



Application for Crime Victim Compensation

Section 1: Victim Information (person who was injured, threatened with injury, or killed)

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____ Cell or Message Number: _____

Date of Birth: _____ Social Security Number: _____

Sex: Male Female Marital Status: Single Married Divorced Separated Widowed

COMPLETE SECTION 2 IF FILING ON BEHALF OF A VICTIM WHO IS:

Deceased Incapacitated (submit power of attorney) A minor child (must be parent/legal guardian) Other: _____

Section 2: Claimant Information (person other than the victim who has expenses or is seeking assistance)

First Name: _____ Middle Initial: _____ Last Name: _____

Relationship to Victim: Spouse Parent Sibling Child Grandparent Other: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____ Cell or Message Number: _____

Date of Birth: _____ Social Security Number: _____

Section 3: Victim Statistical Information

For statistical purposes only. This is voluntary.

| | |
|---|---|
| <p><u>Ethnicity/Race:</u></p> <p>Alaska Native/American Indian Asian</p> <p>Black/African American Hawaiian/Other Pacific Islander</p> <p>Hispanic/Latino Multiple Races White/Non-Latino</p> <p>Other: _____</p> | <p><u>Disability:</u></p> <p>Yes No</p> <p>If yes, mental physical developmental</p> <p>Was there disability prior to the crime? Yes No</p> |
|---|---|

Section 4: Crime Information

Date of crime: _____ Date crime was reported to law enforcement: _____

Law enforcement agency: _____ Law enforcement report number: _____

Crime location (city or community): _____ Did the crime occur on the job? Yes No

Court case number (if offender has been charged with a crime): _____

Name of offender (if known): _____

Relationship of offender to victim (if any): _____ Is the offender a juvenile? Yes No Unknown

Type of Crime

| | | | | |
|-----------------------------|----------------|----------------------|---------------------------|------------------|
| Arson in the 1st Degree | Assault | Child Physical Abuse | Child Sexual Abuse | Domestic Assault |
| Driving Under the Influence | | Homicide | Human Trafficking | Kidnapping |
| Robbery | Sexual Assault | | Threats to do Bodily Harm | |
| Vehicular Assault | Other: _____ | | | |

Section 5: Expenses

Select the types of benefits you are applying for.

| | | | |
|-------------------------------------|------------------|-----------------------------|------------------------------|
| Cell phone (in evidence or damaged) | Childcare | Counseling/Therapy | Crime Scene Cleanup |
| Dental | Door/Lock/Window | Funeral/Burial | Items in Evidence |
| Lost wages | Medical | Medical Device/Supplies | Relocation |
| Security | Travel/Transport | Trial/Sentencing Attendance | Other: _____ |
| | | | Lost Support (homicide case) |
| | | | Rental Assistance |

Billing Records: Please submit invoices, billing statements, or payment receipts for all counseling, dental, medical, or other services being claimed. If billing records are unavailable, please attach a separate sheet detailing the provider's name, contact information (phone/email), and the date of service or date range (e.g. 08/01/2023-09/30/2023).

Emergency Request: Yes No

Emergency assistance may be available if it appears that undue hardship will result if immediate payment is not made. Emergency assistance may not exceed \$5,000 and is subject to eligibility.

Counseling Funeral Lost Wages Relocation Security Other: _____

Section 6: Additional Dependent Information

Complete this section only if you are requesting compensation for a **child or incapacitated adult** that is not the primary victim. You must be the parent or legal guardian of the dependent named below (e.g. a sibling of the victim requesting counseling).

| Name of Dependent | Date of Birth | Requested Expense(s) |
|-------------------|---------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Section 7: Wage Information

Complete this section only if you are requesting lost wages. Compensation is limited to leave without pay.

Are you applying for lost wages not covered by leave benefits? Yes No

Did you miss or will you miss more than two weeks of work? Yes No

Employee (person requesting lost wage benefits):

Employer:

Employer Address:

Contact Person:

Phone or Email:

May we contact the employer to obtain wage information? Yes No

Section 8: Insurance & Other Collateral Source Information

VCCB may compensate expenses not covered by insurance or other sources. **Providers should bill primary insurance and/or other source(s) of payment first.**

Health Insurance | Company and Policy Number: _____

Medicaid Medicare Denali Kidcare Indian Health Service Veterans Affairs

Auto Insurance (for crime involving a motor vehicle, if applicable):

Public or General Assistance Social Security Program Unemployment Benefits Workers' Compensation

Home/Renter's Insurance

Other: _____

None. No insurance or other source(s) of payment available.

Section 9: Representative Information

Victim Assistance Program or Other Representative

How did you learn about this program?

Child Advocacy Center Counselor/Therapist Family/Friend

Funeral Home Healthcare Provider Law Enforcement

Paralegal/Prosecutor Poster/Brochure Website

Victim Assistance Program Other: _____

Attorney Assistance

Do you have an attorney representing you? Yes No

If yes, the attorney is representing you in:

A personal injury claim or lawsuit

Both the crime victim claim and personal injury claim

Attorney/Law Firm: _____

Complete this section only if you would like to authorize us to share information with your advocate, service provider, or attorney for the purpose of coordinating and processing your claim.

I, _____, authorize the Violent Crimes Compensation Board (VCCB) to discuss the status of my application with _____ (person) _____ (agency).

The sole purpose of this disclosure is to ensure timely and efficient processing of my claim. This consent does NOT permit the VCCB to disclose information with any other person or organization, nor does it authorize the VCCB to release copies of documents.

I acknowledge that my records are protected by Alaska Statute and will not be disclosed without my written consent. I have the right to revoke this consent at any time, except for actions that have already been taken based on my initial consent. This authorization automatically expires 12 months from the date of my signature.

Signature: _____

Date: _____

Section 10: Other Information

Preferred Language (if not English):

Preferred Contact: Mail Phone Email

AUTHORIZATION FOR RELEASE OF INFORMATION & REPAYMENT AGREEMENT

The victim or legal guardian must sign this form to be valid.

Authorization to Release Confidential Information

I hereby authorize any health care provider, physician, behavioral health provider, social worker, rehabilitation counselor, funeral director, or other person who provided services; any employer; any law enforcement agency or other government agency, including state and federal services; any and all insurance companies or any other agency having knowledge necessary for the determination of eligibility of this claim for benefits to furnish to the State of Alaska Violent Crimes Compensation Board or its representatives any and all information including, but not limited to, documents generated by themselves and others, specifically relating to this claim. This authorization also applies to all sources of recovery for the claimed losses including but not limited to healthcare benefits, unemployment or disability benefits, Social Security benefits, and Veteran benefits. I also authorize the release of federal tax information including income tax returns for the purposes of verifying income. Other information may be required to determine whether conditions are related to the crime. I understand this may include results of HIV and other sexually transmitted disease testing, alcohol, drug, and psychiatric treatment. I hereby waive all legal privileges to any of this information required for the determination of eligibility of this claim. I authorize any employer receiving this release to provide timesheets, leave slips, and paystubs, if requested.

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 this information release is **valid two (2) years** from the date of my signature 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.

Protected Health Information used or disclosed pursuant to this authorization may be subject to re-disclosure and may not be protected by HIPAA or other confidentiality rules any longer. If research-related PHI is used or disclosed for continued research purposes, an expiration date or event does not apply. Treatment, payment, enrollment, or eligibility for benefits may not be conditioned on obtaining an authorization. I understand the information will be used to determine compensation benefits, and that only the information needed to decide compensation benefits will be requested by the compensation program.

Repayment Agreement

I understand that if I receive any recovery for my losses through court-imposed restitution or civil lawsuit against the offender, any insurance settlement, or moneys from any government or private agency, I shall reimburse the State of Alaska Violent Crimes Compensation Board for any compensation paid out under this claim.

Declaration

I understand and agree that if false, misleading, or intentionally incomplete information is provided, my application for compensation may be denied and I may be subject to criminal punishment, pursuant to Alaska Statute 18.67.150.

Printed Name

Signature

Date

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR Parts 160 and 164 and Alaska Statute 18.67.

For Office use Only: RECORDS TO BE DISCLOSED

| | |
|-------------------|----------------|
| Name: | |
| SSN: | Date of Birth: |
| Authorization To: | |



Claim Application and Instructions

How to Apply for Compensation

Who can apply for compensation?

Innocent victims of crime, certain relatives, dependents, legal guardians, and eligible Good Samaritans can apply to the Violent Crimes Compensation Board (VCCB) for compensation of out-of-pocket expenses not covered by insurance or other sources.

What kind of expenses can I get compensated for?

VCCB provides financial assistance for certain crime-related expenses.

The specific expenses VCCB may cover include:

- Cell phone (damaged or taken for evidence)
- Childcare
- Counseling/therapy
- Crime scene cleanup
- Dental/medical
- Funeral/burial
- Items taken for evidence
- Lost support (deceased victim)
- Lost wages
- Relocation
- Security measures
- Travel/transportation
- Trial/sentencing attendance

What are the eligibility requirements?

Reasonable exceptions may apply.

- The crime occurred in Alaska.
- The crime resulted in personal injury (including emotional trauma or death).
- The crime was reported to police within 5 days.
- The victim cooperated with police and prosecution.
- The requested expenses are directly related to the crime.
- The application is being filed within 2 years of the crime or discovery of the crime.
- The victim's behavior did not contribute to the injury or death.

What if I move?

It is important to update your information with our office if your address, phone number, or email changes.

Who can sign the application?

Generally, the victim must sign the claim. However, if the victim is under 18, or is physically or mentally incapable of signing, then the legal guardian must complete Section 2 of the application and sign the application.

If the victim died, the person requesting benefits must complete Section 2 of the application and sign the application.

How do I submit the application?

You can submit the application by mail, email, or fax.

Do I need to include any other documentation with the application?

Please include any documentation you have available such as a copy of the police report, bills, receipts, or other crime-related information. If you do not have any of this information, you do not need to wait to submit the application. Information can be submitted to our office as it becomes available.

Is there another way to apply?

Yes. Please visit <https://vccb.alaska.gov> to access the secure web application portal to file an application online.