

IMPORTANT:

- Before completing and submitting the expense claim form, please ensure that you have the IVAC file number and the date of the event for which this claim is being made.
- Complete the appropriate sections according to the category of expense for which reimbursement is requested.
- Attach a copy of invoices, if applicable, for certain services (e.g., drug expenses).
- Please retain a copy of the form and your supporting documentation for your records.
- All claims for travel, living and other expenses must be made within 6 months of the acceptance of the application for qualification or the date the expense was incurred.
- If the Direction générale de l'IVAC has granted an advance on travel expenses, the amount of the advance must be entered in the box provided for that purpose on this form.

WHO CAN APPLY FOR REIMBURSEMENT OF EXPENSES?

Any qualified person who is a victim is eligible, according to the criteria of the Act to assist persons who are victims of criminal offences and to facilitate their recovery (art. 55, 58, 60, 62, 66 and 67), for financial assistance in the form of reimbursement of certain expenses. The person who is a victim may apply for reimbursement of expenses in accordance with the standards set out in the Regulation respecting the application of the Act to assist persons who are victims of criminal offences and to facilitate their recovery according to the amounts set out in Appendix XI of that Regulation. The person who is a victim is entitled to be reimbursed for travel or living expenses incurred to receive care, undergo medical evaluations, or perform an activity during his or her rehabilitation, readjustment, or reintegration.

If the physical or psychological condition of the person who is a victim so requires, the person who must accompany him or her is entitled to reimbursement of the travel or accommodation expenses incurred. The presence of the accompanying person must be required during the person who is a victim's travel or be certified by a health professional. The accompanying person must complete Section 2 and enter the requested information about the person who is a victim. Authorization from the Direction générale de l'IVAC is required for reimbursement of expenses. *A health assessment may be required.*

In the case of a criminal offence resulting in the death of the person who is a victim, the person who paid for the funeral expenses, transportation of the body or clean-up of the criminal offence site may submit a claim for reimbursement.

FRAIS DE DÉPLACEMENT

- **Public transportation:** Travel by public transportation (bus, subway, train, ferry) is reimbursed at **actual cost**.
- **Personal vehicle:** The cost of using a personal vehicle is reimbursed at a rate of **\$0.145 per km**. With a health assessment indicating the inability of the victim to use public transportation and with the authorization of the Direction générale de l'IVAC, expenses for the use of a personal vehicle are reimbursed at the rate of **\$0.52 per km**.
- **Taxi:** With a health assessment indicating the inability of the victim to use public transportation and with the authorization of the Direction générale de l'IVAC, the expenses for the use of a taxi are reimbursed at the **actual cost**.
- **Parking and tolls:** Parking and tolls are reimbursed at **actual cost** if the person uses a personal vehicle.

- **Travel over 100 km:** If you choose to travel more than 100 km from your home to receive care that is available at a lesser distance, **please contact us before undertaking such trips**. We may authorize such travel if it is the most economical and appropriate solution. Otherwise, you would be entitled to be reimbursed for a 200 km round trip.
- **Other expenses:** You are entitled to reimbursement of expenses incurred for the transportation by ambulance, by air or by any other means of a person who is a victim and, if his or her physical condition so requires, of the person accompanying him or her, other than a person in charge of transportation, in order to receive care or undergo medical examinations required as a result of his or her injury.

MEDICATION

Clearly indicate the name of each drug and the name of the prescribing health care professional. *Attach invoices.*

MEALS AND ACCOMMODATION EXPENSES

- **Meals:** Meal expenses are reimbursed if the destination is more than 16 km from home and according to the following conditions:
 - If the departure was before 7:30 a.m., breakfast is reimbursed up to \$10.40.
 - If the departure was before 11:30 a.m. and the return after 1:30 p.m., lunch will be reimbursed up to a maximum of \$14.30.
 - If the departure was before 5:30 p.m. and the return after 6:30 p.m., dinner is reimbursed up to a maximum of \$21.55.

Meal expenses will also be reimbursed if the destination is 16 km or less from home and the person who is a victim is required to remain on site:

- between 8:30 a.m. and 11:30 a.m., lunch is reimbursed up to \$10.40; **or**
- between 11:30 a.m. and 1:30 p.m., lunch will be reimbursed up to a maximum of \$14.30.

The amounts payable for meals include gratuities and taxes.

- **Accommodation:** Staying in a hotel or with a relative or friend must be pre-authorized. Expenses are reimbursed at the following rates for the room:
 - The overnight stay in a hotel:
 - **On the Island of Montreal:** up to \$126* per night

- **In the Quebec City Metropolitan Community:** up to \$106 per night
- **In the cities of Gatineau, Laval and Longueuil:** up to \$102* per night
- **Elsewhere in Quebec:** up to \$83* per night
 - Allowance for each day of travel that includes overnight accommodation in a hotel: \$5.85.
 - Overnight stay with a relative or friend: \$22.25 per night.

The maximum amounts for hotel accommodations do not include the Goods and Services Tax (GST), Quebec Sales Tax (QST) and Accommodation Tax which, when applied, must be reimbursed in addition.

** Between June 1 and October 31 of each year, during the summer season, the maximum allowances of \$126, \$102, and \$83 are increased to \$138, \$110, and \$87 respectively.*

Travel and accommodation allowance for retraining or training purposes is reimbursed up to a weekly maximum of \$450.

FUNERAL EXPENSES, CLEANING AND TRANSPORTATION OF THE BODY

Attach invoices in the name of the person(s) having incurred these expenses.

MISCELLANEOUS EXPENSES

Include in this section any other expenses incurred and not listed elsewhere on the form, such as *clothing, shoes, orthotics, prosthetics, eyeglasses, interpreter fees, childcare, tuition, or property damage.*

For reimbursement for services, please indicate:

- The period during which the service was provided.
- The name of the provider.
- The type of service provided.
- The number of children (in the case of childcare).
- The amount of expenses incurred (amount claimed).

Person who is a victim

The accompanying person

Other

1. Fill out the form by entering the necessary information in the appropriate spaces. ▶ 2. Send the completed document to the Direction générale de l'IVAC:

On-Line	By post	By fax
www.ivac.qc.ca	1199, rue De Bleury, C. P. 6056, succursale Centre-ville Montréal (Québec) H3C 4E1	1 888 927-0003

1. Applicant Information

Surname (as shown on the birth certificate)	First name	Main telephone	Other telephone	IVAC File N°
Address: N°, street, apt.		City, province/state, country	Postal code	Date of event

2. Travelling expenses

Date			From	To	Purpose of the trip	Means of transport used	Distance (km)	Type of trip (A, A/R or R)	Amount claimed	
Year	Month	Day							Transportation	Parking and tolls

If you have been authorized by the Direction générale de l'IVAC to be accompanied, please complete section 3:

Legend:	A: One way	A/R : Round Trip	R: Return only	VM: Medical visit
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3. Information on the identity of the person accompanying the victim

Surname (as shown on the birth certificate)	First Name	Advance received (if applicable)	\$
Address : N°, street, apt.		City, province/state, country	Postal code
Main telephone		Other telephone	

4. Signature of applicant

I declare that the information provided on this form is true and complete.

▶

5. Medication costs (attach invoices)						
Date			Name of drug	Name of the health care professional	Amount claimed	
Year	Month	Day				

6. Meals and accommodation expenses									
Date			Departure time	Arrival time	Price of meals and rooms (if justified)				
Year	Month	Day			Breakfast	Lunch	Dinner	Room	

7. Funeral expenses, cleaning costs* and transportation of the body (attach invoices)									
Date			Type of service	Amount reimbursed by another public scheme If yes, indicate the name of the public system				Amount claimed	
Year	Month	Day		Yes (✓)	No (✓)	Public system	Amount allocated		

* Cleaning costs in a private residence where a criminal offence has been committed.

8. Other expenses (attach supporting documents, if applicable)									
Date			Name of Service Provider (if applicable)	Type of service	Summary of expenses (if applicable) (e.g., number of children cared for, damaged glasses)	Amount claimed			
Year	Month	Day							

9. Comments