

RELOCATION CERTIFICATION WORKSHEET



INSTRUCTIONS: The application claim form must be received within three years or five years with good cause shown, from the date of crime. The victim's need must be certified by a certified domestic violence or rape crisis center representative within the timeframes established for immediate need, reasonable fear, or urgent assistance. The claim form, certification worksheet, standard housing contract or residential agreement, and acceptable proof of crime must be mailed to the Office of the Attorney General, Bureau of Victim Compensation, PL-01, The Capitol, Tallahassee, FL 32399-1050; transmitted by facsimile to (850) 414-6197 or (850) 414-5779; emailed to VCIntake@MyFloridaLegal.com; or submitted via the bureau's web portal. Failure to submit the necessary documentation will result in a denial of benefits.

SECTION ONE: VICTIM/APPLICANT'S INFORMATION, DISCLOSURES, AND ACKNOWLEDGEMENTS

To be completed by the victim or legal guardian of a minor or incompetent adult. (please print)

1. Victim's Name (last, first, middle): _____
2. Date of Birth: ____/____/____ 3. Last Four Social Security Number: XXX-XX-_____
4. Applicant's Name, If Applicable (last, first, middle): _____
5. Date of Birth: ____/____/____ 6. Last Four Social Security Number: XXX-XX-_____

The victim/applicant must develop a safety plan that includes relocating to a new location that provides a reasonable level of safety, and provide a standard housing contract signed by the property manager or landlord and the victim/applicant for tenant occupancy of a house, apartment, or piece of living space such as a room or guest house. In lieu of a contract, the Notification of Residential Agreement (form BVC110) may be used. Please be advised that the property manager or landlord may be contacted for verification purposes. Relocation assistance is limited to short-term interim shelter, rental agreements, or long-term leases, and may include security deposits, application fees, and/or the first month's contractual payment.

7. Which relocation assistance benefit are you applying for? (check one) Domestic Violence Sexual Battery Human Trafficking
8. Do the safety measures outlined in your safety plan include moving to a new location? (check one) Yes (identify new location below) No
Mailing Address: _____ City: _____ State: _____ Zip Code : _____
9. Which of the acceptable documentation types is attached? (check one) Standard Contract Notification of Residential Agreement

10. Review and initial each of the following acknowledgements:

- ___ I understand that criminal prosecution for fraud under s. 960.18, Fla. Stat., may be pursued if I make false representations to receive funds. I also affirm that I will not use relocation assistance to reside with the offender, nor will the offender be unjustly enriched either directly or indirectly.
___ I agree to accept the funds at the center within 30 days of payment issuance.
___ I acknowledge that it is my responsibility to submit itemized documentation proving funds were used to satisfy the standard housing contract or Notification of Residential Agreement, which must be received by the bureau within 45 days of payment issuance. I acknowledge that the bureau shall deny, reduce, or withdraw any award if not received, or if documents do not reflect the specified housing expense.
___ I understand that funds paid on a claim which is denied, reduced, or withdrawn must be repaid to the Crimes Compensation Trust Fund. Any outstanding unpaid amounts will be deducted from any future relocation awards.
___ I affirm that a determination of claim eligibility constitutes an award for the amount certified up to the maximum specified on the Schedule of Benefits and will count toward the maximum lifetime benefit amount for the program type.
___ I swear to fully comply and cooperate with the proper authorities, including but not limited to the state attorney, statewide and federal prosecutors, all law enforcement agencies, and the bureau.
___ I verify that this request to the bureau for relocation assistance is a last resort that follows all other funding sources.

BY CHECKING THIS BOX, I AFFIRM UNDER PENALTY OF PERJURY OR FRAUD, THAT I HAVE READ, INITIALED, AND WILL ABIDE BY THE ASSURANCES ABOVE.

11. Victim's/Applicant's Signature: _____ 12. Date: _____

SECTION TWO: CERTIFIED CENTER REPRESENTATIVE'S CERTIFICATION OF NEED

To be completed by the certified domestic violence or rape crisis center representative. (please print)

13. Center's Name: _____
14. Representative's Name: _____
15. Mailing Address: _____ 16. City: _____ 17. State: _____ 18. Zip Code: _____
19. Telephone Number: (____) _____ 20. Facsimile Number: (____) _____ 21. Email Address: _____

22. Please specify which relocation program you are certifying the victim's need for relocation assistance. (check one)

Domestic Violence Relocation: I am a certified domestic violence center representative certifying the victim's need for relocation assistance in accordance with s. 960.198, Fla. Stat. I verify that the incident was documented by the proper authorities as a domestic violence crime committed by a family or household member pursuant to s. 741.28, Fla. Stat., and have attached the report. I affirm compliance with the qualifications of immediate need based on the crime occurring within 30 days of issuing the certification, within 30 days prior to the offender's release from incarceration which is documented by the attached Department of Corrections order, or there is a present need to relocate the victim due to the threat of further violence as specified by the attached written documentation from law enforcement officer or state attorney.

Sexual Battery Relocation: I am a certified rape crisis center representative certifying the victim's need for relocation assistance in accordance with s. 960.199, Fla. Stat. I verify that the incident was documented by the proper authorities as a sexual battery crime pursuant to s. 794.011, Fla. Stat., and have attached the report. I affirm compliance with the qualifications of need based on the victim demonstrating a reasonable fear for their continued safety at their current residence due to the sexual battery crime.

Human Trafficking Relocation: I am a certified domestic violence or rape crisis center representative certifying the victim's need for relocation assistance in accordance with s. 960.196, Fla. Stat. I verify that the incident was documented by the proper authorities as a human trafficking crime pursuant to s. 787.06(3)(b), (d), (f) or (g), Fla. Stat., and have attached the report. I affirm compliance with the qualifications of urgent need based on the crime or last identifiable threat occurring within 45 days of issuing the certification, or within 45 days from a state attorney, statewide or federal prosecutor determining the victim's need to relocate due to the threat of further violence during an active and ongoing investigation as specified by the attached written documentation.

23. Certified Domestic Violence or Rape Crisis Center Representative Verifications:

- a) The victim/applicant has provided personal identification which was reviewed prior to certifying their need for relocation assistance.
b) The victim/applicant has developed a safety plan which includes relocating to a new location.
c) The victim/applicant has been notified of all applicable rules and that failure to comply with those requirements shall result in a denial of benefits.
d) The victim/applicant was notified that if funds are awarded, he or she must accept the funds at the center within 30 days of payment issuance. I or another certified center representative must witness the victim/applicant's acceptance of payment and forward a signed Notification of Possible Recoupment and/or Prosecution for Fraud (BVC421) form to the bureau. If the funds are not collected, I authorize the bureau to rescind eligibility and revoke my certification of this victim's need.
e) The victim/applicant has cooperated with the proper authorities which includes investigating and prosecuting known offenders.

BY CHECKING THIS BOX, I AFFIRM THAT I HAVE COUNSELED THE RECIPIENT REGARDING ALL ASPECTS OF THE PROGRAM AND THE OBLIGATIONS AND RESPONSIBILITIES FOR RECEIVING AND SPENDING THESE FUNDS, AND THEREBY CERTIFY THE VICTIM'S NEED FOR RELOCATION ASSISTANCE.

24. Representative's Signature: _____ 25. Date: _____