

U.S. Department of Justice
Office of Justice Programs
Office for Victims of Crime
Washington, D.C. 20531

VICTIMS OF CRIME ACT
VICTIM COMPENSATION GRANT PROGRAM
RI Crime Victim Compensation Program

REPORT TIMEFRAME

July 1, 2013 through June 30, 2014

Date Printed: 04/13/2015

STATES RECEIVING VOCA CRIME VICTIMS COMPENSATION GRANT FUNDS ARE REQUIRED TO SUBMIT AN ANNUAL PERFORMANCE REPORT. THE REPORT COVERS THE FEDERAL FISCAL YEAR ENDING SEPTEMBER 30 AND IS DUE TO OVC BY DECEMBER 30 OF THE SAME YEAR.

Section I
1. STATE: RI Crime Victim Compensation Program
2. CONTACT NAME: _____

Section II

CLAIMS DATA			
1.	NUMBER OF NEW CLAIMS RECEIVED DURING REPORTING PERIOD		559
2.	NUMBER OF CLAIMS APPROVED AS ELIGIBLE		430
a.	Number of State Residents	425	
b.	Number of Non-Residents	5	
c.	Number approved for victims 17 and under	68	
d.	Number approved for victims 18-64	351	
e.	Number approved for victims 65 and older	11	
3.	NUMBER OF CLAIMS DENIED AS INELIGIBLE OR CLOSED		93
4.	AVERAGE NUMBER OF WEEKS TO PROCESS CLAIM AND MAIL PAYMENT		17.3
5.	NUMBER OF FORENSIC SEXUAL ASSAULT EXAMINATION CLAIMS RECEIVED DURING THE REPORT PERIOD, IF SUCH CLAIMS ARE HANDLED THROUGH SEPARATE CLAIMS		0

Section III

PAYMENT STATISTICS BY CRIME CATEGORY:			
TYPE OF CRIME	a. NUMBER OF CLAIMS PAID DURING REPORTING PERIOD (Includes Column b)	b. NUMBER OF DOMESTIC VIOLENCE RELATED CLAIMS PAID DURING REPORTING PERIOD	c. TOTAL AMOUNT PAID BY CATEGORY (Include all supplemental payments)
1. ASSAULT	253	82	\$ 922,443.69
2. HOMICIDE	45	7	\$ 420,268.09
3. SEXUAL ASSAULT	36	7	\$ 63,873.25
4. CHILD ABUSE (including sexual physical abuse)	30		\$ 79,517.28
5. DWI/DUI	9		\$ 97,100.67
6. OTHER VEHICULAR CRIMES	3		\$ 4,319.50
7. STALKING	4	1	\$ 17,669.20
8. ROBBERY	19	0	\$ 45,841.96
9. TERRORISM	0		\$ 0.00
10. KIDNAPPING	0	0	\$ 0.00
11. ARSON	1	0	\$ 4,840.00
12. OTHER	0	0	\$ 0.00
13. TOTAL:	400	97	\$ 1,655,873.64

INDICATE TOTAL EXPENSES PAID BY SERVICE:

Section IV	1.	MEDICAL/DENTAL (Except Mental Health)	\$	473,193.11
	2.	MENTAL HEALTH (Include Mental Health Related Medications)	\$	86,749.10
	3.	ECONOMIC SUPPORT (Lost Wages, Loss of Support)	\$	737,427.75
	4.	FUNERAL/BURIAL (Include all Funeral Related Expenses)	\$	178,633.00
	5.	CRIME SCENE CLEAN-UP	\$	1,662.68
	6.	FORENSIC SEXUAL ASSAULT EXAMS	\$	
	7.	OTHER (Please specify types of expenses and amounts paid)	\$	178,208.00
	8.	TOTAL:	\$	1,655,873.64

PLEASE RESPOND TO THE FOLLOWING QUESTIONS.
ADDITIONAL 8x11 SHEETS MAY BE ATTACHED IF NECESSARY.

Section
V

1. DESCRIBE THE IMPACT THAT VOCA FUNDS HAVE HAD ON YOUR PROGRAM.

2. IF YOUR STATE HAS USED VOCA ADMINISTRATIVE FUNDS, PLEASE DESCRIBE THE IMPACT THESE FUNDS HAVE HAD ON YOUR STATE'S ABILITY TO PROVIDE COMPENSATION OR IMPROVE VICTIM SERVICES.

3. PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE WAY YOUR PROGRAM COUNTS CLAIMS AND CALCULATES PROCESSING TIMES.
 - a. DOES YOUR PROGRAM GENERALLY RECEIVE AND COUNT A SEPARATE CLAIM FROM EACH SECONDARY VICTIM, OR IS ONE CLAIM USUALLY RECEIVED ON BEHALF OF ALL SECONDARY VICTIMS SEEKING BENEFITS FROM A VICTIMIZATION?

 - b. DOES YOUR PROGRAM GENERALLY RECEIVE CLAIMS THAT ALREADY INCLUDE POLICE REPORTS, OR ARE POLICE REPORTS USUALLY SOUGHT BY YOUR PROGRAM AFTER THE CLAIM IS RECEIVED?

4. DOES YOUR PROGRAM PAY FOR FORENSIC SEXUAL ASSAULT EXAMINATIONS THROUGH A SEPARATE PROCESS? IF SO, PLEASE DESCRIBE.

5. EXPLAIN ANY SPECIAL CIRCUMSTANCES THAT MAY AFFECT YOUR STATISTICS, MAKING REFERENCE TO THE SPECIFIC ITEM ON THIS FORM THAT MAY BE AFFECTED.

AUTHORIZED SIGNATURE

DATE