



NWT Victims of Crime Emergency Fund Application Form

NOTE: The privacy provisions of the *NWT Access to Information and Protection of Privacy Act* protect the personal information on this application form.

- The Victims of Crime Emergency Fund (VCEF) is designed to provide financial assistance to Northwest Territories residents who are victims of a serious violent crime.
- Personal information collected on this application form is being collected by the Department of Justice, under section 40c(ii) of the *NWT Access to Information and Protection of Privacy Act*.
- The personal information collected relates directly to and is necessary for the administration of the NWT Victims of Crime Emergency Fund.
- If you have any questions regarding the collection of this information please contact the **Manager, NWT Victim Services at (867) 873-7002 -or- fax (867) 873-0199 -or- e-mail vcef@gov.nt.ca .**
- Submit the completed application to:

Manager, NWT Victim Services
 Department of Justice (GNWT)
 5th Floor, Courthouse Building
 4903-49th Street
 P.O. Box 1320, Yellowknife, NT X1A 2L9

1. VICTIM'S CONTACT INFORMATION

<ul style="list-style-type: none"> • Please provide contact information where it would be the safest to contact you. 				
Are you applying on behalf of a victim? <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes, state relationship to Victim:				
Last Name		First Name	Middle Name	
Mailing Address		Community	Territory/Province	
		Postal Code		
Home Telephone ()		Work Telephone ()	Cellular Phone ()	

2. ELIGIBILITY FOR EMERGENCY FINANCIAL ASSISTANCE

<ul style="list-style-type: none"> • This section helps us decide if you may get emergency financial assistance. • In order to be considered eligible: <ul style="list-style-type: none"> > The crime must have taken place between September 1, 2008 and March 31, 2011. (If the crime occurred over a period of time, please provide the approximate dates); > The crime must fit the category of serious violent offences as noted below; > Please check the box that best describes the crime that occurred. (Use "Other" as required); and > The crime must have taken place in the NWT. 		
Date(s) of Crime (d/m/y):		
Type of Crime: <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Assault that resulted in serious bodily harm <input type="checkbox"/> Homicide/Attempted <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Confinement-Forcible _____		Did this crime occur in the NWT? <input type="checkbox"/> Yes <input type="checkbox"/> No

3. EXPENSES and LOSS INFORMATION

• This section provides information regarding expenses that you are claiming from vendors and/or services that have assisted you as a result of the crime.

Expenses and Losses	Vendor Name and Services (Provide the name of the vendor(s) and/or services that were provided to you)	Estimated Cost
<input type="checkbox"/> Crime scene clean up	_____	
<input type="checkbox"/> Emergency home repairs	_____	
<input type="checkbox"/> Transportation costs	_____	
<input type="checkbox"/> Emergency child care and dependent care	_____	
<input type="checkbox"/> Short-term immediate counselling services	_____	
<input type="checkbox"/> Emergency accommodation and meals	_____	
<input type="checkbox"/> Medical expenses (such as: eye glasses, dental treatment, prescription replacement, etc.)	_____ _____ _____ _____ _____ _____	
<input type="checkbox"/> Other items considered as emergency needs at the discretion of the Manager, NWT Victim Services	_____ _____ _____ _____	

Total Estimated Cost ➤ \$ _____

4. DECLARATION

I declare that all the information I have given on this form is true and correct.

Print Name _____

X _____
Signature

_____ Date - d/m/y