

Appendix A - BENEFITS AT-A-GLANCE

ELIGIBLE EXPENSES	DOCUMENTATION REQUIRED All require a police report or PFA.	PAYMENT MAXIMUMS (unless otherwise specified, all will fall under the \$35,000 cap.)
<p>Counseling Expenses</p> <p>Direct Victim-Adult</p> <p>Direct Victim-Minor</p> <p>Witness—a person who is physically present at the crime scene and witnessed a violent crime.</p> <p>Relative of a Direct Victim—anyone related to the direct victim within the second degree of consanguinity or affinity. This includes spouses, children, parents, siblings, grandparents, grandchildren, and in-laws. Also include step-relatives as listed above.</p> <p>Anyone engaged to be married to the victim.</p> <p>Shared household—anyone residing in the same household with the direct victim.</p> <p>Discovers Homicide—Anyone who discovers a homicide victim.</p> <p>Person responsible for the direct victim’s welfare (this would include legal guardians and foster parents).</p>	<p>Needed for all counseling claims:</p> <p>Copies of itemized bills in the claimant’s name, copies of paid receipts or canceled checks, copies of insurance benefit statements, if applicable.</p> <p>In addition to the above: Witness: A police report with the witness listed, or a written statement provided by someone who can substantiate the witness was present. Preferably the person preparing the written statement appears in the police report</p> <p>Engaged: An engagement announcement or copy of the application for a marriage license. If neither is available, a written statement may be accepted.</p> <p>Shared household: Bills or lease/mortgage agreements that indicate the same address.</p> <p>Discovers Homicide: VCAP will obtain a police report.</p> <p>Person responsible: Foster parent documentation, guardianship papers or other documentation that would show that the person filing for counseling is an individual responsible for the direct victim’s welfare.</p>	<p><i>Over and above the \$35,000 cap</i></p> <p>\$5,000</p> <p>\$10,000</p> <p>\$1,500</p> <p>\$2,500 \$5,000 for homicide</p> <p>\$2,500 \$5,000 for homicide</p> <p>\$2,500 \$5,000 for homicide</p> <p>\$1,500</p> <p>\$2,500 \$5,000 for homicide</p>

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<p>Crime-Scene Cleanup Reimburses any person who pays or assumes the obligation for the cost of crime-scene cleanup within a private residence. Includes landlords and property manager.</p>	Itemized bills and receipts in the claimant's name.	<p><i>Over and above the \$35,000 cap</i></p> <p><i>\$500 per crime-scene</i></p>
<p>Forensic Rape Examination and medications prescribed in conjunction with the exam.</p>	The hospital or licensed healthcare provider bills VCAP directly for the charges related to Forensic Rape Examination and medications. The victim has the right to request that his/her insurance not be accessed for the costs.	<p>Over and above the \$35,000 cap</p> <p>\$1,000 combined total for exam and medications prescribed.</p>
<p>Funeral Expenses Including funeral home, cemetery, marker/memorial, flowers, memorial meal, clothing for the deceased.</p> <p>Transportation expenses for transportation of body and making funeral arrangements for up to two persons-family members or someone designated by the family.</p> <p>For crimes occurring on or after 12/12/09 transportation is eligible for claimant (parent, child, or spouse of deceased or person who assumes obligation or paid funeral home bill) for attending funeral service, or criminal justice proceedings.</p> <p>Loss of earnings for an eligible claimant for trauma and/or making funeral arrangements and/or accompanying the body to the final destination.</p> <p>No lost earnings for homicide survivors for court.</p>	Itemized bills for the funeral in the claimant's name, Statement of Funeral Goods and Services signed by the claimant and the funeral home director, receipts for related funeral expenses, copies of life insurance benefit statements, receipts for travel expenses, information requested for loss of earnings (if applicable).	<p>\$6,500 for crimes occurring on or after 12/12/09. No subcaps.</p> <p>For crimes occurring prior to 12/12/09, \$5,000 maximum with the following subcaps: Funeral and Cemetery Combined: up to \$4,800 Marker/Memorial: up to \$900 Flowers: up to \$300 Memorial Meal: up to \$300 Clothing for Deceased: up to \$175</p> <p>Loss of earnings: Maximum two weeks for trauma for eligible claimant. Up to 5 days for eligible claimant to make funeral arrangements and/or accompanying the body to the final destination. Two week overall maximum.</p>

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<p>Loss of Earnings – Non Homicide</p> <p>Victims or eligible claimants who lose time from work due to mental/physical injury as a result of crime, or to attend court proceedings.</p> <p>Also for employed family members providing home healthcare and replacement services. (Non-family members may also provide the home healthcare and replacement services, but will be reimbursed at an hourly rate.)</p> <p>Unemployed family members are not eligible.</p>	<p>Name and address of employer; copies of two pay stubs prior to crime (if not available, W-2's or IRS Tax Returns). If self employed, an IRS tax return and all schedules; documentation of any reimbursements received, such as sick or vacation pay. In addition a certification by a physician or psychologist, psychiatrist (or dentist, if applicable) of inability to work may be needed (if beyond two weeks.)</p> <p>For home healthcare and replacement services, in addition to the above information, a doctor certification that homecare and/or replacement services were necessary due to the crime, as well as the family member's employer contact information. If provided by a non-family member, then contact information for the individual providing the services, itemized bill for service and copies of cancelled checks or receipts in the claimant's name are needed.</p>	<p>\$15,000</p>
<p>Loss of Earning – Homicide</p> <p>May be considered for an eligible claimant for trauma, making funeral arrangements, and/or accompanying the deceased to the final resting place.</p> <p>No Lost earnings in homicide for court.</p>	<p>As above, documentation of the claimant's earnings and name and address of the employer, also documentation of any paid leave received.</p> <p>No doctor certification is required.</p>	<p>\$15,000</p> <p>In death cases, loss of earning may not exceed two weeks combined total for trauma, making funeral arrangements and/or accompanying the body to the final resting place.</p> <p>Max for making arrangements and/or accompanying deceased is 5 days.</p> <p>Non-family members providing home healthcare and replacement services will be reimbursed at a rate of \$8/hour.</p>

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Loss of Support for anyone financially dependent on the deceased victim (spouse, child, or other legal dependent).	<p>Needed for all loss of support claims:</p> <p>1. Certified death certificate. 2. Documentation verification for lost wages. 4. Statements for benefits received as a result of the death of the direct victim or intervenor, such as life insurance, Social Security, veterans' benefits, or survivor benefits. 5. Birth certificates for dependent minors. 6. Guardianship papers, where applicable.</p> <p>For court ordered support (in addition to the above):</p> <p>1. A copy of the Court Order showing the amount of support ordered. (Lost wages verification not needed for court ordered support.)</p>	\$20,000
<p>Medical Expenses</p> <p>Including hospital fees; physician charges; physical therapy; medications; dental expenses; medical equipment and supplies; ambulance; home healthcare and replacement services; and transportation to medical, pharmacy, and counseling visits.</p>	Itemized bills, corresponding insurance benefit statements (if applicable).	\$35,000
<p>Relocation Expenses</p> <p>Reimburses for temporary or permanent relocation expenses where there is an immediate need to relocate to protect the safety and health of the victim and those individuals residing in the victim's household.</p>	Homeowner's/renter's insurance showing coverage or rejection, if applicable, itemized bills and receipts, and a verification letter from a human service provider, law enforcement, or medical provider explaining the need for immediate relocation.	<p>\$1,000 per household for crimes occurring prior to 12/12/09.</p> <p>\$1,000 per each direct victim per household for crimes occurring on or after 12/12/09.</p>

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<p>Replacement of Personal Health Items Stolen or Damaged</p> <p>Reimbursement for the costs for each prosthetic device, wheelchair, cane, walker, hearing aid, eyeglasses or other corrective lenses, dental device or prescription medication stolen or damaged in the crime.</p>	<p>Itemized bills in the name of the claimant and the name, address and telephone number of the provider and the date of service/purchase and the amount charged for each service.</p> <p>Copies of paid receipts or canceled checks, if applicable.</p> <p>The item stolen should be listed on the police report.</p>	<p>\$1,000 each with the following limitations:</p> <table border="0"> <tr> <td>Eyeglass frames</td> <td>\$200</td> </tr> <tr> <td>Canes</td> <td>\$100</td> </tr> <tr> <td>Walkers</td> <td>\$250</td> </tr> </table> <p>\$1,000 for the replacement of all combined prescription medications stolen or damaged in a single crime.</p>	Eyeglass frames	\$200	Canes	\$100	Walkers	\$250
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Canes	\$100							
Walkers	\$250							
<p>Stolen benefit cash</p> <p>Reimbursement of cash stolen or defrauded if one of the following is the victim's main source of income: Social Security, retirement plan, pension plan, railroad retirement, disability, veteran's retirement, or court-ordered child or spousal support.</p>	<p>Homeowner's or renter's insurance showing coverage or rejection (if applicable) and verification of the victim's monthly benefit entitlement statement(s). If required to file, then a copy of the victim's signed and filed IRS Tax Return. The amount stolen must be listed in the police report.</p>	<p>Up to one month's benefit entitlement.</p>						

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<p>Transportation Expenses</p> <p>Traveling to or from medical care, counseling, to a pharmacy to fill a prescription, or in homicides, travel in connection with making funeral arrangements and transportation of the body.</p> <p><u>For direct victim only or if victim is a minor or incapacitated adult, the individual who transported them.</u></p> <p>For crimes occurring on or after 12/12/09 also includes travel expenses incurred for attending court proceedings or attending funeral. Paid for direct victim or eligible claimant.</p>	<p>An itemized bill showing the name and address of the service provider, the dates of service and the dates of travel. Receipts, including dates of service, if applicable.</p> <p>If using a driver: the name and address of the individual who provided the service, a statement from the driver listing dates of travel, the name and address of provider(s) where the victim was taken, and the number of hours incurred for each medical or pharmacy visit.</p> <p>Itemized bill for overnight accommodations if applicable.</p>	<p>\$35,000</p> <p>Roundtrip mileage, at the state rate. Driver reimbursement. Up to \$8 per hour or the mileage rate in effect if someone else drives the victim to services. Public transportation, reimbursed in full. Car rental, up to \$30 a day. Taxi fares in full. Tolls in full. Parking expenses in full. If travel to a provider is 50 miles or more (one-way) from the eligible person's home, then: Meals. Up to \$28 a day, with no more than \$6 for breakfast, \$6 for lunch and \$16 for dinner. Hotel, up to \$75 a night. Gas for official rental vehicles.</p>