



Medical or Mental Health Provider Relocation Verification Form

CaIVCB Application No.: _____

Instructions: A statement from the medical or mental health treatment provider is required when a victim of a qualifying crime is requesting relocation benefits from the California Victim Compensation Board (CaIVCB) due to crime related emotional trauma. The victim's medical or mental health provider must complete the following information or submit a letter to CaIVCB on a prescription pad or letterhead stationery that contains all the information requested in this form including signature and license number. See victims.ca.gov for more details.

Victim Information

Name		Phone Number	
Address	City	State	Zip

Crime Information

Crime Date	Type of Crime
Is it necessary for the victim to relocate due to emotional reasons directly related to the qualifying crime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not enough information to determine 	

Explain why relocation is necessary for the victim's **emotional well-being**:

Describe the emotional consequences if he or she does not relocate:

Medical or Mental Health Provider Information

Medical or Mental Health Provider Name		Phone Number	
Provider/Organization Address			
Medical or Mental Health Signature		Date	
License Number		Expiration Date	

***Important Note for Supervised Mental Health Providers!:** *Psychology Intern, Psychological Assistant, Associate Social Worker, Sexual Assault or Domestic Violence Peer Counselor requires a signature from the licensed supervising therapist.*

*Licensed Supervising Therapist Name	*Signature	*Phone Number
*License Number	*Expiration Date	

FOR STAFF USE: If Form is not fully completed by the treating medical or mental health provider, contact the provider, add the missing information, complete the section below and have the document scanned in.

Medical or Mental Health Provider Supplying Information		Phone Number	
VW Center Name, Number and Advocate/ Staff Completing This Form		Phone Number	Date

Privacy Notice on Collection

1. CalVCB collects this information based on California Government Code sections 13952 et seq. and 13954.
2. All information collected from this site is subject to, but not limited to, the Information Practices Act. See <https://victims.ca.gov/media/prn.aspx>.
3. This information is collected for the purpose of determining eligibility for compensation.
4. CalVCB 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 CalVCB or the site;
 - b. Protect and defend the rights or property of CalVCB; and,
 - c. Act under exigent circumstances to protect the personal safety of users of CalVCB, 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@victims.ca.gov, call (800) 777-9229, or contact the CalVCB Privacy Coordinator at InfoSecurityandPrivacy@victims.ca.gov.
11. For additional information regarding privacy, please see VCGCB's Privacy Notice. See <https://victims.ca.gov/privacy.aspx>.
12. For information regarding consumer information on security, please visit <https://oag.ca.gov/privacy/online-privacy>.