

What is the Victims of Crime Financial Benefits Program?

The Financial Benefits Program has a death benefit available to persons who paid the funeral costs of a victim who died as a result of a violent crime in Alberta. The application must meet the eligibility criteria for funeral costs to be reimbursed. The program is administered under the *Victims of Crime Act and Regulation*.

The Financial Benefits Program also has benefits for victims injured as a result of violent crime in Alberta. If you were injured as a result of a violent crime, or have psychological injuries as a result of witnessing a crime that resulted in death, complete the **Injury Application**.

Complete this application form if you are applying for funeral costs of a victim who died as a result of violent crime.

Instructions

1. Please print clearly and complete all sections. **Attach original receipts.**
2. Sign the authorization found on section 5 and the declaration found on section 6. **Applications without the required signatures will be returned.**
3. Mail or fax the application and any attachments to:
Victims of Crime Financial Benefits Program
10th Floor, 10365 - 97 Street
Edmonton, AB T5J 3W7
Fax: 780-422-4213
4. Please tell the Financial Benefits Program if you change your address or telephone number.

Funeral costs may be paid if:

- the victim died as a result of one of the eligible offences listed in the *Victims of Crime Regulation*;
- the crime was reported to police within a reasonable time; and
- the application was received within two years of the date of the incident.

Funeral costs may not be paid if:

- the crime did not happen in Alberta;
- the victim's death was a result of a motor vehicle incident;
- the deceased had an extensive criminal record or criminal lifestyle; or
- the deceased's actions directly or indirectly contributed to their death.

We will request details of the incident and a criminal record check from the police to determine if the eligibility criteria have been met.

Your local Victim Services Unit can assist you with completing the application. You can find your Victim Services Unit in the blue pages of the phone book or through your local police service.

If you have questions about your Financial Benefits 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 www.victims.alberta.ca.

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

This information will be used to contact you. If your address or telephone number changes, tell the Financial Benefits Program so we are able to contact you.

Section 1. Name of Deceased

This section provides information about the deceased.

Name of Deceased

Provide the deceased's first, middle and last name (i.e. John Patrick Smith).

Gender

Check the appropriate box.

Other names used

If the deceased changed his/her name, or used other names (i.e. maiden name), provide the other names.

Birth date

Provide the deceased's birth date using month, day, year (i.e. Nov 28, 1968).

Section 2. Applicant's Contact Information

You must be 18 years of age or older to be an applicant.

Name of applicant

Name of the person applying on behalf of the deceased (i.e. Robert Smith).

Mailing Address

Provide your current mailing address including the city or town, province and postal code.

Telephone Numbers

Provide your home telephone number and any alternate telephone numbers. Include the area code.

Email Address

Provide your email address if you have one.

Relationship to deceased

Provide your relationship to the deceased (i.e. spouse, child, executor).

 The pages on the left side of the application provide instructions on how to complete the corresponding section on the right hand page

For Office Use Only
Financial Benefits Case Number <input type="text"/>



Death Benefit Application

Section 1. Name of Deceased

Mr. Mrs. Miss Ms.

Name of deceased (*first, middle, last*)

Gender

Male Female

Other names used (*i.e. nickname, maiden name*)

Birth date (*month/day/year*)

Section 2. Applicant's Contact Information

Name of person completing application: Name of applicant (*first, middle, last*)

Mr. Mrs. Miss Ms.

Mailing Address

City/Town

Prov.

Postal Code

Phone Number (*include area code*)

Work Number (*include area code*)

Cell Number (*include area code*)

Email Address

Applicant's relationship to deceased

Section 3. Crime Information

This section provides us with information about the crime and the investigating police service. We will use this information to request information from the police to verify eligibility.

Type of Crime

Provide the type of crime (i.e. manslaughter, homicide).

Date of Crime

Provide the date the crime occurred. Write the date: month, day, year (i.e. Nov. 28, 2009).

Was the Crime Reported to Police

Check the appropriate box.

Location of Crime

Provide the name of the city or town where the crime occurred.

Date Crime Reported to Police

Provide the date the crime was reported to police. Write the date: month, day, year (i.e. Nov. 28, 2009).

Police Service Crime Reported to

Provide the name of the police service the crime was reported to including city or town.

Police File Number

Provide the police file number, if you know it.

Offender's Name(s)

Provide the offender's name(s), if you know it/them.

Describe the Crime

Briefly tell us about the crime.

Two Year Time Limitation

There is a two year time limit to apply for benefits. However, an extension may be granted for incidents that occurred more than 2 years ago depending on the reasons for the delay.

Is this application being submitted within two years of the date of the crime?

Check the appropriate box.

If no, briefly explain your reasons for the delay.

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Section 3. Crime Information

Type of crime (i.e. manslaughter, homicide)

Date of crime (month/day/year)

Location of crime (town/city)

Was crime reported to police?

Yes No

Date crime reported (month/day/year)

Police service crime reported to (i.e. Edmonton Police Service, Vulcan RCMP)

Police file No.

Offender's name(s) (if known)

Briefly describe the crime

TWO YEAR TIME LIMITATION

Is this application being filed within two years of the date of the crime?

Yes No

If no, briefly explain your reasons for the delay

Section 4. Funeral Expenses

This section is where you list details of the funeral costs you paid.

The person(s) who paid the funeral expenses may claim those expenses to a maximum of \$12,500.00.

Receipts must show the name of the business or person who was paid and list the services or costs paid. **Original receipts must be provided.**

Eligible funeral expenses may include:

- Funeral service
- Cemetery Plot/Niche
- Internment
- Embalming
- Clergy/officiating persons' honorarium
- Flowers
- Appropriate obituary notices
- Casket/Urn
- Opening/Closing charges
- Headstone
- Cremation
- Musician's honorarium
- Transportation of remains
- Death certificate(s)

The following costs **will not** be paid:

- Alcohol
- Travel costs of survivors to attend the funeral/final resting site
- Estate administration
- Legal expenses

Check the appropriate box.

I have paid the following funeral expenses for the deceased.

or

The deceased's estate has paid the following funeral expenses.

Invoice/Receipt

Write the number of the receipt.

Invoice Date

Write the date the invoice was issued. Write the date using the month, day, year (i.e. Nov 28, 1968).

Paid To

Write the name of the funeral home or company you paid.

Description of Expense

Explain what the expense was for. For example; funeral service, casket, etc.

Amount Paid

Write the amount paid for each expense.

If more than one person is claiming funeral expenses, provide their name, address and phone number.

Write the expenses they paid in the space below their name.

This will tell us what each person paid for when more than one person paid for the funeral.

The program may contact service providers (i.e. funeral home) or others to verify the receipts and payment of costs before approving claimed expenses.

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Section 4. Funeral Expense Details

Name of deceased (*first, middle, last*)

Birth date (*month/day/year*)

I have paid the following funeral expenses. The deceased's estate paid the following funeral expenses.

Invoice/ Receipt #	Invoice Date	Paid To (i.e. Name of Funeral Home)	Description of Expense (i.e. casket)	Amount Paid

If other persons are claiming funeral expenses:

Name of Person (*first, middle, last*)

Phone Number (*include area code*)

Mailing Address

City/Town

Prov.

Postal Code

Invoice/ Receipt #	Invoice Date	Paid To (i.e. Name of Funeral Home)	Description of Expense (i.e. casket)	Amount Paid

Name of Person (*first, middle, last*)

Phone Number (*include area code*)

Mailing Address

City/Town

Prov.

Postal Code

Invoice/ Receipt #	Invoice Date	Paid To (i.e. Name of Funeral Home)	Description of Expense (i.e. casket)	Amount Paid

Section 5. Authorization to Release Personal Information

This section authorizes the Financial Benefits Program to obtain information from the police, medical examiner and the funeral service provider(s) to determine eligibility for reimbursement of funeral costs.

This authorization must be completed and signed or we cannot process your application.

Complete the deceased's name and date of birth

Write the date of birth: month, day, year (i.e. Nov. 28, 2009).

READ THE AUTHORIZATION

Applicant's Signature

- You must be 18 years of age or older to sign the authorization.
- Sign and date the authorization.

Witness to your Signature

Any adult can be a witness to your signature. Have this person watch you sign the authorization. Then have them sign in the witness signature box.

Witness Name

Print the name of the witness.

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

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Section 5. Authorization to Release Personal Information

Deceased's Name

Deceased's date of birth (month/day/year)

The Director of the *Victims of Crime Act* or any employee delegated by him/her (herein referred to as the "Director") has authority under section 13.1 of the *Victims of Crime Act* to collect the information necessary to determine eligibility for financial benefits and the amounts of financial benefits. This includes, but is not limited to, information about other incidents and activities that may affect that determination. The following is the authorization of the person (victim) or his/her representative (applicant) to release the following.

I hereby authorize:

- (a) The **police service**, any other agency or government department (e.g. Medical Examiner) involved with the investigation, to provide the "Director" with any information directly or indirectly related or unrelated to the alleged crime(s) identified in this application,
- (b) The "Director" to have access to information regarding any related or unrelated federal offence convictions and associated sentences imposed on the victim,
- (c) **any medical hospital/facility** to disclose personal health records, as requested in the attached letter of correspondence, which are directly or indirectly related to the incident identified in the application, to the "Director",
- (d) **any health care professional/provider** to disclose personal health records/information, which is directly or indirectly related to the incident identified in the application, to the "Director",
- (e) a funeral director or any other person authorized to provide funeral services pursuant to the *Funeral Services Act* to disclose payment records for the purpose of verifying costs claimed for reimbursement,
- (f) The "Director" to release information, including relevant sections of the application, to police, health care facilities, treatment professionals or other agencies as may be necessary to obtain the information requested under (a), (b), (c) or (d) for the purpose of making a determination on the application.

I understand that I may revoke this authorization at any time by advising the "Director" in writing. I understand that if this authorization 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 authorize disclosure of this information and I am aware of the risks or benefits of consenting or refusing to authorize disclosure of this information.

A photographic or facsimile copy shall be as valid as the original when presented to a health care facility, health care professional, police service or other agency by the "Director". The original or faxed authorization will be retained by the Victims of Crime Financial Benefits Program.

This authorization shall be valid for 2 years from the date of signature unless previously revoked in writing by the victim or the representative (applicant) signing this form.

Applicant Signature

Date (month/day/year)

Witness Signature

Witness Name

The original or faxed authorization will be retained by the Victims of Crime Financial Benefits Program

This information is being collected under the authority of section 13.1 of the *Victims of Crime Act* and section 33(c) of the *Freedom of Information and Protection of Privacy Act* and section 34 of the *Health Information Act* for the purpose of administering the Victims of Crime Financial Benefits Program. Should you have any questions regarding the collection of this information, you may contact the Victims of Crime Financial Benefits Program, Alberta Justice and Solicitor General at 780-427-7217 or 10th Floor, 10365 - 97 Street, Edmonton, AB T5J 3W7.

Section 6. Declaration

By signing this section, you declare the information provided to be correct and that the costs claimed have been paid by you and the other as listed in Section 4.

Complete the Declaration.

Print your name on the line marked Applicant's Name.

Applicant's Signature

Sign the declaration.

Date

Write the date the declaration was signed using month, day, year (i.e. July 1, 2010).

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

Section 7. Optional Authorization

Would you like us to be able to discuss the file with another person?

Privacy legislation does not allow us to speak to anyone but the applicant about your application and the information contained on it. We can speak to other people about the information on your file only with your written permission (authorization). If you leave this section blank, we will speak only to you, the applicant, about the file.

COMPLETE THIS SECTION ONLY IF YOU GIVE US PERMISSION TO SPEAK TO THE PERSON YOU NAME ABOUT THE FILE.

Print your name on the line marked Applicant's Name.

Print the name of the person you are giving authorization on the line marked Name of person you are giving authorization to.

Telephone number of authorized person

Provide the telephone number of the authorized person.

Relationship to the Applicant

Provide the relationship of the other person to you (applicant).

Signature

Signature of applicant.

Date

Date signed using month, day, year (July 1, 2010).

This authorization can be revoked at any time by the applicant.

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Section 6. Declaration

I am applying for the death benefit under the *Victims of Crime Act*, and

I, declare the information in this application is true and correct.
Applicant's Name *(please print)*

Applicant Signature

Date *(month/day/year)*

Section 7. OPTIONAL Authorization

Authorization to discuss your file with another person

I, authorize the Financial Benefits Program to discuss my file
Applicant's Name *(please print)*

with .
Name of person you are giving authorization to *(please print)*

Authorized person's telephone Number *(include area code)*

Relationship to the victim

Applicant Signature

Date *(month/day/year)*

Additional Information

Use this page if you need extra space for any part of this application.

