

Compensation for Victims of Crime Program

Application for Victim

The Compensation for Victims of Crime Program is part of Manitoba Justice, Victim Services Branch and gives compensation to eligible victims under *The Victims' Bill of Rights* and Victims' Rights Regulation. The program only covers direct physical or emotional harm caused by a crime in Manitoba. Any property damage from the crime should be covered by private insurance policies.

If you are the victim of a serious crime, you may be eligible for compensation (money, services, support) for the **physical and/or emotional injury** you suffered. A **victim** is anyone who suffered a physical or emotional injury because of a serious crime. For details on the program or on specific benefits, see the fact sheet *Support for Victims* and the general fact sheet *Compensation for Victims of Crime*.

Use this form to apply for compensation if you are the victim of a crime and at least 18 years old. If you are the parent or guardian of a minor (under 18 years) child who is the victim of a crime, you may use this application form to apply on the child's behalf.

Instructions

1. Complete this application form.
2. Answer all the questions in detail so your application can be assessed quickly.
3. Print all the answers clearly.
4. Sign the authorization form in Section 7.
5. Sign the declaration form in Section 8.
Applications that do not include the signed authorization and declaration forms will be returned to the applicant.
6. Mail, fax or email the original application and any attachments to:
**Compensation for Victims of Crime Program
1410 – 405 Broadway Avenue
Winnipeg MB R3C 3L6
Fax: 204-948-3071
Email: cvcp@gov.mb.ca**
7. If your address or phone number changes after you have sent your application, let the Compensation for Victims of Crime Program staff know right away.

As part of the review of this application, the program staff will:

- ask the police for a report on the crime
- review the victim's criminal history
- verify medical reports, if necessary

If you have questions about your application, call 204-945-0899 in Winnipeg; toll free in Manitoba at 1-800-262-9344 or email us at: cvcp@gov.mb.ca. For more information, go to: www.gov.mb.ca/justice/victims/index.html.

Section 1. Information about the victim (applicant)

This section is for information about the victim of a crime.

If you are the legal guardian of a victim (under 18 years old) or a legal representative applying on behalf of a victim, you must also fill in Section 2 (Information about the applicant), along with the rest of this application form.

Do not complete **Section 2** if you are only helping a victim fill in the application.

Mailing address: Give your current mailing address including city or town, province and postal code. All letters from the program will be mailed to this address. **Be sure to tell the program staff right away if this information changes.**

Phone numbers and Email: Give your main phone number (ex: home) and a secondary number where you can be reached (ex: cell phone or work). Include the area code. Provide your email address (if you have one).

Have you ever been convicted of a crime (criminal offence) for which you did NOT receive a pardon? Check 'yes' or 'no' or 'don't know' box.

Do you have any pending criminal charges or outstanding warrants? Check 'yes' or 'no' or 'don't know' box.

This information is needed by the CVCP to determine your eligibility for compensation.

Section 2. Information about the applicant (if the applicant is not the actual victim of the crime)

This section is for the applicant's personal and contact information.

Fill in this section only if you are the parent, legal guardian or legal representative applying on behalf of a minor (under 18 years old) or a mentally disabled victim.

You must be 18 years of age or older to be an applicant. Do not complete this section if you are only helping the victim complete the application.

Mailing address: You only have to give your current mailing address if it is different than the victim's address in Section 1. **Remember,** all letters sent from the program office will be mailed to the address on this application. **Be sure to tell the program staff if this information changes.**

Phone numbers and Email: Give your main phone number (ex: home) and a secondary number where you can be reached (ex: cell phone or work). Include the area code. Provide your email address (if you have one).

What is your relationship to the victim?: State if you are a mother, father, grandparent, guardian, CFS worker, etc.

Are you the victim's legal guardian or legal representative? Check the 'yes' or 'no' box. If **yes:** Attach a copy of the court order or authorization that states you have legal authority or guardianship. If you are the parent who has legal custody of the victim, you do not need to attach anything. **A legal representative is someone who has the legal authority to act on behalf of a victim.**

Compensation for Victims of Crime Application for Victim

Claim Number: _____
(office use only)

Section 1. Information about the victim (applicant)

Victim's Last Name		First Name		Middle Initial	
Other Names Used (ex: nickname, maiden name, alias)			Date of Birth (month / day / year)		
Gender	Marital Status	Manitoba Health Number (6 digit)	Personal Health Information Number (PHIN 9 digit)		
Treaty Number (if you have one)		Band Name			
Mailing address (Street Number and Street Name or Box Numbers)				Apartment Number	
City		Province	Postal Code		
Main Phone Number	Other Phone Number	Email			
Have you ever been convicted of a Criminal Code offence, for which you did not receive a pardon?			<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
Do you have any pending criminal charges or outstanding warrants that have not yet been dealt with?			<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> don't know
Have you lived outside of Manitoba (but still in Canada) in the past 10 years?		<input type="checkbox"/> yes	<input type="checkbox"/> no	If yes , where:	
Have you lived outside Canada in the past 10 years?		<input type="checkbox"/> yes	<input type="checkbox"/> no	If yes , where:	
Have you ever applied to the Compensation for Victims of Crime Program before?		<input type="checkbox"/> yes	<input type="checkbox"/> no	If yes , when:	

Section 2. Information about the applicant who is applying on behalf of a victim

Only fill in this section if you are the parent, legal guardian or legal representative applying on behalf of a minor (under 18) or a mentally disabled victim. You must be 18 to be an applicant. Do not complete this section if you are only helping the victim complete this application.

Applicant's Last Name		First Name		Middle Initial	
Mailing address (if different from the victim's)					
City		Province	Postal Code		
Main Phone Number	Other Phone Number	Email			
What is your relationship to the victim? (ex: parent, guardian, lawyer, CFS worker etc.)					
Are you the victim's legal guardian or legal representative?		<input type="checkbox"/> yes	<input type="checkbox"/> no	<p>If yes, attach a copy of the court order or authorization stating you have legal authority or guardianship.</p> <p>If you are the parent with legal custody of this victim, you do not need to attach anything.</p>	

Section 3. Information about the crime and the victim's injuries



This section asks for details about the crime. The program staff will use this to get the information they need from the police.

Type of crime: Briefly (a couple of words) describe the kind of crime (ex: home invasion, assault, robbery).

Date(s) of crime: Give the date(s) of the crime. If the crime occurred over a period of time, give approximate dates (ex: September 2001 – December 2002).

One-year time limit: There is a one-year time limit to apply for compensation for injury caused by a crime. However, the program can give you more time (grant an extension) if there is a good reason for the delay. If you are applying for compensation after the one-year limit, give your reasons for not doing it sooner.

Location of crime: List the city/town in Manitoba where the crime took place. If the crime occurred over a period of time in more than one location, list all locations.

Police Information: Provide the name of the police department that you reported the crime to and list the police incident number if you have one (ex. Winnipeg Police, Thompson RCMP).

Relationship of the alleged offender to the victim (if any): State your relationship, if any, to the person who allegedly committed the crime (ex: ex-husband, mother, close family friend).

Briefly describe the crime in your own words: Briefly tell how the crime happened.

Briefly describe the injury or injuries you had/have as a result of the crime: In a few sentences, tell us how you were hurt. This includes both physical injuries and emotional injuries (ex: broken jaw, black eye, nightmares/lack of sleep).

Section 3. Information about the crime and the victim's injuries

What type of crime(s) occurred? (ex. assault, robbery)		List the date(s) the crime(s) occurred
Is this application being filed within one year of the date of the crime? <input type="checkbox"/> yes <input type="checkbox"/> no If no , briefly explain why you did not apply sooner.		
List the location(s) where the crime(s) occurred (city, town, community)		
Was the crime reported to police? <input type="checkbox"/> yes <input type="checkbox"/> no		Police incident number (if known)
Which police force was the crime reported to? (ex. Winnipeg Police Service, RCMP)		
Name of the person who allegedly committed the crime (if known)		
Relationship of the alleged offender to the victim (if any):	Has the alleged offender been charged? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> I don't know	
Briefly describe the crime in your own words		
Were you injured as a result of the crime? <input type="checkbox"/> yes <input type="checkbox"/> no		
If yes , please list all the injuries (physical and emotional) that you suffered as a direct result of the crime (ex. broken leg, missing teeth, sleeplessness, anxiety)		

Section 4. Medical Information about the victim



This section gives details about the hospital(s) that you went to, the medical professionals you saw and the treatment(s) you had because of the crime. This information will help program staff get the needed information about your injuries from the people who provided treatment.

Complete all the sections that apply to you, including addresses and phone numbers.

Hospital: Give the hospital name and date of treatment.

Medical professionals who treated the victim's injuries: Give the name, address, phone number, fax number and email (if you know it) of each medical professional (ex: doctor, dentist, physiotherapist) that you saw as a result of your injuries.

Indicate what type of medical professional it was by checking the boxes that apply to you. List the date(s) you received treatment.

Section 4. Medical Information

Did you go to a hospital to be treated for injuries resulting from the crime? yes no

If **yes**: Name of Hospital

Date of Treatment (month/day/year)

Do you have a family doctor who has been treating you for injuries resulting from the crime? yes no

If **yes**: Doctor's Name

Phone Number

Mailing Address (Street Number and Street Name or PO Box Number)

Fax Number

Please fill out the following if you have seen any other doctors, specialists, dentists or counsellors who have treated you for your injuries (if you need more room attach a separate piece of paper)

Specialist Counsellor/Psychologist Dentist Other _____

Name

Phone Number

Mailing Address (Street Number and Street Name or PO Box Number)

Fax Number

Treatment Dates:

Email

Specialist Counsellor/Psychologist Dentist Other _____

Name

Phone Number

Mailing Address (Street Number and Street Name or PO Box Number)

Fax Number

Treatment Dates:

Email

Specialist Counsellor/Psychologist Dentist Other _____

Name

Phone Number

Mailing Address (Street Number and Street Name or PO Box Number)

Fax Number

Treatment Dates:

Email

Specialist Counsellor/Psychologist Dentist Other _____

Name

Phone Number

Mailing Address (Street Number and Street Name or PO Box Number)

Fax Number

Treatment Dates:

Email

Section 5a. Information about expenses and losses of the victim



This section gives details about any expenses or losses that the victim is claiming as a result of the crime.

Expenses and losses: Check all expenses and losses that apply now, plus any that may apply sometime in the future. Original receipts are required for most expenses. Please send in your original bills with your application, if you have them.

Once you file your application, you must claim most expenses or losses within 90 days. If you claim for additional benefits 90 days or more after you file your application, your request may not be accepted.

Damaged, destroyed or seized clothing worn at the time of the crime: In the details section, make sure you list each item of clothing separately. Also list the cost to replace the item (ex. pants \$30, socks \$3, etc.).

Lost wages or Income: You must be employed to claim lost wages. If you are claiming for lost wages, you must also complete all of Section 6.

Impairment Award: This is a one-time payment for victims who have suffered some degree of permanent physical disability (ex: head injury, loss of mobility, loss of vision, scarring) or a permanent emotional disability (ex: Post Traumatic Stress Disorder) because of a crime. The eligibility of a victim for an impairment award will not be assessed by the program staff until the victim has recovered as best they can.

For more details on this, call the program office at 204-945-0899 in Winnipeg or toll free 1-800-262-9344 or contact your local Victim Services office.

Child support for a child born as a result of a crime: Payment to assist victims who give birth to a child as a result of a crime and need financial support for that child.

The Compensation for Victims of Crime Program **does not** cover damaged or stolen property or belongings, such as money, jewelry, cell phones, computers, or other electronic devices. The program **does not** cover damage to your home or motor vehicle.

Section 5a. Expense and Loss Information (please check all that apply)

Check all expenses, losses or services that apply to you now, or might apply to you in the future, as a result of your injuries. Original receipts are required for most expenses/losses. Please send in your original bills with your application, if you have them. If you have any benefit coverage through another public or private benefit program, you must access those plans first.

Expense/Loss	Details
<input type="checkbox"/> Ambulance	
<input type="checkbox"/> Crime scene cleaning	
<input type="checkbox"/> Medical equipment and supplies (ex: wheelchairs, canes, hearing aids)	
<input type="checkbox"/> Dental treatment	
<input type="checkbox"/> Prescription drugs	
<input type="checkbox"/> Counselling/culturally-based services	
<input type="checkbox"/> Home modification to accommodate permanent injury (ex: wheelchair ramp)	
<input type="checkbox"/> Vehicle modification (to accommodate a permanent injury)	
<input type="checkbox"/> Attendant services (homemaker, childcare or personal care services)	
<input type="checkbox"/> Transportation or related expenses (ex: hotel, mileage, meals)	
<input type="checkbox"/> Damaged, destroyed or seized clothing worn at the time of the crime List each item of clothing separately and provide the replacement value (ex. T-shirt \$10, Shoes \$20)	
<input type="checkbox"/> Damaged or destroyed prescription eye wear worn at the time of the crime	
<input type="checkbox"/> Disability aids (cane, walkers, hearing aids) that were damaged or destroyed at the time of the crime	
<input type="checkbox"/> Lost wages or income	
<input type="checkbox"/> Vocational rehabilitation and/or retraining	
<input type="checkbox"/> Cosmetic surgery that is required as a result of your injuries	
<input type="checkbox"/> Physiotherapy	
<input type="checkbox"/> Chiropractic treatment	
<input type="checkbox"/> Occupational therapy services	
<input type="checkbox"/> Massage therapy	
<input type="checkbox"/> Acupuncture	
<input type="checkbox"/> Child support for a child born as a result of a crime	
<input type="checkbox"/> Impairment award (see facing page for details)	

Section 5b. Other Benefits

Other benefits: If you have received or will receive benefits from any other source because you were injured in the crime, check all the boxes that apply to you. Then list the amount you received, what it was for and the date(s) you received the benefit(s). If you know the name and phone number of the person handling your claim, please list that information too.

Section 6. Employment Information

This section asks for details about your employment status at the time of the crime.

Answer all the questions fully, including your employer's name and contact information.

If you are claiming for lost wages because of injuries from a crime, the program staff will ask your employer for a report on your employment status.

If you were at work at the time of the crime, you might be eligible for Workers Compensation Board (WCB) of Manitoba coverage. For more information on WCB benefits please call 204-954-4321 or email wcb@wcb.mb.ca

Employment information: Answer all the questions, including name, mailing address, phone number and fax number of your employer at the time you were injured because of a crime.

If you are self employed, call the program office at 204-945-0899 in Winnipeg; or toll free 1-800-262-9344 to ask for the *Self Employment Questionnaire*.

If you are claiming for lost wages, you should also apply for Employment Insurance (EI) benefits. If you are eligible for EI benefits, you must access these benefits first, before you can receive benefits from the Compensation for Victims of Crime Program.

Section 5b. Other benefits information

Do you have any extended health coverage (either through your employer, a spouse or a parent)? yes no

If **yes**, give the name of the provider (ex. Blue Cross, Sun Life), the plan number and what benefits you will receive.

Will you get benefits from any other source as a result of your injuries? (Check all that apply to you and give the details)

- Social Assistance (EIA) or Band Assistance _____
- Canada Pension Plan _____
- Workers Compensation Board (WCB) _____
- Manitoba Public Insurance (MPI) _____
- Restitution awarded through the Courts or benefits from a civil action law suit _____
- Other (please specify) _____

Section 6. Employment Information

Were you employed at the time of the crime? yes no

If **yes**, were you employed: Full Time Part Time Casual Seasonal Self Employed

If **no**, what was your source of income at the time of the crime? (ex. Employment and Income Assistance, Band Assistance, Canada Pension Plan)

Were you at work at the time of the crime? yes no If **yes**, have you applied for Workers Compensation benefits? yes no

Did you miss work as a result of the crime? yes no

Did you lose wages as a result of the crime? yes no

When was the last date you worked before the crime? (month/day/year)

Have you returned to work? yes no If **yes**, when? (month/day/year)

Name of Employer or Company

Name of Contact Person or Supervisor

Company Address

City

Province

Postal Code

Main Phone Number

Fax Number

Email

How long have you worked for this employer?

Have you, or will you, receive benefits through your employer because of your injuries? yes no
(ex. Sick Leave, Short Term Disability)

Are you eligible for Employment Insurance (EI) benefits? yes no

Section 7. Authorization



READ THIS AUTHORIZATION

This section authorizes the Compensation for Victims of Crime Program staff to get information from police, doctors, therapists, employers, other government programs and any other agency/organization.

The program staff will only ask for information that is needed to assess if you are eligible for compensation under *The Victims' Bill of Rights* and Victims' Rights Regulation.

The personal information and personal health information asked for on this application is collected under the authority of *The Victims' Bill of Rights*. The program staff will use this information according to *The Freedom of Information Act* and *The Personal Health Information and Protection of Privacy Act*.

Your signature on this authorization will be valid for two years from the date that you sign it. If you want to cancel this authorization, you must send a letter to the Compensation for Victims of Crime Program.

Applicant's signature

- If you are 18 years of age or older, you can sign and date this authorization.
- If you are under 18 years of age, your parent or legal guardian must sign and date the authorization.
- If you are applying on behalf of the victim, you can sign the authorization as the applicant.

Your application will be returned if this section is not signed and dated.

**Compensation for Victims of Crime
Application for Victim**

Claim Number: _____
(office use only)

Section 7. Authorization

Name of Victim

Victim's date of birth

Under *The Victims' Bill of Rights* (Section # 52(2) and 53), the director of Victim Services (or any employee delegated by him/her) may collect information needed to assess the eligibility for compensation from the Compensation for Victims of Crime Program. This authorization is signed by the victim (named above) or the applicant (someone with legal authority to sign for the victim) to allow the release and/or exchange of personal information or personal health information for the purpose of determining or verifying eligibility for benefits or the amount of compensation payable.

I hereby authorize:

1. the police service or any other agency, or government department (ex: medical examiner) involved with the investigation of the crime, to give the director any information directly or indirectly related to the crime(s) noted in this application
2. my employer to give the director information about my employment and my benefits as they relate to my eligibility for benefits under the Compensation for Victims of Crime Program
- 3a. any health care professional/provider or health care facility (ex: doctor, dentist, psychiatrist, psychologist or counsellor, hospital, clinic) who treated me to give the director any of my personal health records (current or historical) that directly or indirectly relate to the injuries I sustained as a result of the crime noted in this application in order to make a determination about my entitlement to benefits
- 3b. Manitoba Health to provide the director with any personal health records (current or historical) that directly or indirectly relate to the injuries I sustained as a result of the crime noted in this application in order to make a determination about my entitlement to benefits
4. Human Resources Development Canada, Indigenous Services Canada, the Workers Compensation Board of Manitoba, Manitoba Public Insurance Corporation, Employment Insurance, Employment Income Assistance, Canada Pension Plan, or any similar public or private employment insurance or pension plan to give needed information to the Compensation for Victims of Crime Program staff as it relates to this claim
5. the director to get information about my pending criminal charges and/or criminal convictions and any related sentences
6. the director to access school records and information if necessary to determine my eligibility and entitlement to certain benefits provided under the Compensation for Victims of Crime Program
7. the director to release information, including relevant sections of this application, to the police, health care facilities, treatment professionals or other agencies if it is needed to get the information asked for (in items 1 through 6 above) to use in assessing my eligibility for compensation
8. Canada Revenue Agency or a similar agency in any other jurisdiction, to provide the Compensation for Victims of Crime Program with relevant income tax information.

I understand that I may cancel this authorization at any time by writing a letter to the program's director. I understand that if this authorization is cancelled, or if I fail to give information the director asks for, it may affect the program staff's ability to assess this application.

A facsimile or photocopy of this application is as valid as the original when presented to a health care facility, health care professional, police service or other agency.

This authorization is valid for two years from the date of signature, unless it is cancelled, in writing, by the victim or the representative (applicant) signing this form.

Victim/applicant's signature

Date

Section 8. Declaration



By signing this section you state that the information you provided is true and correct.

Your application can be denied if you make a false declaration (don't tell the truth). If at any time it is discovered that false information has been provided, you will be legally required to repay the program, immediately, for any compensation you have already received.

Complete, sign and date this section.

Your application will be returned if this section is not signed and dated.

Section 9. Optional Authorization



Fill in this section if you want to allow program staff to discuss your file with another person. Privacy legislation does not allow program staff to speak to anyone but the victim or applicant. Program staff can talk to others about the information in your file, only with your written permission (authorization). Complete this authorization only if you give us permission to speak to the person you name on your file.

Section 8. Declaration (you must fill in this section, sign and date it)

I am applying for benefits available to victims under *The Victims' Bill of Rights* and

I, _____, declare the information in this application is true and correct to the
Victim/Applicant's name (print clearly)

best of my knowledge and belief. I have not misrepresented, concealed, or omitted any information that may be relevant in determining my eligibility for benefits.

Victim/Applicant's signature

Date

Your application will be returned if this section is not signed and dated.

Section 9. Optional Authorization

This is the authorization (written permission) to discuss your file with another person

I, _____, authorize the Compensation for Victims of Crime Program staff
Victim/Applicant's name (print clearly)

to discuss my claim with _____
Name of authorized person you allow program staff to talk to (print clearly)

Authorized person's phone number _____

Authorized person's relationship to the victim/applicant _____

Victim/Applicant's signature

Date

Note:

The Compensation for Victims of Crime Program does not cover:

- **injuries or loss from motor vehicle accidents**
- **injuries or loss related to employment, if you are eligible for Workers Compensation Board coverage**
- **pain and suffering**
- **lost or stolen personal property, including money**

Benefits that applicants get from other sources will be deducted from the benefits available under this act.