

ACT FINANCIAL ASSISTANCE SCHEME

Funeral Assistance Application Form

Please complete the relevant sections of this application for funeral assistance. Use the [Guide to completing a financial assistance application](#) to assist you in completing the form.

You can either print off this form and complete it by hand, or you can complete it electronically.

Please post your completed application to: Financial Assistance Section, VS ACT, GPO Box 158, Canberra City ACT 2601

or Email it to fasvsact@act.gov.au

Contact Victim Support ACT for any questions you have about an application for funeral assistance

Free call 1800 822 272 (Email) fasvsact@act.gov.au

Individuals in the ACT may be eligible for funeral assistance under the *Victims of Crime (Financial Assistance) Act 2016* where a homicide has occurred. This form is only for funeral expenses that relate to a homicide that occurred in the Australian Capital Territory. Funeral assistance is available for the funeral expenses of a primary victim who has died as the direct result of an act of violence. To be eligible to apply you must be the person who has paid for or is required to pay for the funeral.

Receipts or invoices must be attached to this application.

The total amount of funeral expenses that can be considered in relation to the death of the homicide victim is \$8000. Therefore, where amounts have been incurred or expended in excess of this amount, only a maximum of \$8000 may be awarded.

If you are wanting to apply for financial assistance as a **related victim** or **homicide witness** (only available for acts of violence after 1 July 2016) then please use the 'Related Victims/Homicide Witness Application Form', and if you are applying as a **primary victim** payment then please use the 'Primary Victim Application Form'.

If the act of violence occurred before 1 July 2016 you will only be eligible if you are a related victim. Any amount granted for funeral assistance will be considered in the overall maximum amount payable to a related victim.

Privacy Notice: The Victims of Crime Commissioner is collecting your personal information in order to assess your application for financial assistance in accordance with section 31 of the *Victims of Crime (Financial Assistance) Act 2016*. This information may be disclosed to The ACT Civil and Administrative Tribunal for the purpose of hearing a review should you ask for a review of the Commissioner's decision.

In general the material in our possession is not released to other people, however we may be required to produce documents to a court where there is a legal requirement to do so. Should you obtain legal representation for your claim a copy of the application and any medical evidence collected may be provided to the solicitor.

The Victims of Crime Commissioner is required to comply with the *Territory Records Act 2002 (ACT)*, the *Information Privacy Act 2014 (Act)* and the *Freedom of Information Act 1989 (ACT)*.

Have you previously been required to repay an amount of money under the Financial Assistance Scheme as either recovery from an offender or repayment as a victim?

yes no

If yes, is there still money owing?

What is the amount still owing?

yes

no

SECTION 1 - Details of the person applying for the expense (complete this section if you are the person who has paid for or is expected to pay for the funeral)

Title

First Name

Middle name(s)

Surname

Any previous name(s)

Company Name

Gender

If other, please specify

Date of Birth

Male

Female

Other

Are you of Aboriginal and/or Torres Strait Islander origin?

Yes, Aboriginal

Yes, Torres Strait Islander

No

Residential address

Postal address *(if different from residential address)*

Contact phone number

Alternative contact phone number

E-mail

Do you require the assistance of an interpreter? If so, please specify language

What is your relationship to the primary victim?

SECTION 2 - Details of the homicide

Date the homicide occurred

Where did the homicide take place?

Please complete the details of the primary victim who died

Full name of primary victim

Date of Birth

Date of death

Was anyone charged with the offence yes no unsure

List the name(s) of the offender(s) *(if known)*

What is the name of the Police officer reported to?

What is the police reference number?

When was the act of violence reported to police?

SECTION 3 - Details of funeral expenses *(includes fees, casket, and other expenses related to a funeral)*

What funeral expenses are you claiming?

Have the invoices for the funeral been paid? yes no partly

Date of funeral

Funeral company

Amount you have paid

Amount still to be paid

Are you entitled, or might you be entitled, to claim any payment or reimbursement of any of the funeral expense from another source (e.g. a fund or money left by the deceased specifically to cover the funeral)

yes no

If yes, please provide details including the amount

Did the primary victim have funeral insurance? yes no

If yes, please provide the following

Insurance company

Amount received or expected to be received

Date received or expected to be received

You must attach the relevant invoices or receipts. Your application cannot be processed without it.

SECTION 4 - Declaration and agreement to conditions

The information you provide on your application form is very important to support your claim. You can write to us to add or change information that you provided in this application at any time before an application is finalised.

If you have any questions please contact Victim Support ACT on (02) 6205 2066 or 1800 822 272.

I declare that

- the information provided in this application is true and correct

I confirm the above declaration

I understand that

- giving false or misleading information is a serious offence and may adversely affect the result of the application
- the Victims of Crime Commissioner will make relevant enquiries to verify the information provided
- the Victims of Crime Commissioner may request documents to prove identity at any time throughout the claims process

I have read and understand the above conditions

Signature (if submitting this form electronically please type your name)

Date

SECTION 5 - Notes

Please add any additional information here that you would like the Victims of Crime Commissioner to take in to account when deciding your application. You may attach additional pages if there is insufficient space.