

## Complete This Application

If you are a victim of crime in accordance with the *Victims of Crime and Public Safety Act*, you may be eligible for

- Emergency Financial Assistance
- Counselling
- Physical Injury Support and Services

Please note that applications are reviewed on an individual basis and eligible victims are provided with support and services, which best align with their victimization resulting from an eligible Criminal Code offence.

## Instructions - What You Should Do

1. If filling in by hand, please **PRINT** clearly.
2. You **must complete all of sections 1-6 inclusive**. An incomplete application will delay the process.
3. Ensure you sign and date the **Consent to Release Personal Information in Section 5 and Declaration in Section 6**

**NOTE: Applications without a signature will be returned.**

4. Mail, fax or email the application to:  
Victims of Crime Assistance Program  
10th Floor, 10365 - 97 Street  
Edmonton, AB T5J 3W7  
Fax: 780-422-4213  
Email: [victimsofcrime@gov.ab.ca](mailto:victimsofcrime@gov.ab.ca)

## What We Will Do

1. We will request details of the crime from the police and verify if the eligibility criteria has been met.
2. We will request medical information from your treatment providers to verify injuries, required treatment/medical aids, and permanent function loss if required.

Your local Victim Services Unit may also assist you with completing your application. You can find your Victim Services Unit through your local police service or online at <https://www.alberta.ca/victim-services-units.aspx>.

If you have questions about your Victims of Crime Assistance Program application, call the program at 780-427-7217 or toll-free through Service Alberta at 310-0000 and enter 780-427-7217. Additional information is also available on our website at <https://www.alberta.ca/help-for-victims-of-crime.aspx>.

Protected C (when completed)

Victims of Crime Assistance Program

The personal information provided on this form and attachments is collected under the authority of the *Victims of Crime and Public Safety Act* and managed in accordance with the *Freedom of Information and Protection of Privacy Act*. The information will be used for the purpose of verifying eligibility for the Victims of Crime Assistance Program. If you have any questions about the collection of this information, you may contact the program at 780-427-7217.

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## Please **PRINT** clearly

You are filling out this application because you are (please check one)

- The victim of a crime (complete Section 1)
- The parent / guardian of a victim under 18 years old or an incapacitated adult victim (complete section 1 and 2)

### Section 1 - Victim Information (person who is injured as a result of a serious violent crime)

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other names used (i.e. alias, maiden name or name change)		Date of Birth yyyy-mm-dd
<input type="text"/>		<input type="text"/>
Street Address	City or Town	Province
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Code		
<input type="text"/>		
Phone	Email Address	
<input type="text"/>	<input type="text"/>	

### Section 2 - Applicant's Contact Information

(Complete this section **ONLY** if you are applying on behalf of a minor victim or incapacitated adult victim)

- You must provide a copy of the court order or other documentation granting guardianship/personal directive.
- If you are the parent with custody of the victim who is under 18, no documentation is required.

Last Name	First Name	Date of Birth yyyy-mm-dd
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City or Town	Province
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Code		
<input type="text"/>		
Phone	Relationship to the Minor Victim	May we contact by email?
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
		Email Address
		<input type="text"/>

### Optional Contact Person (Person we can talk to about your application i.e. friend, family member, etc.)

**Note:** This consent can be revoked at any time by the Applicant.

Last Name	First Name
<input type="text"/>	<input type="text"/>
Phone	Relationship to the Minor Victim
<input type="text"/>	<input type="text"/>
Email Address	
<input type="text"/>	

## Section 3 - Crime Information

If the crime occurred over a period of time, please provide the approximate dates

Type of Crime (i.e. assault, domestic violence)

Start date(s) of Crime yyyy-mm-dd

End date(s) of Crime yyyy-mm-dd

Location of Crime (town/city)

Was Crime Reported to Police?

Yes  No

Date Crime Reported yyyy-mm-dd

Police Service Crime Reported To (i.e. EPS, Vulcan RCMP)

Name of Investigating Officer and Badge number, if available

Police File Number

Accused Name(s) (if known)

Victim's Relationship to the Accused(s)

Briefly describe how the incident(s) occurred

## Time Limitation

Is this application being filed within **two years** of the date of the crime?  Yes  No

If no, we **must** have your reasons for the delay. The Director has some discretion to extend the Time Limitation if there are reasons to do so.

## Benefits and Services Requested - Please check all services that you are applying for

- Emergency Financial Assistance
- Counselling
- Physical Injury Support and Services

## Section 4A - Emergency Financial Assistance - Please check all that apply

- Out of Pocket Expenses
  - Required to leave residence due to the crime
  - Dependents and/or pet care expenses
  - Safety and Security expenses (lock, dead bolts, motion sensors, etc.)

Emergency accommodation (receipt is required - paid invoice)

Specify

Medical Aid (i.e. ambulance transportation, prescription eyeglasses, wheelchair, walker, etc.) (receipt is required - paid invoice)

Specify

Other Unanticipated Expenses (receipt is required - paid invoice)

Specify

1. Did the injury happen at work?

Yes  No

If yes, did you receive assessment or treatment from the Workers Compensation Board?

Yes  No

WCB Claim Number

2. Have you applied to Alberta Aids to Daily Living (AADL) or other federal, provincial, or private sources related to injury expenses?

Yes  No

If yes, specify

**Please note: In order to be reimbursed for medical aids, you must first apply to AADL or the applicable provider in your area.**

## Section 4B - Counselling

I have been emotionally impacted as a result of the crime:

Yes  No

If yes, please select one of the following:

I need to be provided with a counsellor, OR

I will find my own counsellor and will require reimbursement (receipts required). OR

I am already receiving counselling and require reimbursement (receipts required). Please complete below

## Section 4C - Physical Injury Support and Services

Victims may be provided access to an extended medical benefit service to assist with treatment and support for physical injuries that resulted from their victimization. Severely injured victims who require ongoing and permanent assistance to perform daily activities or who have a permanent functional loss to an injury site, may receive additional financial benefits, supports, services, or reimbursement.

**NOTE: medical information may be required to verify injuries and treatment. If required, the program will request information directly from hospital and medical professionals.**

1. Did you receive physical injuries as a result of the crime?  Yes  No

If yes, specify your injuries (e.g. bruised arm, broken leg, lost tooth)

2. Did you receive medical assessment/treatment for physical injuries:  Yes  No

If yes, list ambulance, hospital(s) and medical professional(s) seen

EMS (ambulance)

Location of Treatment (approximate address)

City or Town

Province

Date(s) of Treatment (yyyy-mm-dd)

Hospital Name

Mailing Address

City or Town

Province

Postal Code

Date(s) of Treatment (yyyy-mm-dd)

Medical Professional Name

Mailing Address

City or Town

Province

Postal Code

Phone

Fax

Email Address

Type of Health Professional

Family physician  Dentist  Specialist (specify)

Other (specify)

Date(s) of Treatment (yyyy-mm-dd)

Injuries Treated

3. Are you waiting to receive treatment or see a medical professional for your injuries?  Yes  No

**If yes**, please identify below:

Medical Professional Name

Mailing Address

City or Town

Province

Postal Code

Phone

Fax

Email Address

Type of Health Professional

Family physician  Dentist  Specialist (specify)

Other (specify)

List Date of Appointment(s) (yyyy-mm-dd)

For Which Injury

4. Have you incurred any out-of-pocket expenses for your injuries?  Yes  No

**If yes**, specify below and submit original receipts with this application.

- Prescription drug expenses (specify)
- Pharmacy related expenses (e.g. dressings) (specify)
- Physiotherapy (specify)
- Chiropractic (specify)
- Dental expenses (specify)
- Medical Aids needed due to injury (e.g. walker) (specify)
- Other (specify)

If further expenses are incurred after the application is submitted, please retain original receipts and consult with the program caseworker to determine if a reimbursement option may be available. An explanation regarding how the treatment expense relates to the injuries may be required.

Protected C (when completed)

Victims of Crime Assistance Program

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## Section 5 - Consent to Release Personal Information

**Please Note: This application will be returned if this section is not signed and dated.**

Section 13.1 of the *Victims of Crime and Public Safety Act* authorizes the Director or a delegated employee (referred to here as the Director) to collect and use personal information about a victim to assess eligibility for the program. This includes, but is not limited to, information about diagnosis, treatment or care and other incidents and activities that may affect the eligibility decision or amount of assistance provided. In addition, the victim or their representative/applicant provides the following express consent and authorizes:

Victim's Complete Name

Date of Birth yyyy-mm-dd

- (a) Any **police service, other agency or government department** involved with the investigation of the alleged crime(s) identified in this application, to disclose to the Director:
- i. Any information directly or indirectly related or unrelated to the alleged crime(s) identified in this application that the Director requests, and
  - ii. Any information regarding any related or unrelated federal offence convictions and associated sentences imposed on the victim that the Director requests;
- (b) Any **medical hospital/facility and any health care professional/provider or government department** to disclose personal health records which are directly or indirectly related to the incident identified in the application to the Director;
- (c) The Director to release information, including relevant sections of the application, to police, health care facilities, treatment professionals, other agencies or government departments as may be necessary to obtain the information requested under (a) or (b) for the purpose of making a determination on the application.

I understand that I may revoke this consent at any time by advising the Director in writing.

I understand that if this consent is revoked, or if I fail to provide the information requested by the Director, it may affect the ability of the Director to assess this application.

I understand why I have been asked to consent to disclose this information and I am aware of the risks or benefits of consenting or refusing to consent to disclose this information.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date yyyy-mm-dd

\_\_\_\_\_  
Signature

**Note to custodians of health information:** Section 34 of the *Health Information Act* authorizes a custodian to disclose health information with the consent of the individual concerned. Section 35(1)(p) authorizes a custodian to disclose health information where the disclosure is authorized or required by another enactment, which includes the *Victims of Crime and Public Safety Act*.

## Section 6 - Declaration

I am applying for Victims Assistance under the *Victim of Crime and Public Safety Act*, and declare the information in this application is true and correct.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date yyyy-mm-dd

\_\_\_\_\_  
Signature

## Summary of Benefits

The Victims of Crime Assistance Program (VAP) helps Victims affected by violent crime. Benefits provided by VAP offset financial loss, and assist in recovery from injuries. This summary focuses on benefits available to 'eligible applications' for victims of violent crime.

**NOTE: Maximum amounts may apply depending on the assistance required.**

Benefits	For	Examples
Counselling services or expenses	All victims of crime who are impacted by a psychological injury	<ul style="list-style-type: none"> <li>● Counselling sessions</li> <li>● Psycho-educational sessions to others who support the minor victim</li> </ul>
Medical services or expenses	Victims who need health care not otherwise covered by provincial health care plans, in relation to their injuries from the crime	<ul style="list-style-type: none"> <li>● Ambulance or emergency transportation</li> <li>● Diagnosis and treatment by doctors or health professionals (e.g. physiotherapists, massage therapists)</li> <li>● Health care services at a facility</li> <li>● Medical equipment and supplies</li> </ul>
Prescription drug expenses or medically required supplies	Victims who need prescription drugs to recover from, or manage the effects of, their injuries from the crime	<ul style="list-style-type: none"> <li>● Medications prescribed by a medical provider may be covered under the extended medical benefit</li> <li>● Medical supplies related to injury treatment or care</li> </ul>
Residential protective measures, services, or expenses	Victims who are at risk of additional harm from the perpetrator or are so traumatized by fear they cannot lead normal lives	<ul style="list-style-type: none"> <li>● Safety and security related assistance for enhancements or repair to a primary residence</li> </ul>
Accommodation: Protective measures, services, or expenses	Victims who are at risk of additional harm from the perpetrator and were required to flee their primary residence	<ul style="list-style-type: none"> <li>● Financial assistance for a victim who must leave their primary residence as a result of a crime</li> <li>● Financial assistance if dependents and/or pets were required to leave the primary residence</li> <li>● Reimbursement for emergency accommodation expenses (for whomever incurred the expense to a maximum amount)</li> </ul>
Emergency Travel assistance	Victims who have to travel some distance for: <ul style="list-style-type: none"> <li>● escape domestic violence</li> <li>● relocation of trafficking victims</li> </ul>	<ul style="list-style-type: none"> <li>● Transportation expenses such as bus fare, air fare, or mileage expenses</li> <li>● Meals and accommodation</li> </ul>
Financial assistance for Repair, replacement, or newly required medical aids	Victims whose eyeglasses/contacts, disability aids, or articles of clothing were damaged, destroyed, or left behind as a result of the violent crime	<ul style="list-style-type: none"> <li>● Repair or replacement of:               <ul style="list-style-type: none"> <li>● Prescription eyeglass frames and lenses</li> <li>● Various medically required disability aids</li> </ul> </li> </ul>
New Disability aids	Victims who need new disability aids because of their injuries from the crime, to reduce the effects of the injuries, improve their quality of life, and assist in daily living	<ul style="list-style-type: none"> <li>● Mobility aids</li> <li>● Communication aids</li> <li>● Vision aids</li> <li>● Prostheses and orthoses</li> <li>● Other equipment or supplies</li> </ul>