



California Victim Compensation Program

DISABILITY STATEMENT FOR INCOME LOSS AUTHORIZATION

CaIVCP Application No.: _____

The CalVCP may reimburse a victim/claimant for income loss due to a qualifying crime related injury. The victim's physician or mental health provider must complete the following information or submit a letter to the CalVCP on the physician's or mental health provider's prescription pad or letterhead stationery that states:

1. The nature of the victim's qualifying crime related injuries;
2. The prescribed period during which the victim is unable to work;
3. Current diagnosis and prognosis for recovery;
4. Certification that the disability resulted directly from the qualifying crime.

To be Completed by the Treating Physician or Mental Health Provider

Victim's Name (Please Print):	Date of Injury:
Was this a crime related injury? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was this a work related injury? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the patient able to perform modified work-related duties during this time period? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diagnosis With Code(s):	
Prognosis:	
Dates of disability period: From: ___/___/___ to ___/___/___	
<i>Physician's certification and signature (REQUIRED): I certify under penalty of perjury that, based on my examination, this Disability Statement truly describes the patient's disability and the estimated period of disability, if any.</i>	
I further certify that I am licensed to practice in the state of: _____	
Physician's Name (as shown on license) (Please Print):	State License No.
Physician's Address and Telephone Number:	
Physician's Signature:	Date Signed:

Privacy Notice on Collection

1. VCGCB collects this information based on California Government Code sections 13952 et seq. and 13954.
2. All information collected from this site is subject to, but not limited to, the Information Practices Act. See <http://vcgcb.ca.gov/media/pract.aspx>.
3. This information is collected for the purpose of determining eligibility for compensation.
4. VCGCB may disclose your personal information to another requestor, only if required to do so by law or in good faith that such action is necessary to:
 - a. Conform to the edicts of the law or comply with legal process served on VCGCB or the site;
 - b. Protect and defend the rights or property of VCGCB; and,
 - c. Act under exigent circumstances to protect the personal safety of users of VCGCB, or the public.
5. Individuals are to provide only the information requested.
6. The information provided is mandatory.
7. The consequences of not providing the requested information could result in the denial of your application.
8. You have the right to access the records containing the personal information that you provided.
9. The information collected is used by the California Victim Compensation Program.
10. Any questions regarding the information collected, please write to the following address: 400 R Street, 5th Floor Sacramento, CA 95811, email info@vcgcb.ca.gov, call (800) 777-9229, or contact the VCGCB Privacy Coordinator at InfoSecurityandPrivacy@vcgcb.ca.gov.
11. For additional information regarding privacy, please see VCGCB's Privacy Notice. See <http://vcgcb.ca.gov/privacy.aspx>.
12. For information regarding consumer information on security, please visit <https://oag.ca.gov/privacy/online-privacy>.