Hi I’m Cecilia !!
I will be helping you understand the Crime Victim and Survivor Services Division Portal.
The Client Portal gives you access to see information on a claim.

You are probably wondering “what is this?”
Applications submitted prior to the portal or by an Advocate or CAC can be linked to the Victim/Applicants portal profile but CVSSD must be contacted.
Let me tell you who has access and what you will be able to see in your role of Advocate, CAC, Provider, or Victim/Applicant
Advocates, CAC’s and Providers you can do the following:

- Submit applications
- Search for claims
- See claim status and payment information
- Upload police reports, bills and chart notes, Etc.
- E-mail the claims assistant
- View insurance information
- Print and submit forms
- Submit application
- Look at their claim (no searching capability)
- See claim status and payment information
- Upload documentation
- E-mail claims assistant
- View insurance information
- Update contact information
- Print and submit forms

Victim/Applicants have only access to the application they submitted
Let’s talk about “How you register for the portal?”
You will start at our website
https://www.doj.state.or.us/crime-victims/

Click here to get started
To register for access...

Click on Register
Please fill this section out

Click Register when you’re done
Advocates, CAC’s, and Providers you will need to wait for CVCP to grant you access. Because of the access you are given we will want to verify who you are.

*Victims/Applicants will have access immediately if they are applying for the first time
Once you have been granted access ... let me show you how to navigate the portal
Here are your application options...
- **Crime Victims Compensation** application is the most common application and is for a victim of a person crime.
- **Untested Forensic Kit** is for victims who were just notified that their kits have not been tested.
- **Post-Conviction Program** is for victims going through the post-conviction court system.
- **Address Confidentiality Program** – You must be a certified application assistant to use this application.
You can choose whether it’s in Spanish or English... Keep scrolling and you will see the application

DEPARTMENT OF JUSTICE
CRIME VICTIM & SURVIVOR SERVICES DIVISION

APPLICATION FOR CRIME VICTIM COMPENSATION

You may qualify for help through this program if you were the victim of a person crime in the state of Oregon. Claims will be verified by the program, through police and other reports.

An application must be filled out for each victim. If the victim is deceased, is a minor or an adult unable to fill this out, the applicant (person filing for victim) must be an adult who is responsible for the victim. Please fill out this application as completely and accurately as possible. Type or print clearly. Unsigned applications will be returned unprocessed.
All yellow fields are required... 
but please fill out as much information as you can.

**APPLICATION FORM**
Please complete the highlighted fields.

**Who referred you to our program?**
- [ ] Police
- [ ] DA Office
- [ ] Victim Assistance Program
- [ ] Child Abuse Assessment Center
- [ ] Medical Provider
- [ ] Other: [ ]

**You are filling this application because you are (check one):**
- [ ] The victim of a crime
- [ ] The parent or guardian of a crime victim under 18 years of age
- [ ] A family member of a victim who died as the result of the crime
- [ ] The parent or guardian of adult victim who can't apply on their own
- [ ] Other (explain): [ ]

**Victim Information**
(Person who is injured or deceased)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Apt #:</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Oregon</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>Social Security Number</th>
<th>Language Spoken</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>English</td>
<td>Select a Gender</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>If victim is deceased, date of death</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>May we contact you by email?</th>
<th>If yes, please provide your email address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>


When you are assisting with the application, your contact information will be auto-filled here

<table>
<thead>
<tr>
<th>Advocate Contact Information (person who is assisting victim with application)</th>
<th>County:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocate name:</td>
<td>Advocate e-mail:</td>
</tr>
<tr>
<td>First Name</td>
<td>Last Name</td>
</tr>
</tbody>
</table>
Please make sure that the application is signed by the Victim/Applicant.

By checking this box and typing my name below I am electronically signing my application. I understand that my electronic signature has the same legal effect and can be enforced in the same way as my handwritten signature.

Signature of Victim/Applicant: ___________________________  Date: __________

Signature of 14-17 year old: ___________________________  Date: __________
You will have to scroll all the way to the bottom of the application to “Submit”

If you skipped any required fields they will be marked in PINK and you will need to fix them and click submit again.
Once you submit the application you will get a notification like this.

This is the claim submission #

Click here to upload police reports, court documents, bills, etc.
You can search for claims..

**Type of Claims**

Crime Victims Compensation: If you were the victim of a person crime in the state of Oregon.

**Quick Help**

View a Claim: Search by Claim Number

**Search Claims**

```
Search: Claim Number
  CV _ _ X

*NOTE: To make searching simple please enter only the number in a CV number (example 01234-01)
```
Once you search for a claim you will see the following claim information...

- **This is the result of the claim.** Was it accepted, denied, suspended, etc.
- **Date the application was received**
- **This is the claim #**
- **This is when the claim expires**
Ok, let’s go explore
Lets see what you can see in a claim

Click “Select Claim” to see claim information
This is the claim information you are able to view

Click here to upload documents

Click here to email the assistant

This is the current insurance information we have on file

Claim Detail

- Victim: Doe, Jane
- Claim Number: GV 05029-07
- Date Received: 07/11/2017
- Status: Accepted
- Claim Expiration Date: 12/17/2021
- Date Of Crime: 12/17/2007
- Referred By: Victim Assist Program
- Examiner Assigned: Christy
- Assistant Assigned: Cecilia
- Reported To: Marion County Sheriff's office
- Date Reported: Yamhill
- Determination Status: Accepted SA/DV Counseling
- Determination Date: 06/27/2017

Insurance

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Type</th>
<th>Effective Date</th>
<th>Policy Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHP</td>
<td>Current Health Insurance</td>
<td></td>
<td>152BCS</td>
</tr>
<tr>
<td>SAIF</td>
<td>Workers' Compansation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Farm Insuance</td>
<td>Auto Insurance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If you click on the payment button you will see all the payments we have made.

Do you need more payment info? Click here.

<table>
<thead>
<tr>
<th>Pay To</th>
<th>Transaction Type</th>
<th>Provider Name</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metro West Ambulance</td>
<td>Ambulance</td>
<td>Metro West Ambulance</td>
<td>$150.00</td>
</tr>
<tr>
<td>Legacy Emanuel Hospital</td>
<td>Hospital</td>
<td>Legacy Emanuel Hospital</td>
<td>$800.00</td>
</tr>
<tr>
<td>Test Test</td>
<td>Loss of Earnings</td>
<td></td>
<td>$400.00</td>
</tr>
<tr>
<td>Test Test</td>
<td>Anesthesiology</td>
<td></td>
<td>$300.00</td>
</tr>
<tr>
<td>Oregon Acupuncture Center</td>
<td>Acupuncture</td>
<td>Oregon Acupuncture Center</td>
<td>$600.00</td>
</tr>
<tr>
<td>Legacy Emanuel Hospital</td>
<td>Anesthesiology</td>
<td>Legacy Emanuel Hospital</td>
<td>$100.00</td>
</tr>
<tr>
<td>Providence Alaska Medical Center</td>
<td>Hospital</td>
<td>Providence Alaska Medical Center</td>
<td>$5,000.00</td>
</tr>
</tbody>
</table>

Page 1 of 1
<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay To:</td>
<td>Legacy Emanuel Hospital</td>
</tr>
<tr>
<td>Date Service Started:</td>
<td>01/01/2099</td>
</tr>
<tr>
<td>Date Service Ended:</td>
<td>01/01/2099</td>
</tr>
<tr>
<td>Provider Name:</td>
<td>Legacy Emanuel Hospital</td>
</tr>
<tr>
<td>Transaction Type:</td>
<td>Hospital</td>
</tr>
<tr>
<td>Account Number:</td>
<td></td>
</tr>
<tr>
<td>Date Bill Received:</td>
<td></td>
</tr>
<tr>
<td>Amount Billed:</td>
<td>$900.00</td>
</tr>
<tr>
<td>Amount Allowed:</td>
<td>($0.00)</td>
</tr>
<tr>
<td>Paid By Prior:</td>
<td>($0.00)</td>
</tr>
<tr>
<td>Fee Schedule:</td>
<td>($100.00)</td>
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<tr>
<td>Other Deductible:</td>
<td></td>
</tr>
<tr>
<td>Amount Of Payment:</td>
<td>$800.00</td>
</tr>
<tr>
<td>Authorized By:</td>
<td>Cecilia Lucero</td>
</tr>
<tr>
<td>Date Authored By:</td>
<td>01/06/2017</td>
</tr>
<tr>
<td>Check Comments:</td>
<td>*other deduction is patient responsibility.</td>
</tr>
<tr>
<td>Check Request Verbiage:</td>
<td>Restitution received by victim</td>
</tr>
</tbody>
</table>

Close
You will be able to see forms available to you

Click on the forms tab to view forms available to print or submit

CV 05029-07

Claim Detail

Payments

Forms

Getting Started with Crime Victims (English)
Getting Started with Crime Victims (Spanish)
WOW that was a lot of information you will be able to see!!!

Now let’s learn about an important part....

HOW TO UPLOAD DOCUMENTS
Uploading documents:
You have a couple options

Right after submission of application

Click here to get started

This screen pops up – you are welcome to upload multiple documents at one time

Once application has been assigned a claim number

After finding the claim you were looking for click here to upload documents

This screen pops up and you are welcome to come back at any time and upload all the documents you need
Thanks so much for letting me show you this exciting new feature that Crime Victim and Survivor Services Division has to offer.

I hope that this presentation was helpful.

If you have any questions or concerns please email cvssdportal@doj.state.or.us