



# BILLING FORM FOR IN-HOME SUPPORTIVE SERVICES

California Victim Compensation Program

CalVCP Application No.: \_\_\_\_\_

When no other reimbursement source is available the CalVCP may reimburse a victim/claimant for In-Home Supportive Service expenses he/she has paid to a caregiver as a result of a qualifying crime related injury. The victim's physician must submit one of the following documents:

1. A Disability Statement for In-Home Supportive Services; or
2. A letter on the physician's letterhead addressed to the CalVCP that contains the same information in the Disability Statement for In-Home Supportive Services.

In addition, CalVCP requires a Billing Form for In-Home Supportive Services be submitted at 30-day intervals.

Note: Payment for attendant care is limited to a daily maximum of eight hours, not to exceed 40 hours per week and the physician must recertify the need for attendant care in writing at 60-day intervals. If the victim/claimant is permanently disabled, the 60-day recertification by a physician is not necessary.

### To be Completed by Claimant or Conservator

Victim's Name: (Please Print)	Claimant's Name (if different from Victim's Name):
Caregiver's Name:	Caregiver's Phone Number and Address:
Caregiver's Relationship to Victim:	
Assistance was provided during the following time period: From: ___/___/___ to ___/___/___	

On the table below indicate the days of the month and hours that services were provided.

Month: \_\_\_\_\_

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Hours Worked																
Date	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Hours Worked																

Total Hours for Month:	Hourly Billing Rate: PAID: YES/NO
<p>I declare under penalty of perjury under the laws of the State of California (Penal Code sections 72, 118, and 129) that: I have read all of the questions contained on this form and, to the best of my information and belief, all my answers are true, correct and complete. I further understand that if I have provided any information that is false, intentionally incomplete or misleading, I may be found liable under <i>Government Code section 12650</i> for filing a false claim with the State of California and/ may also be guilty of a misdemeanor or felony punishable by six months or more in the county jail, up to four years in state prison, and/or fines up to ten thousand dollars (\$10,000).</p>	
Caregiver's Signature:	Date Signed:
Victim or Claimant's Signature:	Date Signed:

## Privacy Notice on Collection

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2. All information collected from this site is subject to, but not limited to, the Information Practices Act. See <http://vcgcb.ca.gov/media/prc.aspx>.
3. This information is collected for the purpose of determining eligibility for compensation.
4. VCGCB may disclose your personal information to another requestor, only if required to do so by law or in good faith that such action is necessary to:
  - a. Conform to the edicts of the law or comply with legal process served on VCGCB or the site;
  - b. Protect and defend the rights or property of VCGCB; and,
  - c. Act under exigent circumstances to protect the personal safety of users of VCGCB, or the public.
5. Individuals are to provide only the information requested.
6. The information provided is mandatory.
7. The consequences of not providing the requested information could result in the denial of your application.
8. You have the right to access the records containing the personal information that you provided.
9. The information collected is used by the California Victim Compensation Program.
10. Any questions regarding the information collected, please write to the following address: 400 R Street, 5th Floor Sacramento, CA 95811, email [info@vcgcb.ca.gov](mailto:info@vcgcb.ca.gov), call (800) 777-9229, or contact the VCGCB Privacy Coordinator at [InfoSecurityandPrivacy@vcgcb.ca.gov](mailto:InfoSecurityandPrivacy@vcgcb.ca.gov).
11. For additional information regarding privacy, please see VCGCB's Privacy Notice. See <http://vcgcb.ca.gov/privacy.aspx>.
12. For information regarding consumer information on security, please visit <https://oag.ca.gov/privacy/online-privacy>.