

Rossi, Megan (OVS)

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From: ovs.sm.grants  
Sent: Friday, February 16, 2018 11:53 AM  
To: ovs.dl.ExecutiveStaff; ovs.dl.Grants  
Subject: Advisory Bulletin-VAP Authorization Update Form  
Attachments: VAP Authorization Update.pdf

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THE FOLLOWING IS AN ADVISORY BULLETIN EMAIL TO ALL OVS FUNDED VICTIM ASSISTANCE PROGRAMS

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Dear Colleague:

The Office of Victim Services has created a new authorization form (attached) for claimants who initially filed their claim applications through one VAP but subsequently want to use another program. Currently, they have to use the individual authorization form which only allows them to set up a single advocate as an authorized representative. Therefore, it does not give clearance for anyone else from the new VAP to contact OVS on behalf of the claimant.

With this new form, OVS will be able to associate the new program the claimant designates with his or her claim. The claimant will also have the option to indicate whether the original program should also remain on the claim or if they wish to have them removed.

This new form needs to be notarized so OVS will require the original, signed copy be mailed to the Albany office.

We hope this new process will make it easier for victims to work with the Advocates they are most comfortable with and allow for a much easier way for Advocates to work with existing claims that they had not originally submitted.

On behalf of the New York State Office of Victim Services, thank you for your commitment to providing the highest quality services to innocent victims of crime in New York State.

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Deputy Director of Administration

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**Office of  
Victim Services**

**ANDREW M. CUOMO**  
Governor

**ELIZABETH CRONIN, ESQ.**  
Director

**Authorization by OVS Claimant**

Pursuant to New York State Executive Law, §633, I, \_\_\_\_\_ would like to authorize a new Victim Assistance Program to assist me with my claim.

My claim number is: \_\_\_\_\_

Please change my records to reflect that I am now working with the following program:

Program Name: \_\_\_\_\_

Advocate Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand OVS may speak with any advocate at the above-named program. This authorization shall be valid until revoked by me in writing.

(Please check one box:)

Additionally, I  do  do not wish to have my original Victim Assistance Program continue to be associated with my claim.

\_\_\_\_\_  
Signature of OVS Claimant

\_\_\_\_\_  
Date

State of New York        )  
  ) ss.:  
County of                    )  
\_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
NOTARY PUBLIC

