



Emergency Response/Mass Casualty Application

VICTIM INFORMATION

Name: _____ Gender M F
Mailing Address _____ City/State/Zip _____
SSN _____ Date of Birth _____
Home Telephone _____ Cell phone _____ Other _____
Email address _____

APPLICANT INFORMATION If victim is applicant, leave blank. If under the age of 18, application must be completed by parent/guardian.

Name: _____ Gender M F
Mailing Address _____ City/State/Zip _____
SSN _____ Date of Birth _____
Home Telephone _____ Cell phone _____ Other _____
Email address _____

CRIME INFORMATION

Date of Crime _____ Location of Crime _____
Type of Crime _____ Law Enforcement Agency reported to _____

EXPENSES Please select the type of expenses you are requesting.

- Medical expenses
Counseling
Loss of support for dependents
Other: _____
Funeral or Burial Expenses
Lost wages-Employer: _____
Travel

MEDICAL/DENTAL/COUNSELING

Please select if you have the following:

- Medicaid Medicare Denali Kidcare Indian Health Services Worker's Compensation
 Social Security/Disability VA Insurance Health Insurance _____ Other _____

INFORMATION RELEASE

I give permission to any hospital, medical facility, doctor, mental health provider, social worker, employer, law enforcement authority, prosecution authority, government agency, 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, billing records, and records relating to drug abuse, alcoholism or other substance abuse and sexually transmitted diseases), mental health, and felony conviction records to the Violent Crimes Compensation Board (VCCB) or its representatives, for the purpose of determining eligibility for VCCB benefits. I agree that a photocopy is as valid as the original. I agree that this information release is valid from the date of my signature for a period of 5 years, and that I can cancel this release by writing to the VCCB at any time save that if any information has already been received and used, it is not subject to cancellation. I understand that all information necessary for use in law enforcement, prosecution, or the collection of restitution may be released to parole, probation, and law enforcement or prosecution authorities.

Sign:	Date:
Print Name:	Legal Authority to Act on Victim's Behalf:
Records to be disclosed (this box to be completed by VCCB):	
Name:	
SSN:	Birthday (MM/DD/YY)