RESTITUTION CLAIM FORM

This document must be completed by the claimant seeking restitution of direct medical expenses and/or property damage up to $1,500, upon availability of funding, within 90-days of occurrence of the physical injury or damage upon which the claim is based.

1. Date of Incident:_____.

2. Name and address of the claimant (the person who suffered personal injury or property damage).

   Name:_____

   Address:_____

   City/State:_____ ZIP_____

   Phone Number:_____

   Email:_____

3. If the claimant is a child, incompetent, deceased or otherwise incapable of preparing the claim, give the following information on the person who will receive the restitution payment on behalf of the claimant:

   Name:_____

   Address:_____

   City/State:_____ ZIP:_____

   Phone Number:_____

   Email:_____

   The relationship to the claimant:

   _____ Licensed Caregiver _____ Legal Guardian _____ Estate Representative _____ Other

   If "Other", explain:_____

4. Give a brief statement of the facts upon which the claimant seeks restitution for injury or damages or attach your agency's detailed incident report. Include sufficient information to establish that the person causing the injury or property damage was a child in licensed care. Include the full name(s) of the person(s) causing the injury or damage.

5. **Total amount of damages to property:** $_____ (Attach itemized receipts or at least two estimates of repair, and pictures of the damage.)

6. **Total amount of direct medical expenses:** $_____ (Attach itemized receipts.)

7. Have you requested compensation with workers' compensation, private insurance, or any other entitlement related to this incident? ☐ Yes ☐ No

   If yes, explain:

8. **Statement of Claimant:** By my signature, I certify that all information contained herein is accurate, based upon my direct and personal knowledge.

   _____ _____
   Signature of Claimant or Claimant's Representative Date

9. **CBC Representative acknowledging receipt of application:**

   Name: _____

   Position: _____

   Phone Number: _____

   Email: _____

   Signature: _____ Date: _____