

**Submit this document to:**  
**VCCB**  
**Department of Administration**  
**PO Box 110230**  
**Juneau, Alaska 99811-0230**  
**Facsimile – 907-465-3040**

**STATE OF ALASKA**

**VCCB INITIAL RESPONSE AND ASSESSMENT: FORM I**

Please submit this form if you are seeing the victim for six sessions or less. If more than six sessions are indicated, please complete **Form II**. Payment for treatment provided is dependent upon the processing and approval of the VCCB application for compensation.

Victim's Name

VCCB Claim Number

\_\_\_\_\_

\_\_\_\_\_

Client's Name (if different then the victim's)

Date treatment began

\_\_\_\_\_

\_\_\_\_\_

Clinician's Name and Provider Number

Number of sessions to date

\_\_\_\_\_

\_\_\_\_\_

Clinician's Address

Clinician's Phone Number

\_\_\_\_\_

\_\_\_\_\_

**Please review the VCCB guideline on Initial Response, Assessment and Documentation Procedures and provide answers to the questions listed below. You may copy and complete this form, or send a narrative report that contains all of the points listed below.**

- 1) What is the victim's or caregiver's initial description of the crime incident for which they have filed a VCCB claim? If the victimization was not recent, please describe what brought the victim into treatment at this time. If the crime occurred more than two years prior to the date of the VCCB application, justification for the Board's consideration of waiving the two-year time limit imposed by statute must be included.

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2) What are the victim's presenting symptoms/issues (by your observation and client report)?

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3) Has the victim experienced time loss from work as a direct result of the victimization?  
\_\_\_ No

\_\_\_ Yes; Please list the date(s) the person was not able to work and if applicable give an estimated date when the individual should be able to return to work. Please explain why the time loss has occurred, the extent of the impairment and the prognosis for future occupational functioning.

Dates: \_\_\_\_\_

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Explanation: \_\_\_\_\_

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4) Does the victim live beyond the immediate vicinity? If so, approximately how many miles must be traveled? Does the victim need air transport to receive counseling?

\_\_\_ No

\_\_\_ Yes; Please indicate approximate number of miles driven to receive counseling or if airfare is involved, please indicate.

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5) What type of intervention(s) did you provide?

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