

Massachusetts Forensic Sexual Assault Post - Exam Expense Application

The Victim of Violent Crime Compensation Assistance fund is available to help pay for expenses incurred after the administration of a Forensic Sexual Assault Exam performed by a SANE nurse or other medical provider. Please see the back of this application for further details. **NOTE: Federal law requires that states provide coverage for the out of pocket cost of forensic medical exams for victims of sexual assault, regardless of their involvement with law enforcement. The hospital where your examination occurred will work with Victim Compensation for payment of the individual charges for any lab work, emergency room fees, physician fees, etc. for crimes that occur in Massachusetts. Please contact the hospital billing department with any further questions about this procedure.**

You may complete this application and mail it to the address above, email to VCCorrespondence@mass.gov, or send by fax to Victim Compensation at (617) 742-6262. **Please be sure to attach a copy of the Treatment and Discharge form and copies of any bills and/or receipts.** For additional information see reverse side of this application or call Victim Compensation at (617) 586-1340.

I. Applicant Information

Applicant's name: _____ Date of birth: ____/____/____ Gender: _____ Preferred Language: _____
First Middle Initial Last Month/Day/Year

Parent/Guardian name: _____
(If applicant is under the age of 18)

Mailing address: _____ City/State: _____

Zip: _____ Phone: (____) _____

Email address: _____ Preferred Language: _____

May we contact you using the information above? ☐ Yes ☐ No If yes: ☐ Phone ☐ Email

If not, please provide alternative contact information: _____

Massachusetts Sexual Assault Evidence Collection Kit Number*: _____

**The kit number is located on the Treatment and Discharge form that you received from the hospital or medical provider. Please attach a copy of that form to this application.*

Date of incident: ____/____/____ Location (City/Town) where incident occurred: _____
Month/Day/Year

Medical Facility: _____ Date of treatment: ____/____/____
Month/Day/Year

Certification

I give permission to any hospital, medical facility, doctor, mental health provider, insurance company, employer, person or agency, including state and federal agencies, to give information to the Victim Compensation Program, including medical records and test results which may include drug and alcohol screens, HIV screening and AIDS related information. I understand that the information will be used to determine my claim for victim compensation benefits. I do not authorize the use or release of this information to any person or entity for any other purpose without my express written consent, except where such use or release is provided for by court order or otherwise provided for by law. A photocopy of this signed release is as valid as the original. This authorization shall expire upon final determination of all requirements under M.G.L. c. 258C and 940 CMR 14.00. If an award is made, I authorize Victim Compensation to make payments directly to the provider of services if I fail to respond within 3 months of the date on the Notice of Award. I certify, under the pains and penalties of perjury, that all information and supporting documentation contained in this application is true and accurate to the best of my knowledge and belief.

Signature: _____ Printed Name: _____

Signature of parent or guardian if victim is under 18 (required): _____

Date: _____ Name of anyone who assisted you in the completion of the application: _____

Compensation for Forensic Sexual Assault Exams

Important Information

The Massachusetts Office for Victim Assistance Victim Compensation Program is authorized to oversee the Commonwealth's Victim Compensation Fund and administer the provisions of Massachusetts General Law chapter 258C. The fund is available to assist you by paying for expenses incurred after the administration of a Forensic Sexual Assault Exam performed by a SANE nurse or other medical provider. Covered expenses include those related to necessary follow-up medical care as well as those expenses listed below. Victim Compensation staff are also available to provide you with additional information regarding referrals to other services and resources, including law enforcement agencies that are available to assist you. You may also be eligible for the benefits described below.

What are the requirements?

- The crime **must have taken place** in Massachusetts (Otherwise, you will have to apply to the state where the crime occurred. It is important to do this as soon as possible as other states have different reporting requirements. Please contact us for this information)
- The claim for compensation must be filed with the Division within three (3) years of the date of the crime, for exams conducted 1/1/08 and after

Who is eligible to apply?

- Any victim of sexual assault who obtains a Forensic Sexual Assault exam performed by a SANE nurse or other medical provider in a hospital in Massachusetts
- The parent or guardian of a minor victim who obtains a Forensic Sexual Assault Exam

What costs are covered?

- Physician and hospital expenses related to follow up care associated with administration of the Forensic Sexual Assault Exam
- Medications prescribed or administered by medical personnel after the time of the exam
- Aftercare (medical treatment or medications) deemed medically necessary at the time of the exam and related to the sexual assault
- Counseling, security measures, replacement bedding and clothing, lost wages, and professional crime scene cleanup services may also be available

How do I apply?

- Thoroughly complete and sign the one-page application found on the reverse side and submit it to Victim Compensation.
- Include a copy of the Treatment and Discharge form (FORM #6), with the sexual assault evidence collection kit number, which you received from the hospital at the time of the exam. Also include copies of any medical bills or receipts, including prescriptions, related to the exam.
- Victim Compensation staff will contact you to confirm the status of your claim and offer you assistance.

Victim Compensation Program
617-586-1340
Massachusetts Office for Victim Assistance
One Ashburton Place, suite 1310, Boston, MA
02108
617-742-6262 (fax)
VCCorrespondence@mass.gov