

DISABILITY STATEMENT – PROPERTY LOSS

To be considered for property loss benefits, the victim must be an elderly or disabled adult who suffers from a permanent physical or mental impairment which substantially limits their daily living activities.

INSTRUCTIONS FOR VICTIM/CLAIMANT: Please **DO NOT** do not write on **this form**. Give this form to your medical physician.

INSTRUCTIONS FOR PHYSICIAN: Please complete and sign this form. You can fax or mail this original form directly to the Bureau of Victim Compensation. If requested by the victim/claimant, please provide them with a COPY of this information.

SECTION 1. Patient Information

1. Name of Patient:

2. Date of Birth:

3. Social Security Number:

SECTION 2. Disability

Does the patient named above suffer from a permanent physical or mental impairment that substantially limits their ability to perform normal daily living activities?

Yes No If yes, please explain below.

Was the patient's permanent impairment a pre-existing condition prior to the crime incident?

Yes No

SECTION 3. Physician Information

1. Attending Physician (Printed Name):

License#:

2. Physician's Mailing Address:

City:

State:

Zip Code:

3. Physician's Telephone Number: ()

4. Physician's Signature:

Date Signed:

Victim:

BVC Analyst:

Claim Num: TLH

Crime Date: