

crime victim assistance program

IMMEDIATE FAMILY MEMBER APPLICATION



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.

IMMEDIATE FAMILY MEMBER APPLICATION

WHICH APPLICATION FORM SHOULD YOU USE?

Under the Crime Victim Assistance Act, an IMMEDIATE FAMILY MEMBER may include the spouse, child, sibling, parent, grandparent or grandchild of a victim who was injured or died as a result of a prescribed offence.

To be eligible for benefits, the immediate family member must have suffered economic loss or psychological harm, or be a minor child of a deceased victim.

As an immediate family member you may be eligible for: counselling services/expenses; prescription drug expenses; vocational services/expenses; funeral expenses; income support; transportation and related expenses; and earnings loss due to bereavement leave.

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

instructions

1. Please print clearly and complete all sections. Omissions may delay the processing of your application form.
2. On page F-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".



section 1. immediate family member information (applicant)

This section provides your information as an **immediate family member** of a **victim** of a crime. If you are an immediate family member or legal representative applying on behalf of an applicant, complete Section 8 (Application on behalf of an **immediate family member**) along with the rest of this application form. *(Do not complete Section 8 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: Please 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. victim information

This section provides necessary information about the **victim**. This information is needed in order to register your application and will assist in determining your eligibility for benefits.

If you know the victim changed his or her name, please provide their previous name and the date of the name change.

If the victim is deceased as a result of the crime, please attach a copy of the Death Certificate or the funeral director's Statement of Death.

CRIME VICTIM ASSISTANCE

immediate family member application for benefits

Claim # _____

CPO # _____

section 1. immediate family member information (applicant)

Applicant's Name (Last) (First) (Middle)			<input type="checkbox"/> Female <input type="checkbox"/> Male	
Previous Name (if applicable) (Last) (First) (Middle)			Date of Name Change Month / Day / Year	
Date of Birth Month / Day / Year	Relationship to victim	Occupation		
Complete Mailing Address		City	Province	Postal Code
Alternate Mailing Address		City	Province	Postal Code
Home Telephone ()	Business Telephone ()	Social Insurance Number		
Messages ()				

section 2. victim information

Victim's Name (Last) (First) (Middle)			<input type="checkbox"/> Female <input type="checkbox"/> Male	
Previous Name (if applicable) (Last) (First) (Middle)			Date of Name Change Month / Day / Year	
Date of Birth Month / Day / Year	Marital Status	Occupation		
Complete Mailing Address		City	Province	Postal Code
Home Telephone ()	Business Telephone ()	Social Insurance Number		
Messages ()				
Did the injury or death occur during the course of the victim's employment, or as the result of a motor vehicle accident? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the victim deceased as a result of the crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date of death: Month / Day / Year		

If applicable, please attach a copy of the Death Certificate or the funeral director's Statement of Death

section 3. crime information



This section provides 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, provide the approximate dates (*e.g. September 2001 – December 2001*).

Location of crime: 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**.

Police report: If a complaint was filed with the police, please complete the appropriate sections. Incomplete information will result in delays in processing this application.

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 the victim's relationship, if any, to the person who allegedly committed the crime (*e.g. the alleged offender is the victim's 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.

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

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.

section 4. immediate family member 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.

Complete all applicable sections, including addresses and phone numbers.

Claim # _____

CPO # _____

section 3. crime information

Type of Crime:			
Date(s) of Crime Month / Day / Year			
Location(s) of Crime City/Town(s)			
Which police force is handling the investigation?			
Police File Number		Name of Investigating Officer (if known)	
Name of alleged offender (if known) (Last) (First) (Middle)			
Relationship of alleged offender to victim (if any)	Has the alleged offender been charged? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Court File # (if known)
Please provide a description of the incident in your own words: _____ _____ _____			
Have you started civil action against the alleged offender(s)? <input type="checkbox"/> Yes, file # _____ <input type="checkbox"/> No		Do you intend to start a civil action against the alleged offender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided	

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

section 4. immediate family member medical information

Name of counsellor/therapist providing treatment (if applicable)

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

Name of family physician providing medical treatment for injuries received (if applicable).

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

section 5. immediate family member expense & loss information

Expenses/losses: this section provides information regarding any expenses or losses you are claiming as a result of the crime. Do not include expenses incurred by the victim. Keep receipts for all expenses you are claiming; the program may request them at a later date. **Check all that apply.**

Will other family members apply for benefits? Please check the appropriate box. It is important for the program to be aware if other family members may also be applying for benefits.

section 6. immediate family member employment and benefits

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

Please advise if you have medical coverage and extended health coverage. If applicable, provide your personal health care number and the name of your extended health care provider. *(For B.C. residents, your personal health care number can be found on your B.C. Care Card.)*

If you are eligible for prescription drug expenses and counselling expenses from another source, provide us with the name of the source that may provide these benefits *(e.g. employer's insurance plan)*.

If you have missed work as a result of the crime, please attach a report from your employer.

Benefits: if you have received or will receive benefits as a result of the crime, please check the appropriate boxes. If you have received benefits not included in the list, please check "other" and indicate these benefits.

section 7. victim employment and benefits

This section provides information about the status of the victim's employment at the time of the crime. This will help determine eligibility for benefits.

section 8. application on behalf of immediate family member

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

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

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

DO NOT complete this section if you are simply helping the applicant complete the application form.

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

section 9. 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. **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 10. 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.**

section 9. authorization

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

Claim # _____

CPO # _____

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 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

Month / Day / Year

section 10. declaration

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

I am applying for benefits available to immediate family members under the Crime Victim Assistance Act, and

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

please print

Applicant's Signature

Date

Month / Day / Year



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.