

Form 2

Funeral Assistance Application

Victims of Crime Assistance Act 2009 (section 56 and 57)

Version 5

Office Use Only — Application #:

This form is for the person responsible for the cost of a funeral for a person who has died, as a direct result of an act of violence that has happened in Queensland (e.g. homicide or dangerous driving causing death).

Under the *Victims of Crime Assistance Act 2009*, you can apply for up to \$8,000 of the funeral costs. Please include a copy of a quote, receipt or invoice from your chosen funeral provider. Victim Assist will make every effort to assess your application and, if approved, make payment as soon as possible.



Victim Assist's Information and Referral Service is available to answer your questions. They can also help you complete this form, connect you with a free victim support service or arrange a referral to a court support worker.

victimassist@justice.qld.gov.au

1300 546 587

www.qld.gov.au/victims

1. Applicant details (the person responsible for the cost of the funeral)

Title First name(s): Last name:
 Other names you have used: Female Male Date of birth: / /
 Other Place of birth:



Safety Alert – Victim Assist usually sends information in a Queensland Government envelope with a Department of Justice and Attorney-General return address. If this will be a problem for you, please advise how you would like to receive information: I prefer Victim Assist to use: Home address Contact address In a plain envelope Email

Home address (of the applicant):

Number: Street: City: Postcode:

Contact address (for the application – if different from above):

Number: Street: City: Postcode:

Contact email:

Safety Alert – When Victim Assist calls a mobile, the caller information will show as 'private number'. If this will be a problem for you, please indicate the filtering option you prefer.

I prefer Victim Assist to: SMS me before they call SMS me and I will call back

Mobile number:

Business hours number:

Cultural background? (Optional) :

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander Other (specify):

2. Application assistance

Do you need help with your application?

help with reading help with writing help understanding large print An interpreter (specify language):
 Other (specify):

Is someone else assisting you with your application? (Optional)

Name of person assisting: I have advised this person Victim Assist may contact them

Address:

Contact email:

Business hours number:

This person is my: family member friend support person lawyer

I prefer Victim Assist to contact my support person/lawyer: instead of me. as well as me.

3. Information about the person who has died

Full name of person who has died Date of birth: / /



Victim Assist understands not all families are able to provide some of the details below. Please complete any known sections.

Date of death (if known):

Date of funeral:

Date of violence (if different from date of death):

Date of police notification:

/ /

/ /

/ /





Where did the violence happen? Specific details are not needed - provide suburb, city or region:

Work related violence

Did the violence happen at work, on the way to or from work, or while on a work break? Yes No

You must apply for workers compensation before applying to Victim Assist. Have you applied for workers compensation?

Yes – workers compensation reference number is:

No – please contact Victim Assist for advice

Violence involving a motor vehicle

Did the violence involve a motor vehicle? (e.g. dangerous operation of a motor vehicle causing death or serious injury) Yes No

You must apply to the relevant compensation/insurance provider before applying to Victim Assist. Have you applied for compensation or insurance (including compulsory third party insurance – CTP)?

Yes –claim reference number is:

No – please contact Victim Assist for advice

PLEASE NOTE Victim Assist does not provide financial assistance to replace vehicles involved in acts of violence or repair vehicles that are stolen or wilfully damaged.

4. Reporting

PLEASE NOTE In most cases, the violence needs to be reported before you apply. You can report to police at any time, even if the violence happened a long time ago. To find out how to report - **contact a local Police Station or call Policelink on 131 444.**

Was the violence reported to the police? Yes — complete any known information in this section. Unknown

Name of person who made the report:

Reference number:

Station:

Investigating officer:

Date: / /

5. Do you know the name of the person(s) who harmed the deceased?

| Name | Gender | Relationship to you (e.g. none, family, friend) |
|------|--------|---|
|------|--------|---|

6. Payments from other sources

PLEASE NOTE Before we assess your application, Victim Assist needs to know about any payments you have received or may receive because of the violence.

| Other payment(s) applied for or eligible for | Reference/Claim Number | Payment (received/expected) |
|--|------------------------|-----------------------------|
| Compulsory third party insurance (CTP) | | \$ |
| Funeral and/or life insurance | | \$ |
| Workers' compensation | | \$ |
| Council fund | | \$ |
| Travel insurance | | \$ |
| Superannuation | | \$ |
| Money the deceased left for funeral expenses | | \$ |
| Other (specify): | | \$ |

7. Funeral expenses

| Name of funeral provider: Funeral costs: | Amount | Date paid/due |
|---|--------|---------------|
| | \$ | / / |
| | \$ | / / |
| | \$ | / / |
| | \$ | / / |

8. Banking details

If your application is approved, we can reimburse your out of pocket expenses directly to your nominated bank account, send you a cheque or make a payment directly to the service provider on your behalf.

Account name: Bank:
BSB: Account number:

9. Parent or legally appointed guardian information

Title First name(s) Last name:
Other names you have used: Female Male Date of birth: / /
 Other Place of birth:
Cultural background? (Optional) : Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander
 Other (specify):

Do you need help with the application?

help with reading help with writing help understanding large print An interpreter (specify language):
 Other (specify):

Please explain the reason for acting on behalf of the victim (e.g. they are under 18, I have been formally appointed as their guardian/administrator):

If you have been formally appointed to act on behalf of the victim, please tell us who you were appointed by and attach a copy of your authority. Enduring Power of Attorney Queensland Civil and Administration Tribunal Federal Court Supreme Court
 Other (specify):

Relationship to applicant: Appointment date: / / Expires on: / /

10. Extension of time

An application for financial assistance needs to be made within three years of the violence ceasing. If the violence ceased more than three years ago, please tell us the reason for the delay in applying for financial assistance:



11. Submitting your application

- If your contact details change while we are assessing your application, contact us with your new details as soon as possible.
- Photocopied, scanned or clearly photographed documents are preferred – no responsibility can be taken for original documents lost in the post.
- You do not need to provide copies of police or court documents. These will be sourced directly by Victim Assist.
- Victim Assist takes your privacy seriously, stores your information securely, and will call you for consent before sharing information with anyone not specified in this form. You can withdraw your consent at any time.
- If your application is approved, Victim Assist may contact you to confirm your identity before making payments.

Please read the following page carefully before signing. It includes:

- Information about how we protect your privacy, why we collect your personal information, whom we may share information with and why we share it.
- Your applicant statement (what you are agreeing to). Please read carefully then sign at the bottom of the page to show you agree.

12. Privacy notice

The Department of Justice and Attorney-General is collecting your personal information in order to assess your application for financial assistance in accordance with chapter 3 of the *Victims of Crime Assistance Act 2009*. In order to obtain information relevant to making a decision on your application, it is the department's usual practice to disclose relevant information to:

- your health practitioners and/or service providers,
- the insurance commissioner under the *Motor Accident Insurance Act 1994*,
- the police commissioner,
- the National Injury Insurance Scheme Queensland chief executive officer,
- the Workers' Compensation chief executive officer,
- the State Penalties Enforcement Registry registrar,
- the Transport chief executive officer and,
- court registrars.

The department may crosscheck your personal information with Births, Deaths and Marriages for the purpose of verifying familial relationships.

The department may also disclose relevant information to the Queensland Civil and Administrative Tribunal (QCAT) for the purpose of hearing an appeal should you appeal a decision. De-identified statistical data may be used for genuine research purposes.

13. Applicant Statement – you must read this statement carefully and, if you agree, sign below

1. I have read the privacy notice and I understand and consent to Victim Assist disclosing my personal information to the specified authorities/persons/entities.
2. I acknowledge it is an offence under the *Victims of Crime Assistance Act 2009* to make a statement or provide a document that is false or misleading. The information I have provided in this application and attached documents is true and not misleading.
3. I agree to advise Victim Assist if my circumstances change or if I become aware of any matter that would make the information in this form false or misleading.
4. I acknowledge I am required under the *Victims of Crime Assistance Act 2009* to disclose any relevant payment from other sources (see section 7) received before lodging this application and I agree to disclose to Victim Assist, within 28 days of receiving payment, any relevant payment received after lodging this application, including during the assessment period. I understand that penalties may apply if I do not disclose a relevant payment.
5. I authorise any relevant doctor, health authority, allied health provider, rehabilitation provider, or insurer to disclose to Victim Assist and its officers any information about my medical history relevant to this application.
6. I authorise the insurance commissioner under the *Motor Accident Insurance Act 1994*, the police commissioner, the National Injury Insurance Scheme Queensland chief executive officer and the Workers' Compensation chief executive officer to disclose information relevant to this application.
7. I authorise Victim Assist Queensland to disclose information regarding payment or non-payment of goods and services to the nominated service provider.

Contact Victim Assist's Information and Referral Service before signing if you have any questions or concerns.

Full name of applicant:

Full name of person responsible for funeral costs — if different from applicant (eg. the parent/guardian - see section 9):

Signature of victim/applicant:

Date: / /

Send your form and copies of supporting documents to:

Email: victimassist@justice.qld.gov.au

Post: GPO Box 149, Brisbane, QLD 4001

Phone: 1300 546 587 | Fax: 07 3013 5365