## **Pennsylvania Commission on Crime and Delinquency**



## Office of Victims' Services Victims Compensation Assistance Program P.O. Box 1167 Harrisburg, PA 17108-1167 717-783-5153 717-787-4306 Fax

## **Emergency Compensation Award Application**

Last Name (claimant)		First Name		Middle Initial
Address				
City	State	Zip Code	_ () Telephone	

**An Emergency Compensation Award** is solely for a claimant who is experiencing an undue financial hardship as a result of the crime, due to the following:

## (Please check box(s) that apply--at least one box must be checked to be eligible).

- □ Claimant <u>has already paid</u> for medical/funeral bills.
- $\Box$  Claimant has lost wages.
- $\Box$  Claimant is applying for money that was stolen or defrauded from them.
- □ Claimant was financially dependent upon a victim of homicide.

**NOTE**: In order for an Emergency Compensation claim to be processed, it <u>must be</u> submitted with the Program's standard claim form and required documentation. Claimants under age 60 must meet the \$100 minimum out-of-pocket loss to be eligible. Claimants age 60 or older have no minimum loss requirement.

Due to an urgent financial need, I am requesting an Emergency Compensation Award. I understand that the Program will review the police report and the supporting documentation to determine if the claim is eligible for an award. I understand that this award may not exceed \$1,500.

Claimant's Signature

Date

ea/rev/5/2008