<thead>
<tr>
<th>User Name</th>
<th>Full Name</th>
<th>Type</th>
<th>Last Login</th>
<th>Account Status</th>
<th>Password Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>TestProvider</td>
<td>Admin</td>
<td>09/14/2018</td>
<td>Active</td>
<td>09/13/2019</td>
<td></td>
</tr>
<tr>
<td>TestUser</td>
<td>User</td>
<td>09/13/2018</td>
<td>Active</td>
<td>09/13/2019</td>
<td></td>
</tr>
</tbody>
</table>

Buttons:
- Add User
- Reactivate
- Deactivate
- Unlock
- Revoke Admin
- Grant Admin

Reset
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

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

Applicant Account Creation
Applicant
Portal Page
Account Set-up Page
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 CalVCBOlineAccess@victims.ca.gov.

Thank you,

California Victim Compensation Board
www.victims.ca.gov

Our mission is to provide financial assistance to victims of crime.
Hello, Jane Olson

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
<table>
<thead>
<tr>
<th>Date Received</th>
<th>From</th>
<th>Subject</th>
<th>Application ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/06/2019 02:07 PM</td>
<td>CalVCB Customer Service</td>
<td>Applications Submitted</td>
<td>A19-7635766</td>
</tr>
<tr>
<td>08/06/2019 02:01 PM</td>
<td>Jane Olson</td>
<td>Applications Submitted</td>
<td>A19-7635766</td>
</tr>
</tbody>
</table>

For assistance please contact CalVCB Customer Service at 1-800-777-5029 or CalVCBOnlineAccess@victims.ca.gov

Privacy Policy
Notice of Collection
Online Privacy
© 2019 - California Victim Compensation Board
CalVCB Forms

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

Frequently Used Forms
- CalVCB 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 Forms 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 Verification
- Other Billing Forms

Appeals
- Appeal Form
Account Information
Contact Info
Account Information

Security Settings
Other Features

- Quick Escape
- Language
- Feedback
- FAQ
Applicant Information
Claimant Information
Crime Victim Information
Suspect Information
Expenses:
Direct Victims
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.

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

Other expenses due to the crime

150 characters left.
Emergency Award Requests

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? *
Employer Information
Insurance and Civil Suit Information
**Health Insurance Section**

**Application for Jane: TEMPO-89685202**

**Health Insurance Information**

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

- **Do you have Multi-Care?**
  - Yes

Please enter Jane Doe's insurance information below:

- **Multi-Care Beneficiary Identification Card Number or SSN**: [Enter]
- **Issue Date**: [Enter]

- **Do you have Health Insurance?**
  - Yes

- **Health Insurance Company Name**: [Enter]
- **Policy Number**: [Enter]
- **Group Number**: [Enter]

- **Phone Country**: USA
- **Phone Number**: [Enter]
- **Ext**: [Enter]
- **Phone Type**: Work

- **Email**: [Enter]

- **Mailing Address**: [Enter]

- **City**: [Enter]
- **State**: California
- **Zip Code**: [Enter]
- **Country**: USA

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

- **Validate Address**: [Enter]

- **Name of Insured**: [Enter]
- **First Name**: [Enter]
- **Middle Name**: [Enter]
- **Last Name**: [Enter]

- **Name of Insured**: [Enter]
- **Insurance Company**: [Enter]
- **Policy Number**: [Enter]
- **Phone Number**: [Enter]
- **Action**: [Submit]
Representative
Representative Example - Advocate
Document Upload
Application for Jane Olson: TEMPID-56563870

Information Release

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 record, 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/or conviction records, to the California Victim Compensation Board (CalVCB) or its representatives, for the purpose of determining eligibility for CalVCB benefits.

This permission 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 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 facsimile 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 manner 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 it may be deemed ineffective 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 released by the recipient as required by law and this disclosure 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: 07/07/2019
My Promise to Pay

As required by California law, I will contact and repay the California Victim Compensation Board (CVCB) 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 CVCB, in the amount of the total benefits granted by CVCB. I understand I may be responsible for repaying CVCB any amount for which it is later determined that I was not eligible.

I will notify CVCB 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 CVCB 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 CVCB 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 Proceed
Application Preview
Application Preview (expanded)
Application Preview (collapsed)
Confirmation
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 Summary [ Jane Olson - A19-7635766]

<table>
<thead>
<tr>
<th>Application ID:</th>
<th>A19-7635766</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Jane Olson</td>
</tr>
<tr>
<td>Application Status:</td>
<td>Received</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>PO Box 3036, Sacramento, CA, 95812</td>
</tr>
<tr>
<td>Preferred Phone Number:</td>
<td>(800) 777-9229</td>
</tr>
<tr>
<td>Date of Crime:</td>
<td>2/4/2019</td>
</tr>
</tbody>
</table>

**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.