

# crime victim assistance program

## VICTIM 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.

### 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".



## 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.



## 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.



### 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.**

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)		<input type="checkbox"/> Specialist <input type="checkbox"/> Dentist	Telephone ( )		
Complete Mailing Address		City	Province	Postal Code	
Name (Last) (First)		<input type="checkbox"/> Specialist <input type="checkbox"/> 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

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

## 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 received 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, describe 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.

Claim # \_\_\_\_\_

CPO # \_\_\_\_\_

## section 5. employment and benefits

Were you employed when the crime occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self-employed		As a result of the 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	
Name of Employer or Company (Last) _____ (First) _____			Telephone ( ) _____		
Complete Mailing Address			City	Province	Postal Code
Were you at work at the time of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you applied for Workers' Compensation Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> 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?					
<input type="checkbox"/> Disability Plan Benefits _____					
<input type="checkbox"/> Employment Insurance Benefits _____					
<input type="checkbox"/> Social Assistance _____					
<input type="checkbox"/> Canada Pension Plan _____					
<input type="checkbox"/> Indian and Northern Affairs _____					
<input type="checkbox"/> Benefits arising from a civil suit _____					
<input type="checkbox"/> Other (please specify) _____					
Do you have medical services coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, provide your personal health number		
Do you have extended health coverage? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (Last) _____ (First) _____ (Middle) _____			Telephone ( ) _____		
Complete Mailing Address			City	Province	Postal Code
Are you an immediate family member? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is your relationship to the victim?			
Are you a legal representative? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is your authority?			
Signature				Date ____ / ____ / ____ 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.**





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.