

Manitoba Compensation for Victims of Crime Program



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Application for Compensation

Claim Number
(Office Use Only)

1(a) Victim's Personal Information (Please print clearly and in ink)

Last Name			First Name			Middle Initial			
Address				City		Province		Postal Code	
Phone Number(s)		Home #		Work or Other #		Social Insurance Number			
Date of Birth	Month	Day	Year	Age	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Personal Health I.D. No.	
	/	/							
Name of Band (if applicable)				Treaty Card # or Metis Card # (if applicable)					
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed									

1(b) Applicant's Personal Information (Please complete this section if you are applying for the victim)

Last Name			First Name			Middle Initial			
Address				City		Province		Postal Code	
Phone Number(s)		Home #		Work or Other #		Social Insurance Number			
Date of Birth	Month	Day	Year	Age	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Personal Health I.D. No.	
	/	/							
Name of Band (if applicable)				Treaty Card # or Metis Card # (if applicable)					
Your Relationship To the Victim									
Is the Victim Deceased?	<input type="checkbox"/> Yes	If yes, date of death			Month	Day	Year	Location of Death	
	<input type="checkbox"/> No								
If the victim is deceased, please list the full names of all the people who relied on the victim for financial support									
Full Name			Date of Birth		Age	His or Her Relationship to the Victim			

If the victim is not deceased, please tell us why the victim could not complete this application on his or her own and what authority you have to fill it in for the victim. For example, the victim is under 18 years old.

2. Details of the Crime

Date the Crime Occurred	Month / Day / Year	Location of the crime (City, town, community, etc.)	
Which Police Force was the crime reported to?		Date reported to police	Month / Day / Year Police Incident #
Please describe the crime in your own words. (If you need more space, please add another piece of paper.)			
List name(s) of offender(s), if known.		Victim s relationship to offender(s), if any.	
List the names of any witnesses to the crime.			

3. Injuries (Please list all the physical and/or emotional injuries that you received)

Did the offender use a weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was used?	Was alcohol involved in the crime? <input type="checkbox"/> Yes <input type="checkbox"/> No

4. Victim's Medical Information (List all the doctors, dentists, therapists, etc. that the victim saw because of the injury)

Doctor or Dentist Name	Hospital or Medical Facility	Address

5. Estimate of Expenses (Please provide details and receipts if you have them)

Expenses being Claimed	Details	Estimated Cost
<input type="checkbox"/> Ambulance Bills		
<input type="checkbox"/> Medical Expenses (prescription costs, crutches, etc.)		
<input type="checkbox"/> Dental Treatment		
<input type="checkbox"/> Eye Glasses		
<input type="checkbox"/> Damaged Clothing		
<input type="checkbox"/> Counselling Costs		
<input type="checkbox"/> Travel Costs		
<input type="checkbox"/> Wage Loss		
<input type="checkbox"/> Funeral Expenses		
<input type="checkbox"/> Death Benefit for Dependents		
<input type="checkbox"/> Other (please specify)		

6. Source of Income at Time of Crime

<input type="checkbox"/> Employed	<input type="checkbox"/> Employment Insurance (EI)	<input type="checkbox"/> Employment and Income Assistance (EIA)
<input type="checkbox"/> Self Employed	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Child (under age 12)
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Canada Pension	<input type="checkbox"/> Student (age 12 and over)
<input type="checkbox"/> Support from spouse	<input type="checkbox"/> Other (Please Specify) _____	

7. Employment Information

Name of Employer							
Company Address			City		Province		Postal Code
Name of Company Contact Person				Phone #		Fax #	
Date last worked before the crime		Month	Day	Year	Date returned to work		Month / Day / Year
Please provide us with details about your wages		I earn: \$_____ per hour (gross)			I normally work: _____ hours/day		
		\$_____ per week (gross)			_____ hours/week		
How long have you been employed with this company? _____ years, _____ months							

8(a) Money or Benefits available from Other Sources because of the Victim s Injury or Death

Benefit (please check box)	Details	Amount to be Received
<input type="checkbox"/> Insurance Plan		
<input type="checkbox"/> Disability Plan		
<input type="checkbox"/> Sick Leave		
<input type="checkbox"/> Worker s Compensation		
<input type="checkbox"/> Employment Insurance (EI)		
<input type="checkbox"/> Employment & Income Assistance (EIA)		
<input type="checkbox"/> Canada Pension Plan		
<input type="checkbox"/> Indian Affairs / Band Allowance		
<input type="checkbox"/> Other (please list)		

8(b) Restitution and Civil Action

Have you applied to the Court for money from the offender? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what expenses did you ask to be covered?	Amount Awarded by the Judge: \$ _____ Amount you have already received: \$ _____
Are you considering a lawsuit against the offender? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give us the name and address of your lawyer or law firm

9. Referrals

How did you hear about the Compensation for Victims of Crime Program?	
Have you ever filed a Victim s Compensation Claim before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when did you last file?

10. Information Authorization (This is needed to assess your claim and to make decisions about benefits)

I authorize:

- a) the doctor, dentist, therapist and/or staff of the medical facility the victim went to, to give the Compensation for Victims of Crime Program reports about the victim's injuries;
- b) the police to furnish the Compensation for Victims of Crime Program with a copy of any statement or any other information related to the crime;
- c) employer(s), Human Resources Development Canada, Canada Pension, Canada Customs & Revenue Agency, Manitoba Health, Manitoba Employment & Income Assistance, The Workers Compensation Board, Manitoba Public Insurance Corporation and/or any other federal or provincial program or private insurance company to give the Compensation for Victims of Crime Program any report relevant to this claim; and
- d) the Compensation for Victims of Crime Program to give out information when needed, as long as it respects information disclosure laws.

This authorization or a photocopy of it, gives the program full and sufficient permission to obtain or provide this information for a period of two calendar years from the date signed, but may be revoked by me at any time by written request. All information will be used and disclosed as stated on this form.

Date: _____ Signature: _____

Victim's full name and address (Please PRINT)

If you have signed this on behalf of the victim, please print your full name and tell us your relationship to the victim.

Name: _____ Relationship: _____

11. Declaration of Understanding

I understand that:

- a) It is the victim's responsibility to report the crime to the police.
- b) The Compensation for Victims of Crime Program may tell the people mentioned above about this application and they may give them information about any part of this application or about any decisions made on this claim.
- c) I may be required, by the Compensation for Victims of Crime Program, to have an independent medical examination for the purpose of assessing this claim.
- d) If I do not provide the Compensation for Victims of Crime Program with the information that they have requested, staff may deny my eligibility or refuse or reduce any benefits payable.
- e) I may cancel any of the above authorizations, in Section 10, at any time by telling the Compensation for Victims of Crime Program in writing. However, I understand that if they are cancelled, it may affect the ability of staff to make a decision on my claim.
- f) I have the right to receive benefits and at the same time start a civil action or lawsuit against the person or party who is responsible for the victim's injuries or death.
- g) If I choose not to take legal action, the Compensation for Victims of Crime Program may take legal action, on my behalf.
- h) Compensation may be reduced or denied if I, at any time, receive money from a lawsuit or from any other person or party responsible for the victim's injuries or death. I further understand that if I am eligible for coverage under another benefit plan or program, that money will be deducted from the amount to be received from the Compensation for Victims of Crime Program.
- i) Making a false or misleading statement in this application is an offence and if any information is found untrue, I will forfeit my application and must immediately give back any money that I have already received.

I declare that I have read, understand and agree to the conditions listed above and that the information in this application is true.

Date: _____ Signature: _____

Application for Compensation Information Sheet

The information and authorizations requested on this application form are needed to make decisions about your eligibility for benefits as accurately and as quickly as possible. Please use the following information and instructions when completing the application.

1(a) Victim's Personal Information

This section asks for information about the victim of a crime and must be completed.

A date of birth is needed to avoid confusion with other victims with the same or similar names. The victim's Social Insurance Number, Health Card Number and Treaty Card Number (if there is one) are used to get the correct medical and employment reports for the claim. This information also helps us decide if the victim, or the person applying for the victim, has a right to compensation (money or benefits) from other programs.

1(b) Applicant's Personal Information

If you are the victim of a crime and you have filled in section 1(a) you do not have to fill in this section – fill in section 2 next.

You must complete section 1(b) if you are not the crime victim, but you are one of the following:

- a spouse or partner of someone who has died because of the crime
- a dependant (a person who relies on the victim for money) of someone who has died
- a parent or guardian of a dependant of someone who has died
- a parent, brother or sister of someone who has died
- a person who has paid funeral costs for a victim who has died
- a person who takes care of the victim and has paid out money because of the victim's injuries
- a parent or guardian of a victim who is under the age of 18
- a person who has the legal authority to decide things for the victim because the victim cannot make decisions for him/herself (mental, physical or emotional problems)

2. Details of the Crime

The information that you give in this section will help us make sure that a crime occurred. Even if you don't know some of the details, please complete what you can. Make sure to include the police incident number that relates to this crime. Without an incident number, it is difficult for us to obtain the police information necessary to make a decision on your claim.

To be eligible for compensation, the crime must be reported to the police and you have to cooperate with them during the investigation.

3. Injuries

Please list any injuries the victim received from the crime, for example: physical, mental or emotional injuries. This helps us decide what benefits you may be entitled to receive.

4. Victim's Medical Information

Sometimes we need medical information to decide what benefits you may have a right to claim. List the names and addresses of everyone the victim went to see as a result of the crime. This means people like doctors, dentists, hospital or clinic staff, counsellors or others. We will ask these people for the reports we need to make a decision on your claim.

5. Estimate of Expenses

This section gives you a list of most of the costs that are covered by our program. Please check off all the costs that you are claiming compensation for, right now, and any you think you might have in the future. If you do not know the exact cost of something, tell us how much you think you paid. Give as much detail as you can and list each cost by itself. For example: if your clothes were ruined, list each piece. (Ex: jeans - \$45, jacket - \$60, hat - \$10). Please also send in your bills or receipts if you have them.

6. Source of Income at Time of Crime

This information helps us decide if a victim, dependant (someone who relies on the victim for money) or someone applying for a victim may have a right to money from other programs, because of the crime.

These questions ask how the victim made a living at the time of the crime. If other information is needed, we will tell you by phone or mail.

7. Employment Information

A victim's employment information is needed to calculate wage loss benefits and to determine if the victim, the victim's dependants, or an applicant may be eligible for money or benefits from other benefit plans or programs. In this section, when we ask for gross earnings, we want you to provide us with the amount(s) the victim received before any income tax or other deductions were taken off his or her pay cheque.

If we require specific employment information about an applicant, we will contact him or her directly.

8(a) Money or Benefits Received from Other Sources Because of the Victim's Injury or Death

Before deciding on the amount of compensation you can receive from our program, we must know about any other benefits or money you are receiving from other programs. Also include in this section any benefits you think you might receive in the future. A person might have to apply to another program for money before we approve benefits from our program. Some of the other benefit programs are listed in section 8(a) on the application form.

8(b) Restitution and Civil Action (lawsuit)

Any money that a judge has ordered the offender to pay to the victim or the victim's family, or any money awarded from a lawsuit must be included in section 8(b). Before you agree to take any money from a lawsuit, you **must** check with us. If you receive money and do not check with us, we can reduce or deny the amount of money you get from our program. You may also have to pay back the money we have already given you.

9. Referrals

We want to make sure other victims hear about this program, so it will help us if you tell us how you heard about our program.

10. Information Authorization

Please read, sign and put the date on the Information Authorization section. All information you give on this application is private and confidential. However, sometimes we must get or share personal or health information about a victim or someone applying for a victim so we can make decisions on the claim. Any information we ask for, or any information we give out, is protected by the *Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Act*.

If you are signing the authorization on behalf of the victim, we need to know that you legally have the right to do so. If you are signing for someone else, please print your name and tell us how you are related to the victim. (Ex. Relative, power of attorney, etc.)

11. Declaration of Understanding

There are certain conditions that apply when a person makes an application for and receives compensation. It is important that you know these conditions. Please read the list carefully. Your signature shows that you have read, understood and agreed to everything listed in this section.

Please call us if you have any further questions. (945-0899 or toll free at 1-800-262-9344)