

CRIME VICTIM ASSISTANCE PROGRAM

Victim Application

The Crime Victim Assistance Program (CVAP) provides benefits to **Victims of violent crime** in accordance with the *Crime Victim Assistance Act* and its regulations.

The program may also provide benefits to **Immediate Family Members** of an injured or deceased victim of crime, as well as **Witnesses** to the crime with a close personal relationship to the victim.

This application package consists of:

- an instruction guide
- the application form required
- summary of benefits

The instructions provided in this package follow the basic steps you will need to know to complete your application.

Before You Apply

WHO MAY USE THIS APPLICATION?

This application package is designed for a **Victim of violent crime**. 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.

If this definition does not apply to you, please see the application packages for **Witnesses** or **Immediate Family Members**.

If the victim is deceased, please see the application for **Immediate Family Members**.

THE CRIME VICTIM ASSISTANCE PROGRAM WILL NOT COVER

- injuries or loss sustained from motor vehicle accidents
- injuries or loss sustained at work, and which are covered by WorkSafeBC
- claims for pain and suffering
- lost or stolen personal property
- injuries sustained from an offence occurring outside of B.C. or prior to July 1, 1972

WHAT TYPES OF BENEFITS DOES THE CRIME VICTIM ASSISTANCE PROGRAM PROVIDE?

Benefits that may be available to Victims of violent crime include:

- medical or dental expenses
- prescription drug expenses
- counselling
- lost employment income (reimbursed at minimum wage)
- repair or replacement costs of damaged or destroyed property that a person was wearing at the time of the crime (e.g., eyeglasses, clothing)
- protective measures (e.g., moving expenses)
- disability benefits, services or equipment

The Crime Victim Assistance Program will only provide benefits that are not covered by other programs (e.g., EI, ICBC, extended health coverage, personal insurance).



INSTRUCTION GUIDE

FILLING OUT THE APPLICATION

The application package is available in PDF format at www.gov.bc.ca/crimevictimassistance. To download the appropriate viewer, visit <http://get.adobe.com/reader>.

Print versions of the application form are available from the Crime Victim Assistance Program or a local victim service program.

A local victim service program can help you complete this application. To locate a program near you, call VictimLink BC toll-free at **1-800-563-0808**.

BE COMPLETE AND ACCURATE

Complete all sections. If your application is incomplete, it may be returned to you and this will delay the processing of your application.

COMPLETING THE FORM

You must answer all the questions on this application form unless indicated otherwise.

1. Download and fill out the application form on a computer. You also have the option of saving your form and completing it later.
2. If you are completing the application form by hand, please use blue or black pen, and print clearly.
3. If you have completed this form on your computer, print all pages of your application form.
4. You must sign and date both the Authorization and Declaration in Sections 7 & 8. Applications without the required signatures will be returned to you.
5. Mail the original application and any attachments to:
Crime Victim Assistance Program
PO Box 5550, Stn Terminal
Vancouver, BC V6B 1H1
6. If your address or telephone number changes after submitting this application, please inform the Crime Victim Assistance Program by calling **1-866-660-3888**.

For additional questions, please contact the Crime Victim Assistance Program at **604-660-3888** or toll-free in B.C. at **1-866-660-3888**.

For more information, see the Government of British Columbia website at www.gov.bc.ca/crimevictimassistance or query "cvap bc" using your internet search engine.

VICTIM APPLICATION FORM

Claim # _____

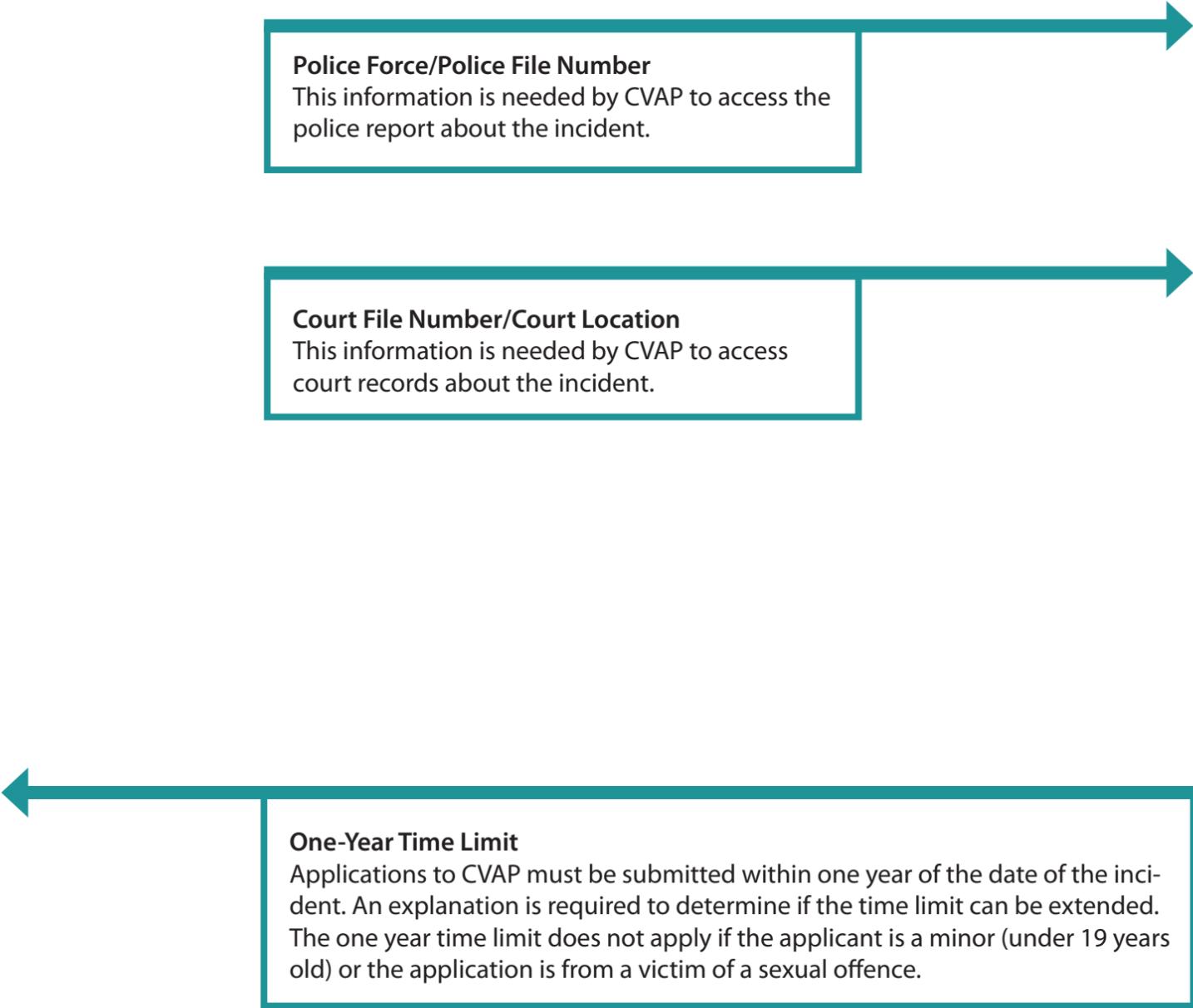
PIN # _____

SECTION 1 - VICTIM INFORMATION (APPLICANT)

Applicant's Name			<input type="checkbox"/> Female <input type="checkbox"/> Male		
(Last)	(First)	(Middle)			
Other Names Used (e.g., nickname, maiden name, alias)			Date of Name Change		
(Last)	(First)		Year	Month	Day
Social Insurance Number		Birthdate	Occupation		
		Year	Month	Day	
Marital Status					
<input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single					
Mailing Address (Apt No, Street Number, Street Address, PO Box)					
City		Province		Postal Code	
Primary Phone Number		Alternate Phone Number		E-mail	
Alternate Mailing Address (e.g., the address of a family member) in case mail sent to the address above is returned to us.					
City		Province		Postal Code	

SECTION 2 - CRIME INFORMATION

Please indicate the type of crime that occurred (e.g., home invasion, assault).		If the crime occurred over a period of time, please provide the approximate dates (e.g., Sept 2001 – Dec 2002).	
Type of Crime:		Date of Crime:	
Is this application being filed within one year of the date of the crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If no:</i> Briefly explain why you did not apply sooner (see reverse for explanation).			
Please provide the city/town in B.C. 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.			
Location(s) of Crime:			



Police Force/Police File Number

This information is needed by CVAP to access the police report about the incident.

Court File Number/Court Location

This information is needed by CVAP to access court records about the incident.

One-Year Time Limit

Applications to CVAP must be submitted within one year of the date of the incident. An explanation is required to determine if the time limit can be extended. The one year time limit does not apply if the applicant is a minor (under 19 years old) or the application is from a victim of a sexual offence.

Claim # _____

PIN # _____

SECTION 2 CON'T - CRIME INFORMATION

Was a report made to police? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If no:</i> Please identify who the report was made to (doctor, social worker, counsellor, other).	
To which police force was the report made?		Date report was made to police <div> <div>Year</div> <div>Month</div> <div>Day</div> </div>	
Police File Number:		Name of Investigating Officer (if known):	
Name of the person who allegedly committed the crime (if known): <div> <div>(Last)</div> <div>(First)</div> <div>(Middle)</div> </div>			
Relationship to the alleged offender (if any):		Has the alleged offender been charged? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Court File Number (if known):		Court Location:	
Have you sued the alleged offender(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes:</i> File # Court Location		Do you intend to sue the alleged offender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided	
Briefly describe how the incident occurred, in your own words. Please complete this section even if you have filed a police report.			
Please specify any injuries, physical or psychological, you sustained as a result of the crime (e.g., bruised leg, broken wrist, sleeplessness).			
If you have additional information, please attach a separate sheet.			



Health Plan/Dental Plan Coverage

CVAP will only pay expenses or provide benefits that are not already covered by your existing health or dental plan.

Claim # _____

PIN # _____

SECTION 3 - MEDICAL/DENTAL INFORMATION

This section provides information regarding any medical or dental treatment you received as a result of the crime.

Do you have medical services coverage (e.g., a BC Services Card or BC Care Card)? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: Provide your personal health number.	
Do you have other health coverage? (e.g., Blue Cross) <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: Provide your extended health plan number and provider.	
Did you go to a hospital to be treated for injuries resulting from the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes: Name of Hospital		Date of Treatment <div> <div>Year</div> <div>Month</div> <div>Day</div> </div>	
Do you have a family doctor who has been treating you for injuries resulting from the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes: Family Doctor's Name		Phone Number	
Address (Apt No, Street Number, Street Address, PO Box)			
Please fill out the following about any other doctors, specialists, or counsellors who have been treating you for injuries resulting from the incident.			
<input type="checkbox"/> <i>Specialist</i> <input type="checkbox"/> <i>Counsellor/Psychologist</i> <input type="checkbox"/> <i>Dentist</i> <input type="checkbox"/> <i>Other</i> _____			
Name		Phone Number	
Address (Apt No, Street Number, Street Address, PO Box)			
<input type="checkbox"/> <i>Specialist</i> <input type="checkbox"/> <i>Counsellor/Psychologist</i> <input type="checkbox"/> <i>Dentist</i> <input type="checkbox"/> <i>Other</i> _____			
Name		Phone Number	
Address (Apt No, Street Number, Street Address, PO Box)			
<input type="checkbox"/> <i>Specialist</i> <input type="checkbox"/> <i>Counsellor/Psychologist</i> <input type="checkbox"/> <i>Dentist</i> <input type="checkbox"/> <i>Other</i> _____			
Name		Phone Number	
Address (Apt No, Street Number, Street Address, PO Box)			



Benefits available through CVAP

Please refer to the complete Summary of Benefits Available to Victims included on the last two pages of this application package.

Original receipts are required for expenses not covered by your extended health or other insurance plan.



Lost Wages or Income

If you are claiming benefits for lost wages or income, we will need to verify your employment.

Claim # _____

PIN # _____

SECTION 4 - EXPENSE AND LOSS INFORMATION

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 will require you to submit **original receipts**.

Please check all that apply:

- ☐ Medical expenses
- ☐ Dental expenses
- ☐ Prescription drug expenses
- ☐ Counselling
- ☐ Lost employment income (reimbursed at minimum wage)
- ☐ Repair or replacement costs of damaged or destroyed personal property that you were wearing at the time of the incident (e.g., eyeglasses, clothing)
- ☐ Protective measures (e.g., moving expenses, security devices)
- ☐ Disability benefits, services or equipment
- ☐ Crime scene cleaning
- ☐ Other (please specify): _____

If you have received or will receive benefits as a result of the crime, check all that apply:

- ☐ Disability Plan Benefits
- ☐ Employment Insurance Benefits
- ☐ Income Assistance
- ☐ Canada Pension Plan
- ☐ Aboriginal Affairs and Northern Development Canada
- ☐ Benefits you have received as a result of civil action
- ☐ Other (please specify): _____

SECTION 5 - EMPLOYMENT INCOME

This section provides information regarding employment information. Complete this section if you are requesting benefits for lost employment income.

Were you employed when the crime occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self-employed		Were you at work at the time of the incident?	
If yes: Have you applied for Workers' Compensation Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is your Workers' Compensation Benefits claim number?	
As a result of any crime-related injuries:			
Did you miss work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you lose wages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes: Provide days of work missed			
From:		To:	
Name of Company/Organization		Phone Number	
Address (Apt No, Street Number, Street Address, PO Box)			
If you are requesting benefits for lost wages, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Contact Person			

Claim # _____

PIN # _____

SECTION 6 - APPLICATION ON BEHALF OF VICTIM

DO NOT complete this section if you are a Victim Service Worker or other person who is helping the victim to complete the application form. Complete this section if you are a parent, legal guardian, or legal representative signing this application form on behalf of the victim.

Person completing the application		
(Last)	(First)	(Middle)
Mailing Address (Apt No, Street Number, Street Address, PO Box)		
City	Province	Postal Code
Phone Number	E-mail (Optional)	
Are you an immediate family member? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: What is your relationship to the victim? (e.g., mother)	
Are you a legal representative? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: What is your authority? (e.g., Public Guardian and Trustee)	
Note: If you are not the natural or adoptive parent of the applicant, please attach a copy of any court order or other document that is proof of guardianship/trusteeship.		

SECTION 7 - DECLARATION

Your application will be returned if this section is not signed and dated.

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

By signing this section you declare that the information you have provided on this application is true and correct. It is an offence to provide false or misleading information on this application and may lead to prosecution. If it is discovered at a later time that false or misleading information has been provided on this application form, you may be required to repay to CVAP any benefits received.

I, _____, (please print) submit this application in support of a claim for benefits available to Victims under the *Crime Victim Assistance Act*, and declare the information provided in this application for benefits is true and correct.

Applicant's Signature _____ Date _____
(Month/Day/Year)

*** Your application will be returned if this section is not signed and dated.**



Read this authorization before you sign

The information provided on your application to CVAP will only be used to assess your eligibility for benefits.



Applicant's Signature

If you are a parent, legal guardian or legal representative applying on behalf of the Victim, you may sign this authorization as the applicant.

SECTION 8 - AUTHORIZATION

This section authorizes the Crime Victim Assistance Program to contact the persons and organizations listed so that we may process your claim for benefits. Your application will be returned if this section is not signed and dated. You may be required to submit other authorizations that are needed to process your claim. 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.

I, _____, (please print) hereby authorize:

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 of BC 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 and Skills Development Canada or Aboriginal Affairs and Northern Development 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 Canada Employment Insurance Commission 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 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.
9. The Ministry of Children and Family Development (MCFD) to give the Crime Victim Assistance Program, on request, a copy of information relevant to this application.

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 _____
(Month/Day/Year)

Claim # _____

PIN # _____

SECTION 9 - OPTIONAL AUTHORIZATION

CVAP staff requires your written permission to discuss the information in your file with other persons. Please complete this section if you want to allow program staff to discuss your file with another person, such as a family member or victim service worker.

This is the authorization (written permission) to discuss your file with another person.

I, _____, *(please print)* hereby authorize the Crime Victim Assistance Program staff to discuss my claim with _____
Name of authorized person you allow program staff to talk to (print clearly)

Authorized Person's Phone Number

Authorized person's relationship to you (applicant)

Applicant's Signature _____ Date _____
(month/day/year)

Agency Name and Address

SUMMARY OF BENEFITS

The Crime Victim Assistance Program helps Victims, Immediate Family Members of victims, and Witnesses affected by violent crime. Benefits provided by CVAP offset financial loss and assist in recovery from injuries. This summary focuses on benefits available to Victims of violent crime.

Benefits:	For:	Examples:
Counselling services or expenses	All victims of crime	<ul style="list-style-type: none"> counselling sessions psycho-educational sessions to others who support the victim
Medical services or expenses	Victims who need health care because of their injuries from the crime	<ul style="list-style-type: none"> ambulance or emergency transportation diagnosis and treatment by doctors or health professionals (e.g., physiotherapists, massage therapists) health care services at a facility medical equipment and supplies
Dental services or expenses	Victims who need dental care because of their injuries from the crime	<ul style="list-style-type: none"> diagnosis and treatment by a dentist or dental health professional bridges, crowns, dentures, and other dental appliances or devices
Prescription drug expenses	Victims who need prescription drugs to recover from, or manage the effects of, their injuries from the crime	<ul style="list-style-type: none"> medications prescribed by a doctor, dentist, or podiatrist
Protective measures, services, or expenses	Victims who are at risk of additional harm from the perpetrator or are so traumatized by fear they cannot lead normal lives	<ul style="list-style-type: none"> security or communication equipment and services courses for personal protection or security relocation expenses
Income support	Victims whose injuries have a short-term or long-term effect on their ability to work and who had a job when the crime occurred (special eligibility issues for minors)	<ul style="list-style-type: none"> monthly payments to assist in financially supporting the victim
Lost earning capacity	Victims whose injuries have a long-term effect on their ability to work and who did not have a job when the crime occurred (special eligibility issues for minors)	<ul style="list-style-type: none"> monthly payments to assist in financially supporting the victim
Vocational services or expenses	Victims whose injuries prevent them from returning to their job and who need training or education to re-enter the workforce	<ul style="list-style-type: none"> education and training courses programs to improve skills and qualifications programs to prepare for, or find, employment
Transportation and related expenses, and transportation related childcare	Victims who have to travel some distance to obtain medical, dental, counselling, or vocational services provided as crime victim assistance benefits	<ul style="list-style-type: none"> transportation expenses such as bus fare, air fare, or mileage expenses meals and accommodation childcare while attending appointments
Repair or replacement of damaged or destroyed personal property	Victims whose eyeglasses/contacts, disability aids, or articles of clothing were damaged or destroyed because of the crime	<ul style="list-style-type: none"> repair or replacement of: eyeglass frames prescription lenses various types of disability aids clothing

SUMMARY OF BENEFITS CON'T

Benefits	For	Examples
Disability aids	Victims who need disability aids because of their injuries from the crime, to reduce the effects of the injuries, improve their quality of life, and assist in daily living	<ul style="list-style-type: none"> • mobility aids • communication aids • vision aids • specialized clothing • prostheses and orthoses • other equipment or supplies
Childcare services or expenses (see also under transportation)	Victims who have a disability because of the crime that prevents them from providing care for their children (and no one else in the household can provide the childcare)	<ul style="list-style-type: none"> • childcare
Homemaker services or expenses	Victims who have a disability because of the crime that prevents them from doing household tasks (and no one else in the household can perform the household tasks)	<ul style="list-style-type: none"> • help with shopping, cleaning, cooking, and other household tasks
Personal care services or expenses	Victims who have a disability because of the crime that prevents them from performing personal care tasks	<ul style="list-style-type: none"> • help with bathing, dressing, toileting, and other personal care tasks
Home modification expenses	Victims who have a disability because of the crime and need modifications made to their home to assist them in daily activities	<ul style="list-style-type: none"> • structural changes such as replacing steps with a ramp, widening doorways, constructing custom showers, etc. • installed equipment such as wheelchair lifts, bath lifts or shower stalls, wing taps on sinks, etc.
Home maintenance expenses	Victims who have a disability because of the crime that prevents them from maintaining their home (and no one else in the household can maintain the home)	<ul style="list-style-type: none"> • a monthly allowance for home maintenance expenses
Moving expenses	Victims who have a long-term disability because of the crime and need to move to a more accessible home	<ul style="list-style-type: none"> • moving expenses for the victim and family and their household goods • rental security deposit • connection fees for phone and utilities
Vehicle modification or acquisition	Victims who have a long-term disability because of the crime and need an accessible vehicle (to drive or be driven in) for greater independence	<ul style="list-style-type: none"> • installed equipment such as hand controls or a wheelchair lift • purchase or lease of an accessible vehicle
Maintenance for a child born as a result of a prescribed offence	Victims who conceived a child as a result of the crime and are financially supporting the child	<ul style="list-style-type: none"> • monthly payments to assist in financially supporting the child
Crime scene cleaning	Victims who were injured at their home or in their vehicle and need specialized cleaning of the home or vehicle due to the nature of the crime	<ul style="list-style-type: none"> • specialized cleaning and disinfecting of contaminated areas • replacement of contaminated flooring, wall covering, or other built-in features