

RELOCATION INSTRUCTIONS/WORKSHEET

Please complete this worksheet in full to be considered for a relocation benefit. Although you may be an eligible direct victim, **not** all direct victims qualify for relocation benefits.

The Program may reimburse a victim, not to exceed two thousand dollars (\$2,000), for expenses incurred in relocating. The following conditions shall apply: 1) The reimbursement shall only be awarded to one victim per crime giving rise to the relocation. 2) The Program may authorize more than one relocation per crime, if necessary for the personal safety or emotional well-being of the victim; however, the total cash payment for all relocations due to the same crime shall not exceed two thousand dollars (\$2,000).

Important Information For Domestic Violence or Sexual Assault Victims

When a relocation payment or reimbursement is provided to a victim of domestic violence (DV) or for a victim of sexual assault (SA), the victim shall agree to: (1) **not** inform the offender of the location of his/her new residence and **not** allow the offender on the premises at any time, or (2) seek a restraining order against the offender.

(Claimant's initials)

To claim your relocation expenses you must include written documentation of your need to move. If you are moving for your personal safety the documentation from law enforcement should be on agency letterhead or a completed VCP law enforcement verification form stating that the relocation is necessary for your personal safety. If you are moving for your emotional well being, documentation should be written on the mental health provider's business letterhead and include, license number, business address, and phone number, or be on a completed VCP mental health therapist verification form.

Below are the law enforcement agencies and mental health providers who can provide documentation:

Law Enforcement Agencies

District Attorney 's Office, CA Highway Patrol, Police, Sheriff, CA Attorney General's Office, Parole Officers, and another state or federal agency that investigate or prosecute violations.

Mental Health Providers

Licensed Psychiatrist, Psychologist, LCSW, MFT, Registered Psychologist, , Psychiatric Mental Health Nurse or Clinical Nurse Specialist. The following providers require a signature from the licensed supervising therapist: Psychology Intern, Psychological Assistant, Associate Social Worker, SA or DV Peer Counselor

Total payment for relocation expenses cannot exceed two thousand dollars (\$2,000). Expenses may include, but need not be limited to, all of the following:

- First and last month's rent and security deposit. Generally, the deposit and first and last month's rent before moving in will be paid directly to the landlord. When moving into an established residence, such as a family member's or friend's home, no deposit will be paid or reimbursed to the victim or landlord;
- Deposits for utilities and telephone service;
- Temporary lodging;
- Emergency food;
- Clothing and other personal hygiene items; ; and/or
- Other necessary expenses.

Request for Cash Payment or Reimbursement

This section is provided as a guideline for estimating costs associated with relocating to a safe environment. Please complete the amount column for each of the necessary categories you are claiming. Please provide a reasonable **ESTIMATE or RECEIPT (rental housing requires a receipt or rental agreement)** for each category for which you are requesting assistance. VCP staff will verify or review the requested items and amounts and recommend the final amount to be paid.

Types of Expenses and Limits Total payment or reimbursement not to exceed \$2000.	Amount	For staff use only:
Rental Housing: The first and last month's rent, and security deposit, AND you must attach a copy of the rental agreement including the landlord's name, address, telephone number and social security number. If the landlord does not have an acceptable rental agreement one will be provided by VCP to be completed by the landlord.		
Utilities Deposit: (e.g., electric/gas/water, but not to include cable): Reasonable deposit and connection estimate or receipt required Company Name: _____ Telephone No.: _____		
Telephone Deposit and Connection Fee: Not to exceed a total maximum of \$60. Receipt or verification is required. Company Name: _____ Telephone No.: _____		
Temporary Lodging: Not to exceed a maximum of seven days or \$700. Telephone, parking and room service not eligible for reimbursement. Receipt or verification is required. Lodging Name: _____ Telephone No.: _____		
Food Expense: Not to exceed a total of \$200. Benefit only eligible when the claim meets the Emergency criteria.		
Clothing and Other Personal Items: Not to exceed a total of \$500. Benefit only eligible when the claim meets the Emergency criteria and the urgency of the move prevented you from taking these items with you. (Clothing and/or personal items receipt or a statement describing your purchase is required.)		
Other Necessary Expenses: Please attach receipts or a detailed statement of the expense(s).		
Total Relocation Expenses (not to exceed \$2,000)		

I declare under penalty of perjury under the laws of the State of California that the information I have provided is true, correct and complete to the best of my knowledge.

Your signature designates you have read and agree with the above statement.

Signature:	Date:
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