VVF Collateral Resource Check List



CLAIMANT NAME: ______

WAS THE VICTIM COVERED BY MEDICAL/HEALTH INSURANCE? (at the time treatment was rendered) *If NO, has the victim filed a charity care application with the hospital? PLEASE NOTE: all uninsured victims MUST apply for charity care assistance with the hospital and submit approval/denial letter to VVF. *If NO, has the victim applied for Medicaid? PLEASE NOTE: all uninsured victims MUST apply for charity care assistance with the hospital and submit approval/denial letter to VVF. *If NO, has the victim applied for Medicaid? PLEASE NOTE: all uninsured victims AVEHICLE (e.g. assault in a vehicle) or WAS INCIDENT CAUSED BY A VEHICLE (e.g. DUI, hit & run)? *If YES, does the victim have automobile insurance? *Has the victim filed a claim with his/her auto insurance carrier?		N/A
*If NO, has the victim filed a charity care application with the hospital? PLEASE NOTE: all uninsured victims MUST apply for charity care assistance with the hospital and submit approval/denial letter to VVF. *If NO, has the victim applied for Medicaid? DID THE INCIDENT TAKE PLACE IN A VEHICLE (e.g. assault in a vehicle) or WAS INCIDENT CAUSED BY A VEHICLE (e.g. DUI, hit & run)? *If YES, does the victim have automobile insurance? *Has the victim filed a claim with his/her auto insurance carrier?		
PLEASE NOTE: all uninsured victims MUST apply for charity care assistance with the hospital and submit approval/denial letter to VVF. *If NO, has the victim applied for Medicaid? DID THE INCIDENT TAKE PLACE IN A VEHICLE (e.g. assault in a vehicle) or WAS INCIDENT CAUSED BY A VEHICLE (e.g. DUI, hit & run)? *If YES, does the victim have automobile insurance? *Has the victim filed a claim with his/her auto insurance carrier?		
and submit approval/denial letter to VVF. *If NO, has the victim applied for Medicaid? DID THE INCIDENT TAKE PLACE IN A VEHICLE (e.g. assault in a vehicle) or WAS INCIDENT CAUSED BY A VEHICLE (e.g. DUI, hit & run)? *If YES, does the victim have automobile insurance? *Has the victim filed a claim with his/her auto insurance carrier?		
*If NO, has the victim applied for Medicaid? DID THE INCIDENT TAKE PLACE IN A VEHICLE (e.g. assault in a vehicle) or WAS INCIDENT CAUSED BY A VEHICLE (e.g. DUI, hit & run)? *If YES, does the victim have automobile insurance? *Has the victim filed a claim with his/her auto insurance carrier?		
DID THE INCIDENT TAKE PLACE IN A VEHICLE (e.g. assault in a vehicle) or WAS INCIDENT CAUSED BY A VEHICLE (e.g. DUI, hit & run)? *If YES, does the victim have automobile insurance? *Has the victim filed a claim with his/her auto insurance carrier?		
CAUSED BY A VEHICLE (e.g. DUI, hit & run)? *If YES, does the victim have automobile insurance? *Has the victim filed a claim with his/her auto insurance carrier?		
*If YES, does the victim have automobile insurance? *Has the victim filed a claim with his/her auto insurance carrier?		
*Has the victim filed a claim with his/her auto insurance carrier?		
The victim MUST file a claim with his/her auto insurance company		
The victim MUST file a claim with his/her auto insurance company.		
PLEASE NOTE: Some auto policies will cover medical expenses for any incidents taking place		
in or involving a vehicle (even non-auto accidents)		_
*If YES, does the offender have automobile insurance?		
*Has a claim been filed with the offender's auto insurance carrier?		
*If YES, and the owner of the vehicle is NOT the victim or the offender, does the owner		
of the vehicle have automobile insurance?		
*Has a claim been filed with the owner of the vehicles auto insurance carrier?		
DID THE INCIDENT OCCUR AT THE VICTIM'S WORK OR OCCUR WHILE VICTIM WAS ON		
THE JOB?		
*If YES, has a claim been filed with Workers' Compensation (VWC)?		-
NOTE: If incident occurred at work (or while working), the claimant must file an application with		
VWC, and forward decision letter to VVF.		
WAS RESTITUTION ORDERED IN THE CRIMINAL CASE?		
*If YES, please advise our office of the amount ordered, what expenses restitution was ordered		
for, who it was ordered to and whether or not a change order can be requested.		
HAS THE CLAIMANT FILED A CIVIL SUIT OR IS THE CLAIMANT PLANNING ON FILING A		
CIVIL SUIT?		
*If YES, Please forward attorney information and case status to VVF.		
FOR HOMICIDE CLAIMS		
DID THE VICTIM HAVE LIFE / BURIAL INSURANCE?		
*If YES, is the claimant the beneficiary?		
NOTE: If there is a life insurance policy VVF must receive summaries of life in insurance benefits		_
that show payout information and the name of the beneficiary.		
DOES THE CLAIMANT HAVE HEALTH INSURANCE (for grief counseling)?		-
HAS THE CLAIMANT RECEIVED ANY DONATIONS OR HAVE ANY CHARITABLE ACCOUNTS		-
BEEN ESTABLISHED TO ASSIST WITH FUNERAL EXPENSES (e.g. GoFundMe)?		
*If YES, please provide our office with details of donations.		
IF APPLYING FOR CRIME SCENE CLEAN-UP OR CRIME-RELATED DAMAGE DONE TO		
EXTERIOR WINDOWS OR DOORS		
DOES THE CLAIMANT HAVE HOMEOWNER'S OR RENTER'S INSURANCE?		
*If YES, has a claim been filed with homeowner's/renter's insurance?		<u> </u>
DIFACE NOTE: If the east of associate to provide the set of the se		
<u>PLEASE NOTE</u> : If the cost of repairs is greater than the amount of the insurance deductible, then a claim must be filed with homeowner's or renter's insurance. If the cost for repairs is less than the		