

Please return the completed form to the Victim/Witness Assistance Program Office, Ontario Victim Services Secretariat, in the attached postage-paid addressed envelope.

Please refer to the Vulnerable Victims and Family Fund Information Sheet for more details about this program.

Main Applicant's Personal Information

Last Name		First Name		Initial
Unit No.	Street No.	Street Name		PO Box
City/Town			Province	Postal Code
Home Phone No. (incl. area code)			Alternate Phone No. (incl. area code)	
I am a: (Please check one)				
<input type="checkbox"/> Adult victim		<input type="checkbox"/> Family member of a deceased victim		<input type="checkbox"/> Parent/caregiver of a child victim

Court Information

Name of Accused
Court Location

Service Request

Travel – Complete Section A **Interpreter** – Complete Section B **Special Accommodations** – Complete Section C

A. Travel

Travel from (Location)	To Court Location
Travel Dates From (yyyy/mm/dd)	To (yyyy/mm/dd)
Mode of Travel (please check all that apply):	
<input type="checkbox"/> Private Vehicle <input type="checkbox"/> Airplane <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Taxi <input type="checkbox"/> Rental Car <input type="checkbox"/> Other	
Number of Hotel Nights Accommodation:	From – Date (yyyy/mm/dd) To – Date (yyyy/mm/dd)
*If Applicable, I require help to cover the costs(s) of: (only if there is no other person in applicant's home to perform the duty)	
<input type="checkbox"/> childcare <input type="checkbox"/> dependant adult care	

To enter additional travel dates, please use form 0319A-E.

B. Interpretation

Dates Required: From – Date (yyyy/mm/dd)	To Date (yyyy/mm/dd)
Language Requested:	

C. Special Accommodations

Dates Required
From (yyyy/mm/dd)

To (yyyy/mm/dd)

Type of Service Required (please check all that apply):

Real Time Caption Phonic Ear Support Person

Specialized Equipment -Type

Other Accommodation (not listed above):

Please Specify:

D. Notice of Collection of Personal Information (Please Read Carefully)

Personal information contained in or required by this form will be collected and used by the Ministry of the Attorney General, Ontario Victim Services Secretariat and their authorized representatives, to administer the Vulnerable Victims and Family Fund Program, including processing and assessing the information provided as well as making arrangements for eligible applicants to receive the services specified in the Fund. Please be advised that the staff administering the Vulnerable Victims and Family Fund Program may contact the signatory for the purpose of completing or clarifying information on this application form.

Personal information is being collected for the proper administration of a lawful activity authorized under section 5(4) of the *Victims' Bill of Rights* and section 5 of the *Ministry of the Attorney General Act*. If you have any questions about the collection and use of your information, please contact the Victim/Witness Assistance Program Coordinator at 1 866 320-3350.

E. Declaration and Consent (Please Read Carefully)

- I hereby consent to the collection and sharing of the information provided in this application for the administration of the Vulnerable Victims and Family Fund Program and for making the related travel and accommodation arrangements on behalf of approved applicants. I understand that, except as required by law, personal information will be disclosed only for the purposes of administering the Program, as described above, or to third parties solely for the purpose of pre-booking travel and accommodation.
- I hereby declare that I have no other recourse or financial resource to address this need.
- I hereby declare that I will not be receiving financial assistance that duplicates this request from any other source.
- I hereby declare that I understand the contents of the application and, to the best of my information and belief, all of my answers are true, correct and complete.
- I hereby agree that, if I am approved for the program, I will follow the program restrictions and understand that expense coverage will be in keeping with rates established by the Ontario government. I further agree to return any unused advanced tickets if court proceedings are cancelled or postponed prior to travel.

Signature of Main Applicant

Date (yyyy/mm/dd)

FOR INTERNAL USE ONLY

Recommend Not Recommend

Signature

V/WAP Office Location

Date (yyyy/mm/dd)

Approved: Yes No

Signature

Regional Office Location

Date (yyyy/mm/dd)

Supplementary Vulnerable Victims and family fund Request

Please complete the applicable sections below if:

- You are a family member of the main applicant and you are also applying for one of the services available under the Vulnerable Victims and Family Fund.
- OR**
- You are required to accompany an applicant as a support person (for persons who have a disability)

F. Additional Applicants

Applicant No. 2

Last Name		First Name		Initial
Mailing Address (if different from main applicant)				
Unit No.	Street No.	Street Name		PO Box
City/Town			Province	Postal Code
Home Phone No. (incl. area code)			Alternate Phone No. (incl. area code)	

I am a: (Please check one)

- Adult victim
 Child victim
 Family member of a deceased victim
 Parent/caregiver of a child victim

I require the following Service:

Travel - please specify type:

Dates Required (yyyy/mm/dd)

From: _____ To: _____

Interpreter - please specify language:

Dates Required (yyyy/mm/dd)

From: _____ To: _____

Special Accommodation - please specify type:

*If you are applying for a support person, please fill out Section G

Dates Required (yyyy/mm/dd)

From: _____ To: _____

Applicant No. 3

Last Name		First Name		Initial
Mailing Address (if different from main applicant)				
Unit No.	Street No.	Street Name		PO Box
City/Town			Province	Postal Code
Home Phone No. (incl. area code)			Alternate Phone No. (incl. area code)	

I am a: (Please check one)

- Adult victim
 Child victim
 Family member of a deceased victim
 Parent/caregiver of a child victim

I require the following Service:

Travel - please specify type:

Dates Required (yyyy/mm/dd)

From: _____ To: _____

Interpreter - please specify language:

Dates Required (yyyy/mm/dd)

From: _____ To: _____

Special Accommodation - please specify type:

*If you are applying for a support person, please fill out Section G

Dates Required (yyyy/mm/dd)

From: _____ To: _____

I. Declaration and Consent (Please Read Carefully)

- I hereby consent to the collection and sharing of the information provided in this application for the administration of the Vulnerable Victims and Family Fund Program and for making the related arrangements on behalf of approved applicants. I understand that, except as required by law, personal information will be disclosed only for the purposes of administering the Program, as described above, or to third parties solely for the purpose of pre-booking travel and accommodation.
- I hereby declare that I have no other recourse or financial resource to address this need.
- I hereby declare that I will not be receiving financial assistance that duplicates this request from any other sources.
- I hereby declare that I understand the contents of the application and, to the best of my information and belief, all of my answers are true, correct and complete.
- I hereby agree that, if I am approved for the program, I will follow the program restrictions and understand that expense coverage will be in keeping with rates established by the Ontario government. I further agree to return any unused advanced tickets if the court proceeding is cancelled or postponed prior to travel.

Signature of Applicant No. 2 or Parent/Guardian for Applicant under 16 years of age	Date (yyyy/mm/dd)
Signature of Applicant No. 3 or Parent/Guardian for Applicant under 16 years of age	Date (yyyy/mm/dd)
Signature of Applicant No. 4 or Parent/Guardian for Applicant under 16 years of age	Date (yyyy/mm/dd)
Signature of Support Person	Date (yyyy/mm/dd)