

HUMAN TRAFFICKING RELOCATION CERTIFICATION WORKSHEET



INSTRUCTIONS: To qualify for human trafficking relocation assistance, the victim's need must be certified by a certified rape crisis or domestic violence center within one year from the date of crime, or two years with good cause. In cases that exceed the two year requirement, the victim's need for assistance must be certified by a state attorney, or statewide or federal prosecutor. The claim form, certification worksheet, 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, or transmitted by facsimile to (850) 414-6197 or (850) 414-5779, or emailed to VCIntake@MyFloridaLegal.com. Failure to submit the necessary documentation will result in a denial of benefits.

SECTION ONE: EXPENSE INFORMATION 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-____
7. How will funding be used to execute the safety measures outlined in your safety plan?

8. Identify how the assistance will be used by specifying the dollar amount of each expense for which compensation is requested:

**** Note: Money must be spent as requested or returned. Expenses not identified in the categories below will be denied.****

Interim Shelter (Hotel/Motel) _____	Housing Deposits or Rent _____
Rental Vehicles to Move Belongings _____	Short Term Storage Facilities _____
Moving Company Charges _____	Prepaid Cellular Phone with Limited Prepaid Service _____
Natural Gas/ Utilities Deposits (New Residence) _____	Transportation Expenses _____
Emergency Food/Clothing _____	(airfare, bus, taxi, ridesharing service, train, fuel, vehicle rental)

9. Review and initial each of the following acknowledgements:

- ____ I certify that I will comply with s. 960.196, Fla. Stat., and verify understanding that criminal prosecution for fraud under s. 960.18, Fla. Stat., may be pursued if I make false representations to receive money.
- ____ I affirm that I am not currently residing with any offender involved in the human trafficking offense.
- ____ I affirm that I have created a safety plan with a center representative which includes using the funds to relocate to a safe environment.
- ____ I agree to accept the funds at the center within 30 days of payment issuance.
- ____ I understand that it is my responsibility to submit itemized receipts showing how funds awarded are used, via email to VCIntake@MyFloridaLegal.com, or via fax to (850) 414-6197 or (850) 414-5779, which must be received by the department within 45 days of payment issuance.
- ____ I acknowledge that the department shall deny, reduce, or withdraw any award if receipts are not received by the department within 45 days of payment issuance, or if receipts do not reflect compensable relocation assistance expenses.
- ____ I attest to the fact that I require financial assistance for relocating based on an urgent need to escape from an unsafe environment directly resulting from a human trafficking offense as described in s. 787.06(3)(b), (d), (f), or (g), Fla. Stat.
- ____ I swear to cooperate with the proper authorities, including but not limited to the state attorney, statewide and federal prosecutors, all law enforcement agencies, and the department.
- ____ 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 established pursuant to s. 960.196, Fla. Stat.
- ____ I understand that any monies paid on an award which is denied, reduced, or withdrawn must be repaid to the department. Any outstanding unpaid amounts will be deducted from any future relocation awards.

BY CHECKING THIS BOX, I AFFIRM I HAVE READ, INITIALED, AND WILL ABIDE BY THE ASSURANCES ABOVE.

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

SECTION TWO: CERTIFICATION

To be completed by the certified rape crisis or domestic violence center representative. In cases that exceed the two year filing requirement, this section must be completed by a State Attorney, Statewide or Federal Prosecutor. (please print)

12. (Select One)
 Certified Rape Crisis Center Representative
 State Attorney (or delegate Assistant State Attorney)
- Certified Domestic Violence Center Representative
 Statewide Prosecutor
 Federal Prosecutor
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. Certified Rape Crisis or Domestic Violence Center Representative, State Attorney, Statewide or Federal Prosecutor Verifications:
 - (a) I certify compliance with the provisions of s. 960.196, Fla. Stat.
 - (b) I affirm that the victim/applicant has been notified of all applicable rules and regulations, and that failure to comply with those requirements shall result in a withdrawal of the award.
 - (c) I verify that the crime incident was identified by the proper authorities as human trafficking defined by s. 787.06(3)(b), (d), (f) or (g), Fla. Stat.
 - (d) The victim's urgent need to relocate results from a human trafficking crime, and this certification is being completed within 45 days immediately following the crime, or an identification threat by a human trafficking offender, which has been communicated to proper authorities. Alternatively, it has been more than 2 years from the last date of the crime and a State Attorney, Statewide or Federal Prosecutor has determined the victim's need to relocate is due to the threat of future violence, and there is currently an active and ongoing investigation.
 - (e) I verify that the victim/applicant has provided personal identification which was reviewed prior to certifying the application.
 - (f) I affirm that the victim has developed a safety plan.
 - (g) I acknowledge that another certified representative or I must witness the victim/applicant's acceptance of payment and forward a signed Notification of Possible Recoupment and/or Prosecution for Fraud Form to the department.
 - (h) I verify that 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. If the payment is not collected, I authorize the department to rescind eligibility and revoke my certification of that application.
 - (i) I verify that the victim/applicant has cooperated with the proper authorities which includes the state attorney in investigating and prosecuting known offenders.
- BY CHECKING THIS BOX, I AFFIRM THAT I HAVE COUNSELED THE RECIPIENT IN REGARDS TO ALL ASPECTS OF THE PROGRAM AND THE OBLIGATIONS AND RESPONSIBILITIES FOR RECEIVING AND SPENDING THESE FUNDS, AND THEREBY CERTIFY THE VICTIM'S NEED FOR ASSISTANCE.**
23. Representative's Signature: _____
24. Date: _____