# crime victim assistance program

## VICTIM APPLICATION

BRITISH COLUMBIA

Under the Crime Victim Assistance Act, victims injured as a result of certain crimes, immediate family members of an injured or deceased victim, and some witnesses may be eligible for financial assistance or benefits from the Crime Victim Assistance Program.

Ministry of Public Safety and Solicitor General, Victim Services Division, administers the Crime Victim Assistance Program in accordance with the Crime Victim Assistance Act and regulations.

### VICTIM APPLICATION

**WHICH APPLICATION FORM SHOULD YOU USE?**

Under the Crime Victim Assistance Act, a VICTIM is a person who is injured physically or psychologically as a result of certain crimes committed in British Columbia.

As a victim of crime you may be eligible for the following: medical or dental services/expenses; prescription drug expenses; disability aids; vocational services/expenses; income support; lost earning capacity; counselling; protective measures; repair or replacement costs of damaged or destroyed personal property; home modification, maintenance or moving expenses; maintenance for a child born as a result of the prescribed offence; vehicle modification or acquisition; homemaker, childcare or personal care services/expenses; and transportation and related expenses.

If this definition does not apply to you, please see the application forms for WITNESSES or IMMEDIATE FAMILY MEMBERS.

## instructions

1. Please print clearly and complete all sections. Omissions may delay the processing of your application form.

2. On page V-5, please sign the Authorization and Declaration. Applications without the required signatures will be returned.

3. Mail the original application and any attachments to:

The Crime Victim
Assistance Program
PO Box 5550, Stn Terminal,
Vancouver, BC V6B 1H1

Applications by fax cannot be accepted as original signatures are required.

4. The submission of complete and accurate information will assist in processing your application.

5. Please inform the Crime Victim Assistance Program of any changes of address or telephone number.

Local victim service programs can help you complete this application. To locate a program in your community call the toll-free Victims Information Line at 1-800-563-0808.

If you have any questions, please contact The Crime Victim Assistance Program at (604) 660-3888 or toll free in B.C. at 1-866-660-3888, or visit the Government of British Columbia Web site at http://www.gov.bc.ca

In the search field enter “Crime Victim Assistance Program”.

PSSG 02114
June 2002

## section 1. victim information (applicant)

This section provides your information as a victim of a crime. If you are an immediate family member or legal representative applying on behalf of a victim, complete Section 6 (Application on behalf of a victim) along with the rest of this application form. *(Do not complete Section 6 if you are simply "helping" the victim complete the application.)*

If you have changed your name, provide your previous name and the date on which your name changed.

Alternate mailing address: provide an alternate mailing address *(e.g. the address of a family member)* in case mail sent to your complete mailing address is returned to us. Include postal codes.

Telephone numbers: provide your home telephone number and alternate numbers. Include area codes.

Complete every section of this application carefully.

## section 2. crime information

This section provides us with information and details about the crime.

Type of crime: indicate the type of crime that occurred. It is not necessary to provide the Criminal Code section, rather *describe* the offence *(e.g. home invasion, assault)*.

Date(s) of crime: provide the date(s) of the crime. If the crime occurred over a period of time, please provide the approximate dates *(e.g. September 2001 – December 2002)*.

Location of crime: provide the city/town in BC where the crime took place. If the crime occurred over a period of time in more than one location, please provide the names of all locations.

Police report: if you filed a complaint with the police, fill out the appropriate sections. If a complaint was not filed with the police, identify who the crime was reported to. Incomplete information will result in delays in processing this application.

FOR OFFICE USE ONLY

Claim # _____

CPO # _____

# CRIME VICTIM ASSISTANCE
victim application for benefits

## section 1. victim information (applicant)

| | | | |
|---|---|---|---|
| Victim's Name<br>(Last) (First) (Middle) | | | ❑ Female<br>❑ Male |
| Previous Name (if applicable)<br>(Last) (First) (Middle) | | | Date of Name Change<br>Month / Day / Year |
| Date of Birth<br>Month / Day / Year | Marital Status | Occupation | |
| Complete Mailing Address | City | Province | Postal Code |
| Alternate Mailing Address | City | Province | Postal Code |
| Home Telephone ( )<br>Business Telephone ( )<br>Messages ( ) | Social Insurance Number | | |

## section 2. crime information

| | | | |
|---|---|---|---|
| Type of Crime: | | | |
| Date(s) of Crime<br>Month / Day / Year | | | |
| Location(s) of Crime<br>City/Town(s) | | | |
| Was a report made to the police?<br>❑ Yes ❑ No | If no, please identify who you reported the incident to:<br>❑ Doctor ❑ Social Worker ❑ Counsellor ❑ Other: _____ | | |
| To which police force was the report made? | | | Date report was made to police<br>Month / Day / Year |
| Police File Number | Name of Investigating Officer (if known) | | |

## section 2 (continued from previous page) crime information

Name of alleged offender: provide the name of the person who allegedly committed the crime, if known.

Relationship of the alleged offender to the victim (if any): indicate your relationship, if any, to the person who allegedly committed the crime *(e.g. the alleged offender is my ex-husband, mother, close family friend).*

Charges: have the police charged the alleged offender with a crime? Check one box.

Court file number: if charges against the alleged offender have been approved by Crown Counsel, a court file number will be assigned to the case. This is NOT the same as the police file number. If known, please provide the court file number.

Injury sustained as a result of the crime: indicate any injuries, physical or psychological, you sustained as a result of the crime *(e.g. bruised leg, broken wrist, sleeplessness).*

Describe the incident in your own words: provide a brief description of the crime that occurred.

Civil action: indicate, by checking the appropriate boxes, if you have started a civil action against the alleged offender, or if you intend to start a civil action against the alleged offender.

FOR OFFICE USE ONLY

Claim # _____

CPO # _____

# section 2 (cont'd) crime information

Name of alleged offender (if known)

(Last) (First) (Middle)

Relationship:

Has the alleged offender been charged?

❑ Yes ❑ No ❑ Unknown

Court File # (if known)

Injury sustained as a result of the crime:

Please describe the incident in your own words:

Have you started a civil action against the alleged offender(s)?

❑ Yes, file # _____ ❑ No

Court Location: _____

Do you intend to start a civil action against the alleged offender?

❑ Yes ❑ No ❑ Undecided

If you have any additional information, please attach a separate sheet.

## section 3. victim medical information

This section provides information regarding any treatment you received as a result of the crime. This will assist us in determining your entitlement to benefits.

Specialists: if you have been referred to, or are currently under the care of a specialist, please indicate the type of specialist providing treatment *(e.g. neurosurgeon)*.

Complete all applicable sections, including addresses and phone numbers.

## section 4. expense and loss information

Expenses/losses: This section provides information regarding any expenses or losses you are claiming as a result of the crime. Please keep receipts for all expenses you are claiming; the program may request them at a later date. Check all that apply.

FOR OFFICE USE ONLY

Claim # _____

CPO # _____

# section 3. victim medical information

Name, address and date(s) of service for your first medical treatment (doctor or hospital, whichever came first) if applicable.

| Attending Doctor/Hospital (Last) (First) | | | Address |
|---|---|---|---|
| City | Province | Postal Code | Dates Treated From: Month / Day / Year To: Month / Day / Year |

Name of Family Physician providing medical treatment for injuries received (if applicable).

| Family Physician (Last) (First) | | | Telephone ( ) |
|---|---|---|---|
| Complete Mailing Address | City | Province | Postal Code |

Name of Counsellor/Therapist providing treatment (if applicable).

| Counsellor/Therapist (Last) (First) | | | Telephone ( ) |
|---|---|---|---|
| Complete Mailing Address | City | Province | Postal Code |

Name(s) of any other Medical Specialist, Dentist, etc. providing ongoing treatment for injuries (if applicable).

| Name (Last) (First) | ❑ Specialist ❑ Dentist | | Telephone ( ) |
|---|---|---|---|
| Complete Mailing Address | City | Province | Postal Code |
| Name (Last) (First) | ❑ Specialist ❑ Dentist | | Telephone ( ) |
| Complete Mailing Address | City | Province | Postal Code |

# section 4. expense and loss information

Please check the expenses/losses you are claiming, as a result of the crime

- ❑ Medical Services/Expenses
- ❑ Dental Services/Expenses
- ❑ Prescription Drug Expenses
- ❑ Counselling Expenses
- ❑ Lost Earning Capacity
- ❑ Home Modification, Maintenance or Moving Expenses
- ❑ Vehicle Modification/Acquisition
- ❑ Homemaker, Childcare or Personal Care Services/Expenses
- ❑ Income Support
- ❑ Transportation and Related Expenses
- ❑ Repair or Replacement for Damaged or Destroyed Personal Property
- ❑ Other (please specify)

_____

## section 5. employment and benefits

This section provides information about your employment status at the time of the crime as well as the status of your medical coverage. Provide all information requested, including your Personal Health Number *(for B.C. residents, this can be found on your B.C. Care Card)* and the name of your extended health care provider.

If you have lost wages due to crime-related injuries, please attach a report from your employer.

Benefits? If you have received or will receive benefits as a result of the crime, check the appropriate boxes. If you have recevied benefits not included in the list, check “other” and indicate these benefits.

## section 6. application on behalf of a victim

Complete this section only if you are an immediate family member or legal representative applying on behalf of a victim.

If you are an immediate family member applying on behalf of a victim, decribe your relationship to the victim *(e.g. mother)*.

If you are a legal representative applying on behalf of a victim, describe your authority *(e.g. Public Guardian & Trustee)*.

DO NOT complete this section if you are simply “helping” the victim to complete the application form.

A legal representative is someone who has the legal authority to act on behalf of a victim.

FOR OFFICE USE ONLY

Claim # _____

CPO # _____

V

# section 5. employment and benefits

| | |
|---|---|
| Were you employed when the crime occurred?<br>❑ Yes ❑ No ❑ Self-employed | As a result of the crime-related injuries ...<br>Did you miss work? ❑ Yes ❑ No Did you lose wages? ❑ Yes ❑ No |

| | |
|---|---|
| Name of Employer or Company<br>(Last) (First) | Telephone<br>( ) |

| | | | |
|---|---|---|---|
| Complete Mailing Address | City | Province | Postal Code |

Were you at work at the time of the incident?

❑ Yes ❑ No

| | |
|---|---|
| Have you applied for Workers' Compensation Benefits?<br>❑ Yes ❑ No | If yes, please provide the Workers' Compensation Benefits claim number |

Did you, or will you, receive any of the following because of your injury?

- ❑ Disability Plan Benefits _____
- ❑ Employment Insurance Benefits _____
- ❑ Social Assistance _____
- ❑ Canada Pension Plan _____
- ❑ Indian and Northern Affairs _____
- ❑ Benefits arising from a civil suit _____
- ❑ Other (please specify) _____

| | |
|---|---|
| Do you have medical services coverage?<br>❑ Yes ❑ No | If yes, provide your personal health number |
| Do you have extended health coverage?<br>❑ Yes ❑ No | If yes, provide the name of your extended health provider (e.g. Blue Cross) and extended health plan number. |

# section 6. application on behalf of a victim

| | |
|---|---|
| Person completing the application<br>(Last) (First) (Middle) | Telephone<br>( ) |

| | | | |
|---|---|---|---|
| Complete Mailing Address | City | Province | Postal Code |

| | |
|---|---|
| Are you an immediate family member?<br>❑ Yes ❑ No | If yes, what is your relationship to the victim? |
| Are you a legal representative?<br>❑ Yes ❑ No | If yes, what is your authority? |

| | |
|---|---|
| Signature | Date<br>Month / Day / Year |

## section 7. authorization

This section authorizes the Crime Victim Assistance Program to obtain information from other persons, institutions, agencies and/or organizations for use in processing your application. Fill out, sign and date this section. Your application will be returned if this section is not signed and dated.

If you have any questions about the collection and use of the information gathered by the Crime Victim Assistance Program, please contact the program at (604) 660-3888 or toll free in B.C. at 1-866-660-3888.

## section 8. declaration

By signing this section you declare the information provided to be true and correct. Making a false declaration may result in a denial of your application. Complete, sign and date this section. Your application will be returned if this section is not signed and dated.

FOR OFFICE USE ONLY

Claim # _____

CPO # _____

# section 7. authorization

This authorization must be signed before the claim will be processed.

Information supplied on this form is necessary to determine eligibility for benefits under the Crime Victim Assistance Act and is collected under the authority of s. 6 of that Act. Any information collected will be used only for the purposes of adjudicating this claim.

I, _____ hereby authorize:
please print

1. The doctor, dentist, optometrist, chiropractor, or other health care professional who treated my injuries (physical and/or psychological) to give the Crime Victim Assistance Program, on request, medical or other reports regarding my injuries, treatment or other information relevant to this application;
2. The police or other law enforcement authorities to give the Crime Victim Assistance Program, on request, a copy of police reports, statements, incident reports or other information relevant to this application;
3. The Workers' Compensation Board or other authority from which the victim received or will receive or will be eligible to receive payments from provincial, federal or other jurisdictions funds to give the Crime Victim Assistance Program, on request, information relevant to this application;
4. My employer(s) or similar authority to give the Crime Victim Assistance Program, on request, information as to my employment, earnings, benefits or other information relevant to this application;
5. Any accident, disability, sickness, life insurance/assurance company or private pension scheme or extended health benefits scheme from which payments or services were received or will be received to give the Crime Victim Assistance Program, on request, information relevant to this application;
6. Human Resources Development Canada or Indian and Northern Affairs Canada or any other authority from which payments were received or will be received to give the Crime Victim Assistance Program, on request, information relevant to this application;
7. The Employment Insurance Commission of Canada or the Canada Pension Plan or similar employment insurance and pension plans from other jurisdictions, to give the Crime Victim Assistance Program, on request, information as to benefits received or to be received relevant to this application; and
8. Canada Customs and Revenue Agency or other similar agency in any other jurisdiction, to give the Crime Victim Assistance Program, upon request, information as to my employment income.

I understand that the Crime Victim Assistance Program may notify the above authorities that I have submitted an application for benefits pursuant to the Crime Victim Assistance Act.

| Applicant's Signature | Date<br>Month / Day / Year |
|---|---|

# section 8. declaration

This declaration must be signed before the claim will be processed.

I am applying for benefits available to victims under the Crime Victim Assistance Act, and

I, _____ declare the information in this application is true and correct.
please print

| Applicant's Signature | Date<br>Month / Day / Year |
|---|---|

BRITISH COLUMBIA

Ministry of Public Safety
& Solicitor General

The Government of B.C. ensures the needs of victims of crime are considered in the development and implementation of legislation, policies, procedures and operations throughout the criminal justice system.

The Crime Victim Assistance Program has been implemented to assist victims, immediate family members and witnesses who have been impacted by criminal offences.

In addition, the Government also funds agencies across the province that provide services to people who have been affected by crime. These services include a provincewide toll-free Victims Information Line (1-800-563-0808) as well as victim service programs operating in non-profit agencies and local police detachments and departments throughout the province. These programs provide information about the justice system, practical help, emotional support and referrals to other appropriate programs.

Please Note: The Crime Victim Assistance Program does not cover injuries or loss sustained from motor vehicle accidents, injuries or loss sustained out of, or during the course of employment, claims for pain and suffering and/or loss of stolen personal property. Benefits provided from other sources will be deducted from benefits available under the Act.