

Reimbursement Request form Guide



Quebec Reimbursement Program
for Family and Close Friends of
Deceased Victims of a Criminal Act

General Information

Complete this form only if you or the person you are accompanying has already completed an **Application Form**.

Please complete one Request for Reimbursement form for each beneficiary.

Note: "Beneficiary" refers to the person who incurred the expenses and who will receive the reimbursement. A beneficiary may therefore be the accepted applicant or one of his or her companions. It is not necessary for the accepted applicant to have been present at a hearing in order for another beneficiary to be reimbursed for their expenses.

If you would like assistance in completing your form, please contact one of the following resources:

- Crime Victim Assistance Centres (CAVAC): **1-866-LE CAVAC** (532-2822)
- *Association des familles de personnes assassinées ou disparues* (AFPAD) – association of families of homicide victims or missing persons: **1-877-484-0404**
- MADD Canada – Mothers Against Drunk Driving: **1-877-392-6233**

Procedure

Be sure to enter all the required information in the correct fields. Forms with incorrect or incomplete information may cause a delay in processing your application.

Preparing your Request for Reimbursement

Gather together all your supporting documents and enter the required information on the form. Supporting documents to be included with your reimbursement request:

- Proof of address
- Parking receipts
- Restaurant receipts
- Hotel receipts
- Receipts for transportation: bus, taxi, plane, etc.
- Any other receipts

Supporting documents included with your request may be in the form of photos or PDF documents. Be sure to **keep the originals**, however, as they must be provided on request.

After you have submitted your form

The beneficiary for whom the form was completed will receive a cheque in his or her name at the address indicated on the form. Please be sure that the name and address indicated on the form are correct.

For faster processing, you can also attach a void sample cheque in your name. The reimbursement will then be made in the form of a bank transfer. You will receive a confirmation email when the bank transfer is completed.

Notice of collection of personal information

The information contained in this form is being collected for the sole purpose of administering and evaluating the Program. Access to the information you send us is reserved for authorized persons only. In accordance with the *Act respecting the protection of personal information in the private sector (chapter P 39.1)*, your information will not be shared with any third-party organizations.

Additional information

Please do not hesitate to contact us if you have any questions or require more information. Write to us at **demande@programmeproches.ca** or call 514-277-9860, ext. 2234.

Sending in your form

Please email your form to: **demande@programmeproches.ca** or mail it to: **CP 70 BP Saint Dominique, Montréal, Québec, H2S 3K6**

Make sure all your supporting documents accompany your application.

Request for Reimbursement



Programme québécois de remboursement
pour les proches de personnes décédées
à la suite d'un acte criminel

An asterisk (*) indicates a compulsory field.

If needed, additional space for your answers is available at the end of the form.

A - General information

Name*

First name: _____

Last name: _____

Telephone number*

Email address*

Applicant's file number:*

The file number is indicated in your letter of acceptance. If you have not been recognized as an applicant under this program and are instead a companion, please complete **Section B**.

B- Information for companion

Complete this section only if you are accompanying an applicant (in other words, if you are not an accepted applicant yourself).

Date of birth* (YYYY / MM / DD)

____ / ____ / ____

Sex:

Complete address*

Street Address:

City:

Province / State / Region:

Postal Code / ZIP:

Country:

Language of correspondence*

French English

Name of the applicant you are accompanying:

Applicant's file number:

Note that we may contact the applicant for verification purposes.

What is your relationship to the victim? * :

N.B.: You are considered to be the victim's spouse if you were joined by marriage or civil union, or if you considered yourselves as spouses in a civil union and had been living together as a couple for at least one year, had/will have a child together, had adopted a child together or if one of you had adopted the child of the other during your union.

Spouse

Statuts:

Married

Civil union

De facto (common-law) spouse – date when you started living together (YYYY / MM / DD): ____ / ____ / ____

Spouse with child(ren)

Child

Parent

Brother / sister

Grandparent

Intimate partner – date of beginning of relationship:

____ / ____ / ____

Child of victim's spouse

Spouse of victim's parent

Uncle / aunt

Nephew / niece

Cousin

Parent of victim's spouse

Child's spouse

Friend

Work colleague

Other – please specify:

Are you a member of an ethnocultural minority?

If so, please specify:

Are you a member of a First Nation?

If so, please specify:

Are you living with a disability?

If so, please specify:

Are you currently receiving or have you ever received services from a CAVAC (Crime Victim Assistance Centre)?

If so, which one (which region)?

Name of CAVAC worker:

Contact information:

Do you authorize us to exchange information with this organization in order to help you with your current situation as someone close to a victim who incurred travel expenses in order to attend legal proceedings?

Yes

No

Are you currently receiving or have you ever received services from another organization in connection with the death of your loved one?

- No
- If so, please specify the name of the organization:

Name of worker:

Contact information:

Do you authorize us to exchange information with this organization in order to help you with your current situation as someone close to a victim who incurred travel expenses in order to attend legal proceedings?

- Yes
- No

Were you summoned to appear in court on one or other of these dates?

- No
- Yes - please specify all dates:

Add any other details you feel are necessary:

C- Period covered by the reimbursement request

Dates of hearing days you attended (YYYY/MM/DD)	Location of hearings held	Name of companion (if applicable)

Please include your companion's expenses on this form only if you wish to obtain the reimbursements to which the companion is entitled. In this case, please note that your companion will not be able to complete a reimbursement form for these same days.

D- Transportation and parking

You may claim any transportation expenses (bus, train, plane, etc.) you incurred to travel to the courthouse or back to your residence.

If you travelled to and from the courthouse by car, you are entitled to \$0.47 for every kilometer travelled.

If you use your car, you are entitled to be reimbursed for your parking fees.

Day (YYYY/MM/DD)	Mode of transport	Ticket price	Mileage travelled (Km)	Cost of parking

If the mileage travelled is different from the distance between your home and the courthouse address where the hearings were held, please explain why :

Include receipts*

You must include all your receipts in order to be eligible for reimbursement. Receipts are not required, however, in the case of public transportation, such as subway or city bus. Unless you provide receipts indicating otherwise, a maximum of \$7/day (or \$3.50 each way) will be reimbursed for public transportation.

If you do not have parking receipts, indicate exactly where your car was parked (for parking rate verification):

E- Meals

You may claim up to \$46.25/day for meals:

- \$10.40 for breakfast (breakfast is reimbursed if you had to leave home before 7:30 a.m.)
- \$14.30 for lunch (lunch is reimbursed if you were away from home after 1:00 p.m. or, in the case of an afternoon hearing only, you had to leave home before 11:30 a.m.)
- \$21.55 for dinner or an evening meal (dinner is reimbursed if you were away from home after 7:00 p.m.).

These amounts include tips and taxes.

These rates may be higher in certain municipalities north of the 49th parallel. More information is available on our website at programmeproches.ca, under the **Reimbursement Amounts tab**.

Also note that amounts for alcoholic beverages will be deducted from the amounts awarded.

Include receipts*

You must provide all meal receipts (restaurants or groceries) in order to obtain reimbursement.

F- Accommodation

If your residence is at a considerable distance from the courthouse or the legal proceedings extend over several days, you are eligible for an accommodation allowance if you chose to sleep at a hotel (or other establishment, such as an Airbnb). This allowance ranges from \$79 to \$138 for one night, depending on the region and the time of year. More information is available on our website at programmeproches.ca, under the **Reimbursement Amounts tab**.

Accommodation date (YYYY/MM/DD)	Amount disbursed

Accommodation date (YYYY/MM/DD)	Amount disbursed

Include receipts*

You must enclose all your receipts in order to obtain a reimbursement.

Did you sleep at a parent's or friend's house instead ?

If you slept at the home of a relative or friend, you are entitled to compensation in the amount of \$22.25/night.

Address:

Dates:

G- Declaration

I declare that the information provided on this form is accurate. Any declaration of false, incomplete or misleading information will have repercussions on the processing of this application.

I confirm that the expenses submitted for reimbursement to the Quebec Reimbursement Program for Family and Close Friends of Deceased Victims of a Criminal Act have not already been and/or will not be reimbursed by another program.

Signature of beneficiary*

Date* (YYYY / MM / DD)
