

# Pennsylvania Commission on Crime and Delinquency



**Office of Victims' Services  
Victims Compensation Assistance Program  
P.O. Box 1167  
Harrisburg, PA 17108-1167**

800-233-2339  
717-787-4306 (fax)  
ra-davesupport@pa.gov

## Emergency Compensation Award Application

\_\_\_\_\_  
Last Name (claimant) First Name Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code Telephone

**An Emergency Compensation Award** is solely for a claimant who is experiencing an undue financial hardship as a result of the crime, due to the following:

**(Please check box(s) that apply--at least one box must be checked to be eligible).**

- Claimant has already paid for medical/funeral bills.
- Claimant has lost wages.
- Claimant is applying for money that was stolen or defrauded from them.
- Claimant was financially dependent upon a victim of homicide.

**NOTE:** In order for an Emergency Compensation claim to be processed, it must be submitted with the Program's standard claim form and required documentation. Claimants under age 60 must meet the minimum out-of-pocket loss requirement to be eligible. Claimants age 60 or older have no minimum loss requirement.

Due to an urgent financial need, I am requesting an Emergency Compensation Award. I understand that the Program will review the police report and the supporting documentation to determine if the claim is eligible for an award.

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date

10/2021