

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Adams County

Domestic Violence Victims	
SAFE Home/YWCA of Hanover	717-637-2125
Sexual Assault Victims	
Pennsylvania Coalition Against Rape	800-692-7445
Child Abuse Victims	
Adams County Children's Advocacy Center	717-334-9888
Adams County Victim Witness Assistance Program	717-337-9844
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Adams County Victim Witness Assistance Program	717-337-9844
Violent Crime Victims (to include Homicide)	
Adams County Victim Witness Assistance Program	717-337-9844
Human Trafficking Victims	
Adams County Victim Witness Assistance Program	717-337-9844
County Victim/Witness Office	
Adams County Victim Witness Assistance Program	717-337-9844

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Allegheny County

Domestic Violence Victims	
Alle-Kiski Area HOPE Center	724-224-1100
Center for Victims	866-644-2882 (24-Hour)
Crisis Center North, Inc.	412-364-6728
Women's Center and Shelter of Greater Pittsburgh	412-687-8017
Sexual Assault Victims	
Pittsburgh Action Against Rape	412-431-5665
Center for Victims	866-644-2882 (24-Hour)
Child Abuse Victims	
A Child's Place PA	412-771-6462
CAC at UPMC CHP	412-692-8747
Center for Victims	866-644-2882 (24-hour)
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Allegheny County Chief Executive Officer (Collaboration with County Agency on Aging) Center for Victims	412-350-4234 866-644-2882 (24-hour)
Violent Crime Victims (to include Homicide)	
Center for Victims	866-644-2882 (24-Hour)
Human Trafficking Victims	
Center for Victims	866-644-2882 (24-Hour)
Pittsburgh Action Against Rape	412-431-5665
County Victim/Witness Office	
Center for Victims	866-644-2882 (24-Hour)

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Armstrong County

Domestic Violence Victims	
Helping All Victims In Need Inc	724-543-1180
Sexual Assault Victims	
Helping All Victims In Need Inc	724-543-1180
Child Abuse Victims	
Helping All Victims In Need Inc	724-543-1180
Kays Cottage	724-548-8888
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Helping All Victims In Need Inc	724-543-1180
Violent Crime Victims (to include Homicide)	
Armstrong County Victim Services	724-548-3486
Human Trafficking Victims	
Armstrong County Victim Services	724-548-3486
County Victim/Witness Office	
Armstrong County Victim Services	724-548-3486

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is Social Security Retirement, Disability Income, Supplemental Income, Survivor Benefits, Retirement/Pension(s), Disability, or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
 Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
 Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
 Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Beaver County

Domestic Violence Victims	
Women's Center of Beaver County	724-775-2032
Sexual Assault Victims	
Women's Center of Beaver County	724-775-2032
Child Abuse Victims	
A Child's Place PA	412-771-6462
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Beaver County Victim Witness Assistance Project	724-773-8570
Violent Crime Victims (to include Homicide)	
Beaver County Victim Witness Assistance Project	724-773-8570
Human Trafficking Victims	
Beaver County Victim Witness Assistance Project	724-773-8570
County Victim/Witness Office	
Beaver County Victim Witness Assistance Project	724-773-8570

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.o va. pa. gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www. pcv. pccd. pa. gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www. dave. pa. gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www. dhs. pa. gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Bedford County

Domestic Violence Victims	
Your Safe Haven	814-623-7664
Sexual Assault Victims	
Your Safe Haven	814-623-7664
Child Abuse Victims	
Your Safe Haven	814-623-7664
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Your Safe Haven	814-623-7664
Violent Crime Victims (to include Homicide)	
Your Safe Haven	814-623-7664
Human Trafficking Victims	
Your Safe Haven	814-623-7664
County Victim/Witness Office	
Your Safe Haven	814-623-7664

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Berks County

Domestic Violence Victims	
Safe Berks	610-373-1206
Sexual Assault Victims	
Safe Berks	610-373-1206
Child Abuse Victims	
Children's Alliance Center of Berks County	610-898-0535
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Berks County Victim/Witness Assistance Unit	610-478-6000
Violent Crime Victims (to include Homicide)	
Berks County Victim/Witness Assistance Unit	610-478-6000
Human Trafficking Victims	
Berks County Victim/Witness Assistance Unit	610-478-6000
County Victim/Witness Office	
Berks County Victim/Witness Assistance Unit	610-478-6000

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.oiva.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Blair County

Domestic Violence Victims	
Family Services Incorporated	814-944-3583
Sexual Assault Victims	
Family Services Incorporated	814-944-3583
Child Abuse Victims	
Center for Child Justice - Blair County CAC	814-201-2057
Family Services Incorporated	814-944-3583
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Family Services Incorporated	814-944-3583
Violent Crime Victims (to include Homicide)	
Blair County Victim/Witness Program	814-693-3010
Human Trafficking Victims	
Family Services Incorporated	814-944-3583
County Victim/Witness Office	
Blair County Victim/Witness Program	814-693-3010

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is Social Security Retirement, Disability Income, Supplemental Income, Survivor Benefits, Retirement/Pension(s), Disability, or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Bradford County

Domestic Violence Victims	
Abuse and Rape Crisis Center	570-265-5333
Sexual Assault Victims	
Abuse and Rape Crisis Center	570-265-5333
Child Abuse Victims	
The Children's House	570-265-4132
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Abuse and Rape Crisis Center	570-265-5333
Violent Crime Victims (to include Homicide)	
Bradford County Victim Services	570-265-1759
Human Trafficking Victims	
Abuse and Rape Crisis Center	570-265-5333
County Victim/Witness Office	
Bradford County Victim Services	570-265-1759

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ovpa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
 Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
 Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
 Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Bucks County

Domestic Violence Victims	
A Woman's Place	800-220-8116 (24-hour Hotline)
Sexual Assault Victims	
NOVA	215-343-6543
Child Abuse Victims	
Bucks County Children's Advocacy Center	215-343-6543
NOVA	215-343-6543
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
SeniorLAW Center	215-988-1244
Violent Crime Victims (to include Homicide)	
NOVA	215-343-6543
Human Trafficking Victims	
Bucks County Victim/Witness Assistance Unit	215-348-6292, 215-348-6305, or 215-348-6303
County Victim/Witness Office	
Bucks County Victim/Witness Assistance Unit	215-348-6292, 215-348-6305, or 215-348-6303

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.o va. pa. gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www. pcv. pccd. pa. gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www. dave. pa. gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www. dhs. pa. gov/ contact/ Pages/ Report- Abuse. asp x



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Butler County

Domestic Violence Victims	
Victim Outreach Intervention Center	724-283-8700
Sexual Assault Victims	
Victim Outreach Intervention Center	724-283-8700
Child Abuse Victims	
Butler County Alliance for Children	724-431-3689
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Victim Outreach Intervention Center	724-283-8700
Violent Crime Victims (to include Homicide)	
Butler County District Attorney's Victim Services	724-284-5232, 724-284-5465
Human Trafficking Victims	
Victim Outreach Intervention Center	724-283-8700
County Victim/Witness Office	
Butler County District Attorney's Victim Services	724-284-5232, 724-284-5465

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399
or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –
866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339
or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313
or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Cambria County

Domestic Violence Victims	
Victim Services, Inc	814-288-4961
Sexual Assault Victims	
Victim Services, Inc	814-288-4961
Child Abuse Victims	
Cambria County Child Advocacy Center (Circle of Support)	814-254-4567
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Cambria County Victim Services Unit	814-472-1680
Violent Crime Victims (to include Homicide)	
Victim Services, Inc	814-288-4961
Human Trafficking Victims	
Victim Services, Inc	814-288-4961
County Victim/Witness Office	
Victim Services, Inc	814-472-1456
Victims of Juvenile Offenders Victim Assistance Program	814-472-4700

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____
 Relationship to Victim _____

Crime Information
 Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses
 Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
 Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support
 Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
 Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings
 Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash
 Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
 Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses
 Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others
 Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information
 For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Cameron County

Domestic Violence Victims	
CAPSEA, Inc	814-486-1227
Sexual Assault Victims	
CAPSEA, Inc	814-486-1227
Child Abuse Victims	
CAPSEA, Inc	814-486-1227
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
CAPSEA, Inc	814-486-1227
Violent Crime Victims (to include Homicide)	
CAPSEA, Inc	814-486-1227
Human Trafficking Victims	
CAPSEA, Inc	814-486-1227
County Victim/Witness Office	
Cameron County Victim Services	814-486-9301

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Carbon County

Domestic Violence Victims	
Domestic Violence Service Center	570-823-7312
Sexual Assault Victims	
Victims Resource Center	610-379-0151
Child Abuse Victims	
Victims Resource Center	610-379-0151
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Victims Resource Center	610-379-0151
Violent Crime Victims (to include Homicide)	
Victims Resource Center	610-379-0151
Human Trafficking Victims	
Victims Resource Center	610-379-0151
County Victim/Witness Office	
Carbon County Victim/Witness Services	570-325-2718

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ovpa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Centre County

Domestic Violence Victims	
Centre Safe	814-238-7066
Sexual Assault Victims	
Centre Safe	814-238-7066
Child Abuse Victims	
Centre County Victim Witness Office	814-548-1107
Children's Advocacy Center of Centre County	814-234-6118
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Centre County Victim Witness Office	814-548-1107
Violent Crime Victims (to include Homicide)	
Centre County Victim Witness Office	814-548-1107
Human Trafficking Victims	
Centre County Victim Witness Office	814-548-1107
County Victim/Witness Office	
Centre County Victim Witness Office	814-548-1107

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399
or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –
866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339
or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313
or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Chester County

Domestic Violence Victims	
Domestic Violence Center of Chester County	610-431-3546
Sexual Assault Victims	
Crime Victims' Center of Chester County	610-692-7420
Child Abuse Victims	
Chester County Child Advocacy Center	610-344-4625
Crime Victims' Center of Chester County	610-692-7420
CASA Youth Advocates	610-565-2208
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
SeniorLAW Center	215-988-1244
Crime Victims' Center of Chester County	610-692-7420
Violent Crime Victims (to include Homicide)	
Crime Victims' Center of Chester County	610-692-7420
Human Trafficking Victims	
Crime Victims' Center of Chester County	610-692-7420
County Victim/Witness Office	
Crime Victims' Center of Chester County	610-692-7420

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____
 Relationship to Victim _____

Crime Information
 Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses
 Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
 Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support
 Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
 Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings
 Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash
 Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
 Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses
 Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others
 Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information
 For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Clarion County

Domestic Violence Victims	
SAFE, Inc.	814-226-8481
Sexual Assault Victims	
PASSAGES, Inc.	814-226-7273
Child Abuse Victims	
PASSAGES, Inc.	814-226-7273
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
PASSAGES, Inc.	814-226-7273
Violent Crime Victims (to include Homicide)	
Clarion County Victim Witness Program	814-226-4423
Human Trafficking Victims	
PASSAGES, Inc.	814-226-7273
County Victim/Witness Office	
Clarion County Victim Witness Program	814-226-4423

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____
 Relationship to Victim _____

Crime Information
 Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses
 Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
 Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support
 Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
 Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings
 Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash
 Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
 Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses
 Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others
 Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information
 For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Clearfield County

Domestic Violence Victims	
Community Action, Inc.	814-768-7200
Sexual Assault Victims	
PASSAGES, Inc.	814-371-9677
Child Abuse Victims	
Child Advocacy Center of Clearfield County	814-768-3155
PASSAGES, Inc.	814-371-9677
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
PASSAGES, Inc.	814-371-9677
Violent Crime Victims (to include Homicide)	
Clearfield County Victim/Witness Office	814-765-2641 ext. 2017
Human Trafficking Victims	
PASSAGES, Inc.	814-371-9677
County Victim/Witness Office	
Clearfield County Victim/Witness Office	814-765-2641 ext. 2017

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____
 Relationship to Victim _____

Crime Information
 Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses
 Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support
 Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings
 Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash
 Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses
 Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others
 Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information
 For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Clinton County

Domestic Violence Victims	
Clinton County Women's Center - Roads to Peace	570-748-9509
Sexual Assault Victims	
Clinton County Women's Center - Roads to Peace	570-748-9509
Child Abuse Victims	
Clinton County Victim Services	570-893-8353 or 570-893-4141
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Clinton County Women's Center - Roads to Peace	570-748-9509
Violent Crime Victims (to include Homicide)	
Clinton County Victim Services	570-893-8353 or 570-893-4141
Human Trafficking Victims	
Clinton County Victim Services	570-893-8353 or 570-893-4141
County Victim/Witness Office	
Clinton County Victim Services	570-893-8353 or 570-893-4141

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
 Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
 Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
 Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Columbia County

Domestic Violence Victims	
The Women's Center	570-784-6632
Sexual Assault Victims	
The Women's Center	570-784-6632
Child Abuse Victims	
CAC of Central Susquehanna Valley (Geisinger Clinic)	570-473-8516
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Columbia County Victim Witness Program	570-389-5658
The Women's Center	570-784-6632
Violent Crime Victims (to include Homicide)	
Columbia County Victim Witness Program	570-389-5658
The Women's Center	570-784-6632
Human Trafficking Victims	
Columbia County Victim Witness Program	570-389-5658
County Victim/Witness Office	
Columbia County Victim Witness Program	570-389-5658

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____
 Relationship to Victim _____

Crime Information
 Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses
 Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support
 Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings
 Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash
 Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses
 Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others
 Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information
 For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Crawford County

Domestic Violence Victims	
Women's Services, Inc.	814-724-4637
Sexual Assault Victims	
Women's Services, Inc.	814-724-4637
Child Abuse Victims	
Children's Interview Center of Crawford County Crawford County Victim/Witness Program	814-333-7300, ext 3744 814-333-7455
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Crawford County Victim/Witness Program	814-333-7455
Violent Crime Victims (to include Homicide)	
Crawford County Juvenile Probation Victim/Witness Support & Services	814-336-4061
Human Trafficking Victims	
Crawford County Juvenile Probation Victim/Witness Support & Services	814-336-4061
County Victim/Witness Office	
Crawford County Victim/Witness Program	814-333-7455

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____
 Relationship to Victim _____

Crime Information
 Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses
 Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support
 Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings
 Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash
 Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses
 Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others
 Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information
 For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Cumberland County

Domestic Violence Victims	
Domestic Violence Services of Cumberland and Perry Counties	717-258-4249 OR 800-852-2102
Sexual Assault Victims	
YWCA Carlisle & Cumberland County	888-727-2877
Child Abuse Victims	
UPMC Pinnacle Harrisburg	717-782-6800
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Domestic Violence Services of Cumberland and Perry Counties	717-258-4806
Violent Crime Victims (to include Homicide)	
Cumberland County Victim Services Division District Attorney's Office	717-240-6220 or 1-888-697-0371 (toll free)
Human Trafficking Victims	
Cumberland County Victim Services Division District Attorney's Office	717-240-6220 or 1-888-697-0371 (toll free)
County Victim/Witness Office	
Cumberland County Victim Services Division District Attorney's Office	717-240-6220 or 1-888-697-0371 (toll free)

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399
or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –
866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339
or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313
or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Dauphin County

Domestic Violence Victims	
YWCA Greater Harrisburg	800-654-1211
Sexual Assault Victims	
YWCA Greater Harrisburg	800-654-1211
Child Abuse Victims	
UPMC Pinnacle Harrisburg	717-782-6800
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Dauphin County Victim/Witness Assistance Program	1-888-292-9611 (toll free)
Violent Crime Victims (to include Homicide)	
Dauphin County Victim/Witness Assistance Program	1-888-292-9611 (toll free)
Human Trafficking Victims	
YWCA Greater Harrisburg	800-654-1211
County Victim/Witness Office	
Dauphin County Victim/Witness Assistance Program	1-888-292-9611 (toll free)

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Delaware County

Domestic Violence Victims	
Domestic Abuse Project of Delaware County	610-565-6272 (24-hour hotline)
Sexual Assault Victims	
Delaware County Victim Assistance Center	610-566-4342 (24-hour Hotline)
Child Abuse Victims	
Delaware County Victim Assistance Center Family Support Line CASA Youth Advocates	610-566-4342 (24-hour Hotline) 610-268-9145 610-565-2208
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
SeniorLAW Center Delaware County Victim Assistance Center County Office Services for Aging	215-988-1244 610-566-4342 (24-hour Hotline) 610-490-1300
Violent Crime Victims (to include Homicide)	
Delaware County Victim Assistance Center	610-566-4342 (24-hour Hotline)
Human Trafficking Victims	
Delaware County Victim Assistance Center Family Support Line	610-566-4342 (24-hour Hotline) 610-268-9145
County Victim/Witness Office	
Delaware County Victim Services Delaware County Juvenile Court Victim Services	610-891-4227 610-891-4721

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.oiva.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Elk County

Domestic Violence Victims	
CAPSEA, Inc	814-772-3838
Sexual Assault Victims	
CAPSEA, Inc	814-772-3838
Child Abuse Victims	
CAPSEA, Inc	814-772-3838
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
CAPSEA, Inc	814-772-3838
Violent Crime Victims (to include Homicide)	
CAPSEA, Inc	814-772-3838
Human Trafficking Victims	
CAPSEA, Inc	814-772-3838
County Victim/Witness Office	
CAPSEA, Inc	814-772-3838

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ovpa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Erie County

Domestic Violence Victims	
Safe Journey	814-438-2675
SafeNet: Domestic Violence Safety Network	814-455-1774
Sexual Assault Victims	
Crime Victim Center of Erie County, Inc.	814-455-9414 or 1-800-352-7273
Child Abuse Victims	
Children's Advocacy Center of Erie County, Inc	814-451-0202
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Crime Victim Center of Erie County, Inc.	814-455-9414 or 1-800-352-7273
Violent Crime Victims (to include Homicide)	
Crime Victim Center of Erie County, Inc.	814-455-9414 or 1-800-352-7273
Human Trafficking Victims	
Crime Victim Center of Erie County, Inc.	814-455-9414 or 1-800-352-7273
County Victim/Witness Office	
Crime Victim Center of Erie County, Inc.	814-455-9414 or 1-800-352-7273

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____
 Relationship to Victim _____

Crime Information
 Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses
 Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support
 Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings
 Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash
 Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses
 Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others
 Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information
 For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Fayette County

Domestic Violence Victims	
Domestic Violence Services of Southwestern PA	724-439-9500
Sexual Assault Victims	
Community Resources of Fayette County, Inc.	724-438-1470
Child Abuse Victims	
A Child's Place PA	412-771-6462
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Southwestern PA Legal Services	724-439-3591
Violent Crime Victims (to include Homicide)	
Crime Victims' Center of Fayette County	724-438-1470
Human Trafficking Victims	
Southwestern PA Legal Services	724-439-3591
County Victim/Witness Office	
Fayette County Victim Services	724-430-1269

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399
or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –
866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339
or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313
or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Forest County

Domestic Violence Victims	
The Safe Place	800-338-3460
Sexual Assault Victims	
The Safe Place	800-338-3460
Child Abuse Victims	
The Safe Place	800-338-3460
Over the Rainbow Children's Advocacy Center	717-504-8491
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
The Safe Place	800-338-3460
Violent Crime Victims (to include Homicide)	
The Safe Place	800-338-3460
Human Trafficking Victims	
The Safe Place	800-338-3460
County Victim/Witness Office	
Crime Victims Program of Forest County	814-755-3300

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399
or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –
866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339
or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313
or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Franklin County

Domestic Violence Victims	
WIN - Victim Services	717-264-3056
Sexual Assault Victims	
WIN - Victim Services	717-264-3056
Child Abuse Victims	
WIN - Victim Services	717-264-3056
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
WIN - Victim Services	717-264-3056
Violent Crime Victims (to include Homicide)	
WIN - Victim Services	717-264-3056
Human Trafficking Victims	
WIN - Victim Services	717-264-3056
County Victim/Witness Office	
WIN - Victim Services	717-264-3056

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Fulton County

Domestic Violence Victims	
WIN - Victim Services	717-264-3056
Sexual Assault Victims	
WIN - Victim Services	717-264-3056
Child Abuse Victims	
Fulton County Victim Services	717-485-5419
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Fulton County Victim Services	717-485-5419
Violent Crime Victims (to include Homicide)	
Fulton County Victim Services	717-485-5419
Human Trafficking Victims	
Fulton County Victim Services	717-485-5419
County Victim/Witness Office	
Fulton County Victim Services	717-485-5419

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is Social Security Retirement, Disability Income, Supplemental Income, Survivor Benefits, Retirement/Pension(s), Disability, or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Greene County

Domestic Violence Victims	
Domestic Violence Services of Southwestern PA	724-852-2463
Sexual Assault Victims	
SPHS CARE Center STTARS Program	724-627-6108
Child Abuse Victims	
Greene County Victim/Witness Services	724-852-5366 or 724-852-5272
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Southwestern PA Legal Services	724-627-3127
Violent Crime Victims (to include Homicide)	
Greene County Victim/Witness Services	724-852-5366 or 724-852-5272
Human Trafficking Victims	
Greene County Victim/Witness Services	724-852-5366 or 724-852-5272
County Victim/Witness Office	
Greene County Victim/Witness Services	724-852-5366 or 724-852-5272

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399
or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –
866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339
or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313
or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Huntingdon County

Domestic Violence Victims	
Huntingdon House	814-643-1190
Sexual Assault Victims	
The Abuse Network	814-506-8237
Child Abuse Victims	
The Abuse Network	814-506-8237
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
The Abuse Network	814-506-8237
Violent Crime Victims (to include Homicide)	
Huntingdon County Victims Assistance	814-643-5371
Human Trafficking Victims	
The Abuse Network	814-506-8237
County Victim/Witness Office	
Huntingdon County Victims Assistance	814-643-5371

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Indiana County

Domestic Violence Victims	
Alice Paul House	724-349-4444
Sexual Assault Victims	
Alice Paul House	724-349-4444
Child Abuse Victims	
Alice Paul House	724-349-4444
The CARE Center of Indiana County	724-463-8595
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Alice Paul House	724-349-4444
Violent Crime Victims (to include Homicide)	
Alice Paul House	724-349-4444
Indiana County Victim Services	717-465-3840
Human Trafficking Victims	
Indiana County Victim Services	724-465-3840
County Victim/Witness Office	
Indiana County Victim Services	724-465-3840

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399
or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –
866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339
or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313
or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Jefferson County

Domestic Violence Victims	
Community Action, Inc.	814-938-3302 or 1-800-648-3381 (toll free)
Sexual Assault Victims	
PASSAGES, Inc.	814-849-5303
Child Abuse Victims	
PASSAGES, Inc.	814-849-5303
Western PA Cares for Kids	814-849-1904
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
PASSAGES, Inc.	814-849-5303
Violent Crime Victims (to include Homicide)	
Jefferson County Victim Services	814-849-1641
Human Trafficking Victims	
PASSAGES, Inc.	814-849-5303
County Victim/Witness Office	
Jefferson County Victim Services	814-849-1641

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399
or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –
866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339
or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313
or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: Yes No In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Juniata County

Domestic Violence Victims	
The Abuse Network	717-447-1885
Sexual Assault Victims	
The Abuse Network	717-447-1885
Child Abuse Victims	
The Abuse Network	717-447-1885
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
The Abuse Network	717-447-1885
Violent Crime Victims (to include Homicide)	
Juniata County Victim Witness Program	717-436-7727
Human Trafficking Victims	
The Abuse Network	717-447-1885
County Victim/Witness Office	
Juniata County Victim Witness Program	717-436-7727

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ovpa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Lackawanna County

Domestic Violence Victims	
Women's Resource Center, Inc.	570-346-4671
Sexual Assault Victims	
Women's Resource Center, Inc.	570-346-4671
Child Abuse Victims	
Children's Advocacy Center of Northeastern Pa	570-969-7313
Women's Resource Center, Inc.	570-346-4460
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Women's Resource Center, Inc.	570-346-4460
Violent Crime Victims (to include Homicide)	
Lackawanna County Victim/Witness Unit	570-963-6717 ext. 7425
Human Trafficking Victims	
Lackawanna County Victim/Witness Unit	570-963-6717 ext. 7425
County Victim/Witness Office	
Lackawanna County Victim/Witness Unit	570-963-6717 ext. 7425

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Lancaster County

Domestic Violence Victims	
Domestic Violence Services of Lancaster County	717-299-1249
Sexual Assault Victims	
YWCA Sexual Assault Prevention and Counseling Center	717-393-1735
Child Abuse Victims	
Children's Alliance - Lancaster General Hospital (Child Advocacy Center) Lancaster County Children's Alliance	717-544-1929 717-544-7973
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Lancaster County Victim/Witness Services	717-299-8048
Violent Crime Victims (to include Homicide)	
Lancaster County Victim/Witness Services	717-299-8048
Human Trafficking Victims	
Lancaster County Victim/Witness Services	717-299-8048
County Victim/Witness Office	
Lancaster County Victim/Witness Services	717-299-8048

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Lawrence County

Domestic Violence Victims	
Crisis Shelter of Lawrence County	724-652-9206
Sexual Assault Victims	
Crisis Shelter of Lawrence County	724-652-9206
Child Abuse Victims	
Children's Advocacy Center of Lawrence County	724-658-4688
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Crisis Shelter of Lawrence County	724-652-9206
Violent Crime Victims (to include Homicide)	
Lawrence County Victim Services	724-656-2139
Human Trafficking Victims	
Crisis Shelter of Lawrence County	724-652-9206
County Victim/Witness Office	
Lawrence County Victim Services	724-656-2139

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is Social Security Retirement, Disability Income, Supplemental Income, Survivor Benefits, Retirement/Pension(s), Disability, or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Lebanon County

Domestic Violence Victims	
Domestic Violence Intervention of Lebanon County, Inc.	717-273-7190
Sexual Assault Victims	
Sexual Assault Resource and Counseling Center (SARCC)	717-270-6972
Child Abuse Victims	
UPMC Pinnacle Harrisburg	717-675-7086
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Lebanon County Victim/Witness Services	717-228-4403
Violent Crime Victims (to include Homicide)	
Lebanon County Victim/Witness Services	717-228-4403
Human Trafficking Victims	
Lebanon County Victim/Witness Services	717-228-4403
County Victim/Witness Office	
Lebanon County Victim/Witness Services	717-228-4403

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399
or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –
866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339
or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313
or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Lehigh County

Domestic Violence Victims	
Turning Point of Lehigh Valley	610-437-3369
Sexual Assault Victims	
Crime Victims Council of the Lehigh Valley	610-437-6610
Child Abuse Victims	
Valley Youth House Committee, Inc.	610-820-0166
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Crime Victims Council of the Lehigh Valley	610-437-6610
Violent Crime Victims (to include Homicide)	
Crime Victims Council of the Lehigh Valley	610-437-6610
Human Trafficking Victims	
Crime Victims Council of the Lehigh Valley	610-437-6610
County Victim/Witness Office	
Lehigh County Victim/Witness Unit	610-782-3890

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Luzerne County

Domestic Violence Victims	
Domestic Violence Service Center	570-823-7312
Sexual Assault Victims	
Victims Resource Center	570-823-0765
Child Abuse Victims	
Luzerne County Child Advocacy Center	570-208-2895
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Victims Resource Center	570-823-0765
Violent Crime Victims (to include Homicide)	
Victims Resource Center	570-823-0765
Human Trafficking Victims	
Victims Resource Center	570-823-0765
County Victim/Witness Office	
Luzerne County Victim/Witness Services	570-825-1674

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ovpa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Lycoming County

Domestic Violence Victims	
YWCA - Wise Options	570-322-4637
Sexual Assault Victims	
YWCA - Wise Options	570-322-4637
Child Abuse Victims	
CAC of Central Susquehanna Valley (Geisinger Clinic)	570-473-8516
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
YWCA - Wise Options	570-322-4637
Violent Crime Victims (to include Homicide)	
Lycoming County Victim Services	570-327-2456
Human Trafficking Victims	
YWCA - Wise Options	570-322-4637
County Victim/Witness Office	
Lycoming County Victim Services	570-327-2456

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____
 Relationship to Victim _____

Crime Information
 Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses
 Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
 Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support
 Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
 Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings
 Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash
 Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
 Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses
 Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others
 Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information
 For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - McKean County

Domestic Violence Victims	
YWCA Victims' Resource Center	888-822-6325 (24-hour Hotline)
Sexual Assault Victims	
YWCA Victims' Resource Center	888-822-6325 (24-hour Hotline)
Child Abuse Victims	
Children's Advocacy Center of McKean County McKean County Victim Services	814-887-3493 814-887-3312
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
McKean County Victim Services	814-887-3312
Violent Crime Victims (to include Homicide)	
McKean County Victim Services	814-887-3312
Human Trafficking Victims	
McKean County Victim Services	814-887-3312
County Victim/Witness Office	
McKean County Victim Services	814-887-3312

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____
 Relationship to Victim _____

Crime Information
 Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses
 Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
 Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support
 Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
 Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings
 Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash
 Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
 Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses
 Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others
 Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information
 For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Mercer County

Domestic Violence Victims	
AWARE, Inc.	724-342-4934
Sexual Assault Victims	
AWARE, Inc.	724-342-4934
Child Abuse Victims	
AWARE, Inc.	724-342-4934
Mercer County Behavioral Health Commission	724-662-1550
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
AWARE, Inc.	724-342-4934
Violent Crime Victims (to include Homicide)	
Mercer County Victim Witness Program	724-662-3800
Human Trafficking Victims	
AWARE, Inc.	724-342-4934
County Victim/Witness Office	
Mercer County Victim Witness Program	724-662-3800

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399
or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –
866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339
or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313
or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Mifflin County

Domestic Violence Victims	
The Abuse Network	717-242-0715
Sexual Assault Victims	
The Abuse Network	717-242-0715
Child Abuse Victims	
The Abuse Network	717-242-0715
Mifflin County Crime Victim Services	717-242-3372
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
The Abuse Network	717-242-0715
Violent Crime Victims (to include Homicide)	
Mifflin County Crime Victim Services	717-242-3372
Human Trafficking Victims	
The Abuse Network	717-242-0715
County Victim/Witness Office	
Mifflin County Crime Victim Services	717-242-3372

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses	Transportation Expenses
Counseling Expenses	Childcare
Loss of Earnings	Home Healthcare Expenses
Loss of Support	Stolen Cash (if your main source of income is
Relocation Expenses	Social Security Retirement, Disability
Funeral Expenses	Income, Supplemental Income, Survivor
Crime Scene Cleanup	Benefits, Retirement/Pension(s), Disability,
	or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Monroe County

Domestic Violence Victims	
Women's Resources of Monroe County, Inc.	570-424-2093
Sexual Assault Victims	
Women's Resources of Monroe County, Inc.	570-424-2093
Child Abuse Victims	
Children's Advocacy Center of Monroe County	570-730-4834
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Monroe County Victim Services	570-517-3062
Violent Crime Victims (to include Homicide)	
Monroe County Victim Services	570-517-3062
Human Trafficking Victims	
Monroe County Victim Services	570-517-3062
County Victim/Witness Office	
Monroe County Victim Services	570-517-3062

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
 Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
 Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
 Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Montgomery County

Domestic Violence Victims	
Laurel House	800-642-3150
Women's Center of Montgomery County	800-773-2424
Sexual Assault Victims	
Victim Services Center of Montgomery County	888-521-0983
Child Abuse Victims	
Mission Kids Child Advocacy Center	484-687-2990
The Lincoln Center for Family and Youth	610-277-3715
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
SeniorLAW Center	215-988-1244
The Lincoln Center for Family and Youth	610-277-3715
Violent Crime Victims (to include Homicide)	
Victim Services Center of Montgomery County	888-521-0983
The Lincoln Center for Family and Youth	610-277-3715
Human Trafficking Victims	
New Day to Stop Trafficking Program - Adults	267-838-5866
Mission Kids Child Advocacy Center - Minors	484-687-2990
County Victim/Witness Office	
Victim/Witness Unit of the DA's Office	610-278-3144

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ovpa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is Social Security Retirement, Disability Income, Supplemental Income, Survivor Benefits, Retirement/Pension(s), Disability, or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
 Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
 Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
 Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Montour County

Domestic Violence Victims	
The Women's Center	570-784-6632
Sexual Assault Victims	
The Women's Center	570-784-6632
Child Abuse Victims	
CAC of Central Susquehanna Valley (Geisinger Clinic)	570-473-8516
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
The Women's Center	570-784-6632
Violent Crime Victims (to include Homicide)	
The Women's Center	570-784-6632
Human Trafficking Victims	
Montour County Victim Witness Program	570-271-3070
County Victim/Witness Office	
Montour County Victim Witness Program	570-271-3070

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
 Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
 Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
 Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Northampton County

Domestic Violence Victims	
Turning Point of Lehigh Valley	610-437-3369
Sexual Assault Victims	
Crime Victims Council of the Lehigh Valley	610-250-6313
Child Abuse Victims	
Valley Youth House Committee, Inc.	610-820-0166
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Crime Victims Council of the Lehigh Valley	610-250-6313
Violent Crime Victims (to include Homicide)	
Crime Victims Council of the Lehigh Valley	610-250-6313
Human Trafficking Victims	
Crime Victims Council of the Lehigh Valley	610-250-6313
County Victim/Witness Office	
Northampton County Victim/Witness Assistance	610-829-6645

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Northumberland County

Domestic Violence Victims	
Transitions of PA	570-644-4488
Sexual Assault Victims	
Transitions of PA	570-644-4488
Child Abuse Victims	
CAC of Central Susquehanna Valley (Geisinger Clinic)	570-473-8516
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Transitions of PA	570-644-4488
Violent Crime Victims (to include Homicide)	
Northumberland County Victim Services	570-988-4120 or 570-988-4134
Human Trafficking Victims	
Transitions of PA	570-644-4488
County Victim/Witness Office	
Northumberland County Victim Services	570-988-4120 or 570-988-4134

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Perry County

Domestic Violence Victims	
Domestic Violence Services of Cumberland and Perry Counties	717-582-8900
Sexual Assault Victims	
YWCA Greater Harrisburg	800-654-1211
Child Abuse Victims	
UPMC Pinnacle Harrisburg	717-782-6800
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Domestic Violence Services of Cumberland and Perry Counties	800-654-1211
Violent Crime Victims (to include Homicide)	
YWCA Greater Harrisburg	800-654-1211
Human Trafficking Victims	
YWCA Greater Harrisburg	800-654-1211
County Victim/Witness Office	
YWCA Greater Harrisburg	800-654-1211

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399
or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –
866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339
or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313
or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Philadelphia County

Domestic Violence Victims

Congreso De Latinos Unidos, Inc.	215-763-8870 or 267-765-2272 (Health Center)
Lutheran Settlement House	
Women Against Abuse, Inc.	215-426-8610 or 215-387-2587 (Jane Addams Place)
Women In Transition	215-386-1280
	215-564-5301

Sexual Assault Victims

Women Organized Against Rape	215-985-3315
------------------------------	--------------

Child Abuse Victims

Children's Crisis Treatment Center	215-496-0707
Children's Hospital of Philadelphia	215-590-1000
Philadelphia Children's Alliance	215-387-9500
Support Center For Child Advocates	267-546-9200

Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)

CARIE-Center for Advocacy for the Rights and Interests of the Elderly	215-545-5728
Philadelphia Corporation For Aging	215-765-9000
SeniorLAW Center	215-988-1244

Violent Crime Victims (to include Homicide)

Anti-Violence Partnership of Philadelphia	215-567-6776
Nationalities Service Center	215-893-8400
North Central Victim Services	215-763-3282
Philadelphia County District Attorney's Office	215-686-8027
Victim/Witness Services of South Philadelphia	215-551-3360

Human Trafficking Victims

Nationalities Service Center	215-893-8400
Philadelphia County District Attorney's Office	215-686-8027

County Victim/Witness Office

Philadelphia County District Attorney's Office	215-686-8027
--	--------------

--	--

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

**Important Local Contact Information - Philadelphia - 6th, 9th, and
22nd Police District County**

Domestic Violence Victims	
Congreso De Latinos Unidos, Inc. Lutheran Settlement House Women Against Abuse, Inc. Women In Transition	215-763-8870 or 267-765- 2272 (Health Center) 215-426-8610 or 215-387- 2587 (Jane Addams Place) 215-386-1280 215-564-5301
Sexual Assault Victims	
Women Organized Against Rape	215-985-3315
Child Abuse Victims	
Children's Crisis Treatment Center Children's Hospital of Philadelphia Philadelphia Children's Alliance Support Center For Child Advocates	215-496-0707 215-590-1000 215-387-9500 267-546-9200
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
CARIE-Center for Advocacy for the Rights and Interests of the Elderly Philadelphia Corporation For Aging SeniorLAW Center	215-545-5728 215-765-9000 215-988-1244
Violent Crime Victims (to include Homicide)	
Center City Crime Victim Services EMIR Healing Center (Homicide Assistance) Mothers in Charge (Homicide Assistance)	215-665-9680 215-848-4068 215-228-1718
Human Trafficking Victims	
Nationalities Service Center Philadelphia County District Attorney's Office	215-893-8400 215-686-8027
County Victim/Witness Office	
Philadelphia County District Attorney's Office	215-686-8027

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
 Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
 Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
 Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

**Important Local Contact Information - Philadelphia - 5th, 14th,
35th, and 39th Police District County**

Domestic Violence Victims	
Congreso De Latinos Unidos, Inc. Lutheran Settlement House Women Against Abuse, Inc. Women In Transition	215-763-8870 or 267-765-2272 (Health Center) 215-426-8610 or 215-387-2587 (Jane Addams Place) 215-386-1280 215-564-5301
Sexual Assault Victims	
Women Organized Against Rape	215-985-3315
Child Abuse Victims	
Children's Crisis Treatment Center Children's Hospital of Philadelphia Philadelphia Children's Alliance Support Center For Child Advocates	215-496-0707 215-590-1000 215-387-9500 267-546-9200
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
CARIE-Center for Advocacy for the Rights and Interests of the Elderly Philadelphia Corporation For Aging SeniorLAW Center	215-545-5728 215-765-9000 215-988-1244
Violent Crime Victims (to include Homicide)	
Northwest Victim Services EMIR Healing Center (Homicide Assistance) Mothers in Charge (Homicide Assistance)	215-438-4410 215-848-4068 215-228-1718
Human Trafficking Victims	
Nationalities Service Center Philadelphia County District Attorney's Office	215-893-8400 215-686-8027
County Victim/Witness Office	
Philadelphia County District Attorney's Office	215-686-8027

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

**Important Local Contact Information - Philadelphia - 24th, 25th
and 26th Police District County**

Domestic Violence Victims	
Congreso De Latinos Unidos, Inc. Lutheran Settlement House Women Against Abuse, Inc. Women In Transition	215-763-8870 or 267-765-2272 (Health Center) 215-426-8610 or 215-387-2587 (Jane Addams Place) 215-386-1280 215-564-5301
Sexual Assault Victims	
Women Organized Against Rape	215-985-3315
Child Abuse Victims	
Children's Crisis Treatment Center Children's Hospital of Philadelphia Philadelphia Children's Alliance Support Center For Child Advocates	215-496-0707 215-590-1000 215-387-9500 267-546-9200
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
CARIE-Center for Advocacy for the Rights and Interests of the Elderly Philadelphia Corporation For Aging SeniorLAW Center	215-545-5728 215-765-9000 215-988-1244
Violent Crime Victims (to include Homicide)	
Congreso De Latinos Unidos, Inc. EMIR Healing Center (Homicide Assistance) Mothers in Charge (Homicide Assistance)	215-763-8870 or 267-765-2272 (Health Center) 215-848-4068 215-228-1718
Human Trafficking Victims	
Nationalities Service Center Philadelphia County District Attorney's Office	215-893-8400 215-686-8027
County Victim/Witness Office	
Philadelphia County District Attorney's Office	215-686-8027

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

**Important Local Contact Information - Philadelphia - 1st, 3rd, and
17th Police District County**

Domestic Violence Victims	
Congreso De Latinos Unidos, Inc. Lutheran Settlement House Women Against Abuse, Inc. Women In Transition	215-763-8870 or 267-765-2272 (Health Center) 215-426-8610 or 215-387-2587 (Jane Addams Place) 215-386-1280 215-564-5301
Sexual Assault Victims	
Women Organized Against Rape	215-985-3315
Child Abuse Victims	
Children's Crisis Treatment Center Children's Hospital of Philadelphia Philadelphia Children's Alliance Support Center For Child Advocates	215-496-0707 215-590-1000 215-387-9500 267-546-9200
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
CARIE-Center for Advocacy for the Rights and Interests of the Elderly Philadelphia Corporation For Aging SeniorLAW Center	215-545-5728 215-765-9000 215-988-1244
Violent Crime Victims (to include Homicide)	
Victim/Witness Services of South Philadelphia EMIR Healing Center (Homicide Assistance) Mothers in Charge (Homicide Assistance)	215-551-3360 215-848-4068 215-228-1718
Human Trafficking Victims	
Nationalities Service Center Philadelphia County District Attorney's Office	215-893-8400 215-686-8027
County Victim/Witness Office	
Philadelphia County District Attorney's Office	215-686-8027

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses	Transportation Expenses
Counseling Expenses	Childcare
Loss of Earnings	Home Healthcare Expenses
Loss of Support	Stolen Cash (if your main source of income is
Relocation Expenses	Social Security Retirement, Disability
Funeral Expenses	Income, Supplemental Income, Survivor
Crime Scene Cleanup	Benefits, Retirement/Pension(s), Disability,
	or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

**Important Local Contact Information - Philadelphia - 22nd Police
District County**

Domestic Violence Victims	
Congreso De Latinos Unidos, Inc. Lutheran Settlement House Women Against Abuse, Inc. Women In Transition	215-763-8870 or 267-765-2272 (Health Center) 215-426-8610 or 215-387-2587 (Jane Addams Place) 215-386-1280 215-564-5301
Sexual Assault Victims	
Women Organized Against Rape	215-985-3315
Child Abuse Victims	
Children's Crisis Treatment Center Children's Hospital of Philadelphia Philadelphia Children's Alliance Support Center For Child Advocates	215-496-0707 215-590-1000 215-387-9500 267-546-9200
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
CARIE-Center for Advocacy for the Rights and Interests of the Elderly Philadelphia Corporation For Aging SeniorLAW Center	215-545-5728 215-765-9000 215-988-1244
Violent Crime Victims (to include Homicide)	
North Central Victim Services EMIR Healing Center (Homicide Assistance) Mothers in Charge (Homicide Assistance)	215-763-3280 215-848-4068 215-228-1718
Human Trafficking Victims	
Nationalities Service Center Philadelphia County District Attorney's Office	215-893-8400 215-686-8027
County Victim/Witness Office	
Philadelphia County District Attorney's Office	215-686-8027

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

**Important Local Contact Information - Philadelphia - 12th, 16th,
18th and 19th Police District County**

Domestic Violence Victims	
Congreso De Latinos Unidos, Inc. Lutheran Settlement House Women Against Abuse, Inc. Women In Transition	215-763-8870 or 267-765-2272 (Health Center) 215-426-8610 or 215-387-2587 (Jane Addams Place) 215-386-1280 215-564-5301
Sexual Assault Victims	
Women Organized Against Rape	215-985-3315
Child Abuse Victims	
Children's Crisis Treatment Center Children's Hospital of Philadelphia Philadelphia Children's Alliance Support Center For Child Advocates	215-496-0707 215-590-1000 215-387-9500 267-546-9200
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
CARIE-Center for Advocacy for the Rights and Interests of the Elderly Philadelphia Corporation For Aging SeniorLAW Center	215-545-5728 215-765-9000 215-988-1244
Violent Crime Victims (to include Homicide)	
Anti-Violence Partnership of Philadelphia EMIR Healing Center (Homicide Assistance) Mothers in Charge (Homicide Assistance)	215-567-6776 215-848-4068 215-228-1718
Human Trafficking Victims	
Nationalities Service Center Philadelphia County District Attorney's Office	215-893-8400 215-686-8027
County Victim/Witness Office	
Philadelphia County District Attorney's Office	215-686-8027

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses	Transportation Expenses
Counseling Expenses	Childcare
Loss of Earnings	Home Healthcare Expenses
Loss of Support	Stolen Cash (if your main source of income is
Relocation Expenses	Social Security Retirement, Disability
Funeral Expenses	Income, Supplemental Income, Survivor
Crime Scene Cleanup	Benefits, Retirement/Pension(s), Disability,
	or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

**Important Local Contact Information - Philadelphia - 2nd, 7th, 8th
and 15th Police District County**

Domestic Violence Victims	
Congreso De Latinos Unidos, Inc. Lutheran Settlement House Women Against Abuse, Inc. Women In Transition	215-763-8870 or 267-765-2272 (Health Center) 215-426-8610 or 215-387-2587 (Jane Addams Place) 215-386-1280 215-564-5301
Sexual Assault Victims	
Women Organized Against Rape	215-985-3315
Child Abuse Victims	
Children's Crisis Treatment Center Children's Hospital of Philadelphia Philadelphia Children's Alliance Support Center For Child Advocates	215-496-0707 215-590-1000 215-387-9500 267-546-9200
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
CARIE-Center for Advocacy for the Rights and Interests of the Elderly Philadelphia Corporation For Aging SeniorLAW Center	215-545-5728 215-765-9000 215-988-1244
Violent Crime Victims (to include Homicide)	
Northeast Victim Services EMIR Healing Center (Homicide Assistance) Mothers in Charge (Homicide Assistance)	215-332-3888 215-848-4068 215-228-1718
Human Trafficking Victims	
Nationalities Service Center Philadelphia County District Attorney's Office	215-893-8400 215-686-8027
County Victim/Witness Office	
Philadelphia County District Attorney's Office	215-686-8027

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
 Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
 Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
 Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Pike County

Domestic Violence Victims	
Victims' Intervention Program	570-253-4401
Sexual Assault Victims	
Victims' Intervention Program	570-253-4401
Child Abuse Victims	
Dickson House Children's Advocacy Center	570-296-3482
Victims' Intervention Program	570-253-4401
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Victims' Intervention Program	570-253-4401
Violent Crime Victims (to include Homicide)	
Pike County Victim Witness Program	570-296-6620
Human Trafficking Victims	
Victims' Intervention Program	570-253-4401
County Victim/Witness Office	
Pike County Victim Witness Program	570-296-6620

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
 Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
 Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
 Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Potter County

Domestic Violence Victims	
A Way Out	814-274-0368
Sexual Assault Victims	
A Way Out	814-274-0368
Child Abuse Victims	
Potter County Victim Services	814-274-9450 x 237
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Potter County Victim Services	814-274-9450 x 237
Violent Crime Victims (to include Homicide)	
Potter County Victim Services	814-274-9450 x 237
Human Trafficking Victims	
Potter County Victim Services	814-274-9450 x 237
County Victim/Witness Office	
Potter County Victim Services	814-274-9450 x 237

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ovpa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is Social Security Retirement, Disability Income, Supplemental Income, Survivor Benefits, Retirement/Pension(s), Disability, or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Schuylkill County

Domestic Violence Victims	
Schuylkill Hope Center	570-622-3991
Sexual Assault Victims	
Sexual Assault Resource and Counseling Center (SARCC)	570) 628-2965
Child Abuse Victims	
SARCC of Schuylkill County	570-628-2965
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Schuylkill County Victim Witness Services	570-628-1363 or 570-628-1149
Violent Crime Victims (to include Homicide)	
Schuylkill County Victim Witness Services	570-628-1363 or 570-628-1149
Human Trafficking Victims	
Schuylkill County Victim Witness Services	570-628-1363 or 570-628-1149
County Victim/Witness Office	
Schuylkill County Victim Witness Services	570-628-1363 or 570-628-1149

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399
or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –
866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339
or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313
or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Snyder County

Domestic Violence Victims	
Transitions of PA	570-374-7773
Sexual Assault Victims	
Transitions of PA	570-374-7773
Child Abuse Victims	
CAC of Central Susquehanna Valley (Geisinger Clinic)	570-473-8516
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Transitions of PA	570-374-7773
Violent Crime Victims (to include Homicide)	
Snyder County Victim/Witness Program	570-837-4232
Human Trafficking Victims	
Transitions of PA	570-374-7773
County Victim/Witness Office	
Snyder County Victim/Witness Program	570-837-4232

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Somerset County

Domestic Violence Victims	
Victim Services, Inc	814-443-1555
Sexual Assault Victims	
Victim Services, Inc	814-443-1555
Child Abuse Victims	
Somerset County Child Advocacy Center	814-445-1628
Victim Services, Inc	814-443-1555
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Somerset County Victim Service Department	814-445-1459
Violent Crime Victims (to include Homicide)	
Victim Services, Inc	814-443-1555
Human Trafficking Victims	
Victim Services, Inc	814-443-1555
County Victim/Witness Office	
Somerset County Juvenile Court Victim Services	814-445-1600 or 814-445-1678 (Victim Liaison)

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399
or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –
866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339
or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313
or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Statewide County

Domestic Violence Victims	
Pennsylvania Coalition Against Domestic Violence	717-545-6400
Sexual Assault Victims	
Pennsylvania Coalition Against Rape	800-692-7445
Child Abuse Victims	
Pennsylvania Office of Victim Advocate	800-563-6399
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Pennsylvania Office of Victim Advocate	800-563-6399
Violent Crime Victims (to include Homicide)	
Pennsylvania Office of Victim Advocate	800-563-6399
Human Trafficking Victims	
Friends of Farmworkers, Inc.	215-733-0878
County Victim/Witness Office	
Pennsylvania Office of Victim Advocate	800-563-6399

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Sullivan County

Domestic Violence Victims	
Sullivan County Victim Services	570-946-4053
Sexual Assault Victims	
Abuse and Rape Crisis Center	570-265-5333
Child Abuse Victims	
The Children's House Child Advocacy Center	570-265-4132 570-946-4063
Sullivan County Victim Services	
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Abuse and Rape Crisis Center	570-265-5333
Sullivan County Victim Services	570-946-4063
Violent Crime Victims (to include Homicide)	
Sullivan County Victim Services	570-946-4053
Human Trafficking Victims	
Abuse and Rape Crisis Center	570-265-5333
Sullivan County Victim Services	570-946-4053
County Victim/Witness Office	
Sullivan County Victim Services	570-946-4053

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.o va. pa. gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www. pcv. pccd. pa. gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www. dave. pa. gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www. dhs. pa. gov/ contact/ Pages/ Report- Abuse. aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Susquehanna County

Domestic Violence Victims	
Women's Resource Center, Inc.	570-278-1800
Sexual Assault Victims	
Women's Resource Center, Inc.	570-278-1800
Child Abuse Victims	
Child Advocacy Center of Susquehanna and Wyoming Co.	570-823-5144
Women's Resource Center, Inc.	570-278-1800
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Women's Resource Center, Inc.	570-278-1800
Violent Crime Victims (to include Homicide)	
Susquehanna County Victim Services	570-278-6657
Human Trafficking Victims	
Susquehanna County Victim Services	570-278-6657
County Victim/Witness Office	
Susquehanna County Victim Services	570-278-6657

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399
or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –
866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339
or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313
or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Tioga County

Domestic Violence Victims	
Haven of Tioga County	570-724-3549
Sexual Assault Victims	
Haven of Tioga County	570-724-3549
Child Abuse Victims	
The Children's House	570-265-4132
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Tioga County Victim Services	570-724-1350
Violent Crime Victims (to include Homicide)	
Haven of Tioga County	570-724-3549
Human Trafficking Victims	
Tioga County Victim Services	570-724-1350
County Victim/Witness Office	
Tioga County Victim Services	570-724-1350

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ovpa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.
 Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____
 Relationship to Victim _____

Crime Information
 Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses
 Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
 Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support
 Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
 Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings
 Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash
 Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
 Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses
 Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others
 Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information
 For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Union County

Domestic Violence Victims	
Transitions of PA	570-523-6482
Sexual Assault Victims	
Transitions of PA	570-523-6482
Child Abuse Victims	
CAC of Central Susquehanna Valley (Geisinger Clinic)	570-473-8516
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Transitions of PA	570-523-6482
Violent Crime Victims (to include Homicide)	
Union County Victim Services	570-524-8768
Human Trafficking Victims	
Transitions of PA	570-523-6482
County Victim/Witness Office	
Union County Victim Services	570-524-8768

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is Social Security Retirement, Disability Income, Supplemental Income, Survivor Benefits, Retirement/Pension(s), Disability, or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Venango County

Domestic Violence Victims	
PPC Violence Free Network	800-243-4944
Sexual Assault Victims	
PPC Violence Free Network	800-243-4944
Child Abuse Victims	
Venango County Human Services	814-432-9775
Venango County PIC Unit	814-432-9111
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Venango County PIC Unit	814-432-9111
Violent Crime Victims (to include Homicide)	
Venango County Victim/Witness Services	814-432-9598
Human Trafficking Victims	
Venango County Victim/Witness Services	814-432-9598
County Victim/Witness Office	
Venango County Victim/Witness Services	814-432-9598

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Warren County

Domestic Violence Victims	
The Safe Place	800-338-3460
Sexual Assault Victims	
The Safe Place	800-338-3460
Child Abuse Victims	
The Safe Place	800-338-3460
Warren County Children's Advocacy Center	814-313-1004
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Warren County Victim Witness Office	814-728-3468
Violent Crime Victims (to include Homicide)	
Crime Victims Program - Warren County	814-728-3468 or 814-728-3458
Human Trafficking Victims	
Crime Victims Program - Warren County	814-728-3468 or 814-728-3458
County Victim/Witness Office	
Crime Victims Program - Warren County	814-728-3468 or 814-728-3458

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.o va. pa. gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www. pcv. pccd. pa. gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www. dave. pa. gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www. dhs. pa. gov/ contact/ Pages/ Report- Abuse. asp x



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Washington County

Domestic Violence Victims	
Domestic Violence Services of Southwestern PA	724-223-5481
Sexual Assault Victims	
The CARE Center, Inc. (SPHS)	724-228-2200
Child Abuse Victims	
A Child's Place PA	412-771-6462
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Southwestern PA Legal Services	724-225-6170
Violent Crime Victims (to include Homicide)	
Washington County Commissioners Victim/Witness	724-229-5922
Human Trafficking Victims	
Southwestern PA Legal Services	724-225-6170
County Victim/Witness Office	
Washington County Commissioners Victim/Witness	724-229-5922

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Wayne County

Domestic Violence Victims	
Victims' Intervention Program	570-253-4401
Sexual Assault Victims	
Victims' Intervention Program	570-253-4401
Child Abuse Victims	
Victims' Intervention Program	570-253-4401
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Victims' Intervention Program	570-253-4401
Violent Crime Victims (to include Homicide)	
Wayne County Victim/Witness Program	570-253-5970 x 2230
Human Trafficking Victims	
Victims' Intervention Program	570-253-4401
County Victim/Witness Office	
Wayne County Victim/Witness Program	570-253-5970 x 2230

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ovpa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Westmoreland County

Domestic Violence Victims	
Blackburn Center	724-837-9540
Sexual Assault Victims	
Blackburn Center	724-837-9540
Child Abuse Victims	
A Child's Place PA	412-771-6462
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Blackburn Center	724-837-9540
Westmoreland County Victim/Witness Services	724-830-3271 or 724-830-3272
Westmoreland County Area Agency on Aging	724-830-4444
Violent Crime Victims (to include Homicide)	
Westmoreland County Victim/Witness Services	724-830-3272 or 724-830-3271
Human Trafficking Victims	
Blackburn Center	724-837-9540
County Victim/Witness Office	
Westmoreland County Victim/Witness Services	724-830-3272 or 724-830-3271

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399

or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –

866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339

or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313

or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - Wyoming County

Domestic Violence Victims	
Victims Resource Center	570-836-5544
Sexual Assault Victims	
Victims Resource Center	570-836-5544
Child Abuse Victims	
Child Advocacy Center of Susquehanna and Wyoming Co. Family Services Association of NEPA	570-823-5144 570-823-5144
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
Victims Resource Center	570-836-5544
Violent Crime Victims (to include Homicide)	
Victims Resource Center	570-836-5544
Human Trafficking Victims	
Victims Resource Center	570-836-5544
County Victim/Witness Office	
Victims Resource Center	570-836-5544

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399
or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –
866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339
or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313
or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
 Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
 Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
 Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

 Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

 Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167 Email ra-davesupport@pa.gov	Street Address 3101 North Front Street Harrisburg, PA 17110 Website: www.pcv.pccd.pa.gov	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX) File online at https://www.dave.pa.gov
--	---	---

- You are not alone... Being a victim of crime can be very hard. You might not be able to focus or remember things. This is all normal for someone who has been a victim of crime.
- There are victim advocates that can provide free services to you. They are available to answer your questions and provide supportive counseling.
 - To find an organization in your county go to www.pcv.pccd.pa.gov or scan the QR code below and select “Find Help in Your County.”
- As a victim of crime, you have rights. Go to www.pcv.pccd.pa.gov or scan the QR code below to see your rights throughout the criminal justice process, including information on how to exercise additional rights if someone is arrested and/or convicted, and learn how to access immediate resources, such as shelter and protection orders, financial assistance and counseling.
- If you are the victim of domestic violence, you have the right to go to court and file a petition requesting an order for protection from domestic abuse pursuant to the Protection From Abuse Act (23 Pa.C.S. Ch. 61), which could include the following:
 - An order restraining the abuser from further acts of abuse; An order directing the abuser to leave your household; An order preventing the abuser from entering your residence, school, business or place of employment; An order awarding you or the other parent temporary custody of or temporary visitation with your child or children; An order directing the abuser to pay support to you and the minor children if the abuser has a legal obligation to do so.
- If you are the victim of sexual violence or intimidation, you have the right to go to court and file a petition requesting Sexual Violence Protection Order (SVPO) pursuant to the Protection of Victims of Sexual Assault or Intimidation Act (42 Pa.C.S. Ch. 62A).

To access PA
Crime Victims
Website



To apply for
Compensation



PA Crime
Victims App
on Google
Play



PA Crime
Victims
App
on Apple



If you don't have internet access, SEE BELOW FOR IMPORTANT CONTACT INFORMATION

Important Local Contact Information - York County

Domestic Violence Victims	
YWCA York - ACCESS York and Victim Assistance Center	717-845-2631
Sexual Assault Victims	
YWCA York - ACCESS York and Victim Assistance Center	717-845-2631
Child Abuse Victims	
York County Children's Advocacy Center	717-718-4253
Elder Abuse Victims (24-Hour Elder Abuse Hotline 800-490-8505)	
York County Victim Services	1-877-326-8262 (toll free) or 717-771-9600
Violent Crime Victims (to include Homicide)	
York County Victim Services	1-877-326-8262 (toll free) or 717-771-9600
Human Trafficking Victims	
Turning Point Women's Counseling & Advocacy Center	717-755-8876
County Victim/Witness Office	
York County Victim Services	1-877-326-8262 (toll free) or 717-771-9600

STATEWIDE CONTACTS

Address Confidentiality Program

Pennsylvania Office of the Victim Advocate - 800-563-6399
or www.ova.pa.gov

Offender Release Notification

PA Statewide Victim Notification System (PA-SAVIN) –
866-972-7284 or www.pcv.pccd.pa.gov

Financial Assistance

Victims Compensation Assistance Program - 800-233-2339
or www.dave.pa.gov

Childline

Pennsylvania Department of Human Services – 800-932-0313
or www.dhs.pa.gov/contact/Pages/Report-Abuse.aspx



Office of Victims' Services

Mailing Address:
P.O. Box 1167
Harrisburg, PA 17108-1167

Street Address:
3101 North Front Street
Harrisburg, PA 17110

Phone, Fax & Email:
(800) 233-2339
(717) 783-5153
(717) 787-4306 (FAX)
ra-davesupport@pa.gov

Website: www.pcv.pccd.pa.gov

You may either complete and mail this form to the address listed above
or file online at <https://www.dave.pa.gov>

Victims Compensation Assistance Program Short Form

Please read the following before completing this form.

You may be eligible for compensation if:

- The crime occurred in Pennsylvania.
- The crime was reported to the proper authorities within 3 days.
- You cooperate with law enforcement authorities investigating the crime, the courts, and the Victims Compensation Assistance Program in processing the claim (some exceptions apply).
- Deadlines for filing may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.
- Minimum loss requirements may apply. Please visit www.pcv.pccd.pa.gov or call 1-800-233-2339 for additional information on filing requirements.

You may be awarded compensation for:

Medical Expenses
Counseling Expenses
Loss of Earnings
Loss of Support
Relocation Expenses
Funeral Expenses
Crime Scene Cleanup

Transportation Expenses
Childcare
Home Healthcare Expenses
Stolen Cash (if your main source of income is
Social Security Retirement, Disability
Income, Supplemental Income, Survivor
Benefits, Retirement/Pension(s), Disability,
or Court Ordered Child/Spousal Support)

An overall maximum award shall not exceed \$35,000; however, certain benefits, such as counseling and crime-scene cleanup, may be paid over and above the maximum. Monetary limits apply to most benefits.

The Program does not cover:

- Pain and suffering.
- Stolen or damaged property (except replacement of stolen or damaged medical equipment).

A claim may be determined ineligible or an award may be reduced if the conduct of the victim contributed to the injury.

(800) 233-2339 HELP FOR VICTIMS OF CRIME IN PENNSYLVANIA www.pcv.pccd.pa.gov

Victims Compensation Assistance Program Short Form

Your cooperation with the Program and the submission of complete and accurate information will assist us in processing your claim in a timely manner.

IMPORTANT NOTE: You do not have to wait until the trial is over or all of your bills are received to file a claim. You may file a claim if there is no known offender or if an arrest has not been made.

General instructions for submitting your claim:

- Please print clearly.
- Complete only those sections that apply to your claim.
- Provide an accurate mailing address, a safe phone number or email address where you can be reached during the day.
- Provide as many of the requested documents as you can when filing your claim. You may submit your claim even if you do not have all the required documents. The Program may request additional information once the claim is received.
- Sign the **Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information** and the **HIPPA Authorization and Release Agreement** (if applicable) sections on the back of the claim form.
- If you would like assistance in filing your claim you may contact the Victim Service Program listed on the back of this form. If no agency is listed, you may contact the Victims Compensation Assistance Program at (800) 233-2339 for assistance.

Please Note: It is important that you inform the Program if you change your mailing address, phone number or email address. To process your claim, we must be able to contact you.

The Victims Compensation Assistance Program is the payer of last resort. This means your award will be reduced by the monies you receive from any other source as a result of the crime, such as insurance, restitution, and civil suit settlements, including monies received for pain and suffering.

We will make every effort to process your claim as quickly and efficiently as possible.

Cut along this line and maintain this portion for your records. \$

Victims Compensation Assistance Program Short Form Claim # _____

Victim Information

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Claimant Information If victim is the claimant, check here: Claimant must be 18 years or older.

Name _____ Date of Birth ____/____/____ Soc Sec # _____
 Address _____ City _____ State _____ Zip Code _____
 County _____ Daytime Phone _____ Email _____

Relationship to Victim _____

Crime Information

Date of Crime ____/____/____ Date Reported to Police or PFA Filed ____/____/____
 Did it happen at work? Yes No Were the injuries caused by a motor vehicle? Yes No
 Location of crime (street name and number) _____
 City _____ State _____ County _____
 Police Department _____ Police Incident Number _____
 Person(s) who committed crime _____
 Briefly Describe the crime and injuries: _____

Please complete the section(s) for the benefits you are applying for and provide as much of the requested documents that you can at this time. The Program may request additional information once the claim is received.

Benefit: Medical/Counseling Expenses

Did you incur medical expenses? Yes No Did you incur counseling expenses? Yes No
 Do you have insurance to cover your medical/counseling expenses? Yes No
 Provide itemized medical or counseling bills and insurance benefit statements, if applicable.

Benefit: Funeral Expenses/Loss of Support

Did you incur funeral expenses? Yes No
 Did you receive any monies due to the death? (life insurance, Social security death benefit) Yes No
 Were you or others financially dependent on the deceased victim? Yes No
 Provide copies of the itemized funeral bills/receipts and statements of any benefits received.

Benefit: Loss of Earnings

Dates you missed work ____/____/____
 Employers name and address: _____

 Doctor's name and address who can verify you missed work because of the crime _____

Benefit: Stolen Cash

Amount of money stolen? \$ _____
 One of the following benefits must be your main source of income to file for stolen cash. Check all that apply.
 Social Security benefit Retirement/Pension Disability Court ordered Child/Spousal support
 Do you have homeowner's/renter's insurance? Yes No Are you required to file IRS tax returns? Yes No
 Provide copies of your monthly benefit statement for the month/year of the crime, insurance declaration page and most recent tax returns, if applicable.

Benefit: Relocation, Crime Scene Cleanup, Transportation Expenses

Did you have to relocate due to the crime? Yes No
 Did you incur crime scene cleanup expenses? Yes No
 Did you incur transportation expenses? Yes No

Representation by Others

Are you represented in this matter by an attorney: In filing this compensation claim? Yes No
 In a civil lawsuit? Yes No In an insurance action? Yes No

Victim Service Program Information

For assistance in filing your claim, please call the agency listed here. If no agency is listed, please call 800-233-2339 for assistance.

Acknowledgement & Reimbursement Agreements and Authorization to Obtain Information	The Acknowledgement and Reimbursement Agreement and Authorization to Obtain Information must be signed before a claim can be verified and processed for payment.
---	---

Acknowledgement and Reimbursement Agreement: The decision to approve my claim is that of the Program. I may object to all or part of the Program's decision in writing within 30 days from the date of the decision. I must prove the exact amount of my losses before the Program will consider awarding compensation from the Crime Victims Compensation Fund. I may later file for reimbursement of any additional expenses incurred relating to the crime. My claim may be denied if I do not cooperate fully with law enforcement agencies, the courts, and the Program, or maintain a valid address with the Program. Making a false claim would be a criminal offense under 18 P.S. § 11.1303 of the Crime Victims Act. Making a false statement in this claim form with the intent to mislead the Program would be a criminal offense under 18 Pa. C.S. § 4904, Unsworn Falsification. Making a false statement which the Program relies upon to award compensation is a criminal offense under 18 Pa.C.S. § 3922, Theft by Deception.

I understand that the Crime Victims Compensation Fund is the payor of last resort. I specifically agree to inform the Program of and repay to the Commonwealth any funds that I may receive from any other source that has not already been considered, as a result of the crime and to the extent of the award. That is, I agree to repay any funds that I receive from the offender or any other person or source, which compensates me for the injury I suffered, including proceeds from an insurance policy, as well as any award or settlement from a civil law suit, which stems from the crime that is the basis for this claim. I further agree that if the claim is at any time determined to be in error, false or fraudulent, I will refund the Program all sums of money paid by the Program.

Authorization to Obtain Information: I hereby authorize any funeral director or other person who rendered related services, any employer of the victim or claimant, any police or government agency, including state or federal taxing authorities, any insurance company, or any organization having relevant knowledge to furnish to the Office of Victims' Services, Victims Compensation Assistance Program, any and all information in their possession with respect to the crime that is the basis for this claim

Claimant's Signature _____
Date

HIPAA Authorization and Release Agreement	If applying for medical or counseling expenses, this acknowledgement must be signed before the claim verification process can begin.
--	---

I hereby authorize, in accordance with the privacy regulations under HIPAA (the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d, et seq.), any hospital, physician, health care provider or other person who attended, examined, or provided treatment to _____ (print name of victim) to furnish to the Office of Victims' Services, Victims Compensation Assistance Program any and all information in their possession with respect to the crime that is the basis for this claim. Copies of this authorization may be used in place of the original. **I understand that I may revoke this authorization at any time by providing the Office of Victims' Services, Victims Compensation Assistance Program, with a written, dated request to do so. Further, this authorization expires in 5 years from the date of my signature below or on the date that this claim is closed, whichever is sooner.

Claimant's Signature _____
Date

Victim Statistical Information	Completion of this section is strictly optional. The following information is used for statistical purposes only.
---------------------------------------	--

Race/Ethnicity: White Black/African American Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander Some Other Race Multiple Races

Gender: _____ **Primary Language:** _____

How did you find out about the Program: Hospital Prosecutor Brochure Police Website/App
 Victim Service Program Other _____

Mailing Address PO Box 1167 Harrisburg, PA 17108-1167	Street Address 3101 North Front Street Harrisburg, PA 17110	Phone and Fax Numbers 800-233-2339 717-783-5153 717-787-4306 (FAX)
Email ra-davesupport@pa.gov	Website: www.pcv.pccd.pa.gov	File online at https://www.dave.pa.gov

