

Information Release

Crime Victims' Compensation (CVC) must investigate all applications. This authorization will be used to gather information from law enforcement, your employer(s), insurance companies, financial institutions, medical facilities, and other sources in order to determine and manage your claim. CVC will disclose information about your claim only when required by law to do so.

MEDICAL AND OTHER RELEASE:

BY SIGNING THIS APPLICATION I HEREBY CONSENT TO RELEASE RECORDS between CVC and any hospitals, physicians, counselors, medical facilities and services, any insurer including social security and disability benefits, any employers, and any social services or governmental agencies including Employment Department, DHS, Worker's Compensation Division, State Court Administrator or any other authorized person or law enforcement agency for purposes relating to my CVC application.

I ALSO HEREBY CONSENT TO RELEASE TO CVC any document(s) related to disability information or income from other sources and/or my medical records even if it contains information about drugs, alcohol, mental health, or HIV testing. I EXPRESSLY AND VOLUNTARILY AUTHORIZE DISCLOSURE of my records for the purpose stated above. I further understand that I am not giving permission for any disclosure other than that described above. I understand that I may revoke this authorization at any time, except to the extent action has been taken on this authorization.

My Promise to the Program

BY SIGNING THIS APPLICATION I HEREBY **AGREE** to immediately inform CVC when any crime-related recovery is expected or received. I further agree to reimburse CVC from those recoveries a sum that is equal to the amount of the total CVC award. I acknowledge and agree that the sources of recovery this subrogation agreement will pertain to include, but are not limited to, the following: court-imposed restitution, civil judgments against the offender or other liable/obligated third parties, any insurance settlements, or settlements/benefits from any other governmental or private agency. I further agree to reimburse CVC all sums of money paid by CVC pursuant to this claim, if the claim is at any time determined to be in error, false or fraudulent.

BY SIGNING THIS APPLICATION I UNDERSTAND THAT UNDER PENALTIES OF UNSWORN FALSIFICATION, I declare that the information in this application is true and accurate. I, or we, authorize the Crime Victims' Compensation Program of the Department of Justice to verify any information on this application.

Signature of Victim/Applicant	Date:
Signature of 14-17 year old Victim:	Date:

OREGON DEPARTMENT OF JUSTICE
CRIME VICTIM & SURVIVOR SERVICES DIVISION
 1162 Court St NE Salem, Oregon 97301-4096
 (503) 378-5348 or 800 503-7983 Fax (503) 378-5738

Per ORS 147.105 (1)(i) the CVC has the authority to request information to process applications for compensation. If compensation is received by intentionally misrepresenting information which CVC relies upon to determine or pay compensation, compensation awards shall be forfeited.

Nondiscrimination

To be eligible to receive federal funds for distributing purposes of crime victims' compensation, the State of Oregon must comply with the nondiscrimination requirements of the Federal Victims of Crime Act of 1984. To ensure it meets those requirements regarding nondiscrimination, the State of Oregon must collect information about the victim's race, religion, sex, national origin, age, and any handicapping condition. The information you provide will not be used in any manner to determine acceptance or denial of your claim and will be kept confidential.

Recipients of funds under the Act are subject to Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000(d) (prohibiting discrimination in Federally-funded programs on the basis of race, color, or national origin), Section 504 of the Rehabilitation Act of 1974, as amended: Subtitle A, Title II of the Americans with Disabilities Act (ADA); and Department of Justice implementing regulations on disability discrimination, 28 CFR Part 35 and Part 39; Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1974; and the Department of Justice Nondiscrimination Regulations, 28 CFR Part 42, Subparts C, D, E, and G.

The following voluntary information is used for statistical purposes only to comply with federal regulations	
Is the Victim disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the Victim disabled prior to the date of crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity of victim: <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White Non-Latino or Caucasian <input type="checkbox"/> Other: _____	