

DOMESTIC VIOLENCE 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 center and filed within 30 days of the domestic violence crime. The claim form, certification worksheet, and acceptable proof of crime should 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 department's web portal. 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. 960.198, 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 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 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. 960.198, 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 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 domestic violence center representative. (please print)

12. Center's Name: _____
13. Representative's Name: _____
14. Mailing Address: _____ 15. City: _____ 16. State: ____ 17. Zip Code: _____
18. Telephone Number: (____) _____ 19. Facsimile Number: (____) _____ 20. Email Address: _____
21. Certified Domestic Violence Center Representative Verifications:
 - (a) I certify compliance with the provisions of s. 960.198, 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 documented by the proper authorities was domestic violence committed by a family or household member pursuant to s. 741.28, Fla. Stat., as identified on acceptable proof of crime attached to this application and certification.
 - (d) I verify that the domestic violence occurred 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 domestic violence as specified by the attached written documentation from a law enforcement officer or the assistant state attorney.
 - (e) 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.
 - (f) I verify that the victim/applicant has provided personal identification which was reviewed prior to certifying the application.
 - (g) I affirm that the victim has developed a safety plan.
 - (h) 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.
 - (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 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 ASSISTANCE.**

22. Representative's Signature: _____ 23. Date: _____