

DOMESTIC VIOLENCE RELOCATION CERTIFICATION WORKSHEET



INSTRUCTIONS: After the certified domestic violence center representative has qualified the victim for an application certification, 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, 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, vehicle rental, bus, train, or taxi)
9. Review and initial each of the following acknowledgements:
 I swear to duly cooperate with the proper authorities, the department, and the state attorney in prosecuting known offenders.
 I will comply with 960.198, Fla. Stat., and I understand that criminal prosecution for fraud may be pursued if I make false representations to receive money, or use it in a manner inconsistent with the approved use.
 I affirm that I have created a safety plan with the center representative that includes moving to a location that I feel is a safe environment.
 I affirm understanding that I must collect the payment from the certifying center within 30 days of payment issuance, and that I will use all funds awarded to relocate as identified in the expense section above.
 I agree to provide itemized receipts which must be received by the department within 45 days from the date the payment was issued. In addition, I understand that receipts must be emailed to VCIntake@MyFloridaLegal.com, or be faxed to (850) 414-6197 or (850) 414-5779, to be considered for any additional awards.
 I agree that the department may deny, reduce, or withdraw any award if receipts are not submitted, or if receipts do not reflect the specified expenditures approved by the department, pursuant to 2A-2.014 (7)(h), F.A.C.
 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 affirm that the attached application meets the requirements of Section 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) The crime incident identified by the proper authorities was "domestic violence" committed by a "family or household member" pursuant to 741.28, Fla. Stat.
 - (d) Acceptable proof of crime is attached to the application which is being submitted with this certification.
 - (e) The domestic violence offense must have occurred within 30 days of issuing this 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.
 - (f) The victim/applicant has cooperated with the proper authorities, the department, and the state attorney in prosecuting the known offender.
 - (g) The victim/applicant provided personal identification documentation which was reviewed prior to issuing this certification.
 - (h) I affirm that the victim has developed a safety plan.
 - (i) I understand that I or another certified representative must witness the victim's acceptance of payment and forward a signed Notification of Possible Recoupment and/or Prosecution for Fraud Form to the department.
 - (j) The victim/applicant was notified that if funds are awarded, he/she must accept the funds at the center within 30 days of issuance. I acknowledge that if payment is not picked up within 30 days, my certification of this application will be revoked and eligibility of the claim rescinded.
- 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 THERBY CERTIFY THE VICTIM'S NEED FOR ASSISTANCE.**
22. Representative's Signature: _____
23. Date: _____