



Adult Sexual Assault Forensic & Medical Examination Reimbursement Application

As of July 1, 2025, the Idaho Crime Victims Compensation Program (CVCP) is required to verify the lawful presence in the United States for all victims and claimants who are eighteen (18) years of age or older. This requirement is in accordance with Idaho House Bill No. 135 (2025).

To meet this requirement, the following information is required as part of your completed application for CVCP.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)
Address (Street Number, Name, Apt. Number)	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Email Address	
Driver's License Number	Issuing State	Expiration Date	

☐

Check this box if you do not have a U.S. Social Security Number and/or Driver's License issued by a U.S. State or Territory. The reverse side of this document provides you with other documentation options.

Check one of the following boxes to attest to your citizenship or immigration status:

- ☐
1. A citizen of the United States
- ☐
2. A noncitizen national of the United States
- ☐
3. A lawful permanent resident (enter USCIS or A-Number) _____
- ☐
4. An alien authorized to work until _____ expiration date, if any _____
- Enter one of these:
- ☐
- USCIS A-Number: _____
- ☐
- Form I-94 Admission Number: _____
- ☐
- Foreign Passport Number and County of Issuance _____ Country _____

VERIFICATION OF LAWFUL PRESENCE. In compliance with Idaho Code § 67-7903 (4)(d), and under penalty of perjury, Applicant certifies that Applicant is lawfully present in the United States and is a United States citizen or legal permanent resident or is otherwise lawfully present in the United States pursuant to federal law.

Printed Name_____

Signature_____Date_____

Below are other acceptable documents CVCP can use to verify lawful presence.

- ☐ ID card issued by federal, state or local government agencies or entities, provided it contains a photograph and information that includes full name, date of birth, sex, height, weight, eye color, hair color, address, and a distinguishing number. The card must also include the name of the state, the date of issuance, and the date of expiration.
 - ☐ List your ID Number _____ State of Issuance _____
 - ☐ Date of Issuance _____ Date of Expiration _____
 - ☐ Provide a copy of the document.
- ☐ U.S. Military Card
 - ☐ Provide a copy of the document.
- ☐ U.S. Military Dependents ID Card
 - ☐ Provide a copy of the document.
- ☐ U.S. Coast Guard Merchant Mariner Card
 - ☐ MMC Number _____ or Mariner Reference Number _____
 - ☐ Date of Issuance _____ Date of Expiration _____
 - ☐ Provide a copy of the document.
- ☐ Native American Tribal Document
 - ☐ Federally Recognized Tribe: _____
 - ☐ Date of Issuance _____ Date of Expiration _____
 - ☐ Provide a copy of the document.
- ☐ Asylee, granted asylum by U.S. Board of Immigration, court order, or judge's order.
 - ☐ Provide copy of the orders.
- ☐ A copy of an executive office of immigration review, immigration judge or board of immigration appeals decision, indicating that the individual may lawfully remain in the United States
 - ☐ Provide a copy of the order.
- ☐ Any United States citizenship and immigration service-issued document showing refugee or asylee status or that the individual may lawfully remain in the United States.
 - ☐ Provide a copy of the documents
- ☐ Any department of state or customs and border protection-issued document showing the individual has been permitted entry into the United States on the basis of refugee or asylee status, or on any other basis that permits the individual to lawfully enter and remain in the United States
 - ☐ Provide a copy of the documentation.
- ☐ Valid U.S. Passport
 - ☐ Passport Number _____
 - ☐ Date of Issuance _____ Date of Expiration _____
 - ☐ Provide a copy of the documentation.

Continue to next pages.

This application should be used by victims who did not or do not wish to disclose to law enforcement at this time and are primarily seeking reimbursement for only the cost of sexual assault forensic and medical examination. This form is not applicable for minor victims.

Adult (18 years of age and older) Victim Information

Legal Name [REQUIRED]: _____

Social Security Number [REQUIRED]: _____ Date of Birth [REQUIRED]: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Gender: ☐ Female ☐ Male

Email Address: _____

Legal Guardian Name [REQUIRED]: _____

Legal Guardian Social Security Number [REQUIRED]: _____

Legal Guardian Date of Birth [REQUIRED]: _____

Legal Guardian Email Address: _____ Phone # (____) _____

Authorization to Release Information

I authorize my insurance information, billing information and all medical records or reports relating to this examination to be released to the Idaho Crime Victims Compensation Program for payment consideration and to the prosecutor's office for the purposes of securing restitution.

Signature of Victim or Legal Guardian

Date

Crime and Examination Information

Date of Crime: _____ Location of Crime (City and State): _____

Was the Crime reported to Law Enforcement? ☐ No ☐ Yes, Name of Agency _____

Name of medical facility where examination was completed: _____

Address of medical facility: City _____ State: _____

Date of Examination: _____ Sexual Assault Kit # _____

Is a follow-up appointment required? ☐ No ☐ Yes, explain _____

Insurance Information

Please check all that apply:

☐ Private Insurance: Provider _____ Policy # _____

☐ Medicaid: Medicaid Number _____ ☐ Medicare: Medicare Number _____

☐ Indian Health Services ☐ Other _____



Completed Applications can be sent via:

Mail: Idaho Crime Victims Compensation Program

P.O. Box 83720 Boise Idaho 83720-0041

Fax: 208-332-7559

Email: cvcp.admin@iic.idaho.gov