

Pennsylvania Commission on Crime and Delinquency



**Office of Victims' Services
Victims Compensation Assistance Program
P.O. Box 1167
Harrisburg, PA 17108-1167**

800-233-2339
717-783-5153
717-787-4306 Fax

Emergency Compensation Award Application

Last Name (claimant) First Name Middle Initial

Address

City State Zip Code ()
 Telephone

An Emergency Compensation Award is solely for a claimant who is experiencing an undue financial hardship as a result of the crime, due to the following:

(Please check box(s) that apply--at least one box must be checked to be eligible).

- Claimant has already paid for medical/funeral bills.
- Claimant has lost wages.
- Claimant is applying for money that was stolen or defrauded from them.
- Claimant was financially dependent upon a victim of homicide.

NOTE: In order for an Emergency Compensation claim to be processed, it must be submitted with the Program's standard claim form and required documentation. Claimants under age 60 must meet the \$100 minimum out-of-pocket loss to be eligible. Claimants age 60 or older have no minimum loss requirement.

Due to an urgent financial need, I am requesting an Emergency Compensation Award. I understand that the Program will review the police report and the supporting documentation to determine if the claim is eligible for an award. I understand that this award may not exceed \$1,500.

Claimant's Signature

Date