Part IV. State Benefits Comparison Charts: By Topic

A. Multiple Benefits

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- 3. Quick Guide For State Court Judges On Common Issues That Arise From Parties' Immigration Status: Economic Remedies







Family Court Bench Card on Immigrant Crime Victim Access to Public Benefits and Services¹

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For What Public Benefits Do Undocumented Domestic Violence Victims Qualify?

In 1996 Personal Responsibility and Work Opportunity Reconciliation Act (Welfare Reform Act or PRWORA)² and the Illegal Immigration Reform and Immigrant Responsibility Act (IIRAIRA)³ severely limited access to "federal public benefits" and "federal means-tested public benefits" for many immigrants. This legislation also guaranteed as a matter of federal law and orders issued by the U.S. Attorney General that undocumented immigrants be provided access to programs and services necessary to "protect life and safety." ⁴

Programs that meet the following criteria are required by federal law to provide services to all persons without regard to immigration status: ⁵

- offer in-kind services (services such as food, shelter, and other commodities);
- provide services at the community level;
- provide services regardless of the individual's income or resources; and
- are necessary to protect life or safety

Housing⁶

• Short-term shelter (defined as emergency shelter and transitional housing) for up to two years for the homeless, for victims of domestic violence, or for runaway, abused, or abandoned children⁷

• In-kind emergency disaster relief⁸

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² Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, 110 Stat. 2105, 2267 (1996) [hereinafter PRWORA].

³ Illegal Immigration Reform and Immigrant Responsibility Act of 1996, Pub. L. 104–208, 110 Stat. 3009-546 (1996) [hereinafter IIRAIRA].

⁴ IIRAIRA § 508, 8 U.S.C. § 1642(d) (2011).

⁵ 8 U.S.C. § 1611(b)(1)(E) (2011). See also Final Specification of Community Programs Necessary for Protection of Life or Safety Under Welfare Reform Legislation, 66 Fed. Reg. 3613, at 3616 (Jan. 16, 2001).

⁶ See Letter from Andrew Cuomo, Sec'y, U.S. Dep't of Hous. And Urban Dev., to HUD Funds Recipients (Jan. 19, 2001), available at http://niwaplibrary.wcl.american.edu/public-benefits/housing/HUD-shelter-transitional-housing.pdf/view (last visited Mar. 27, 2013); 8 U.S.C. § 1611(b)(1)(D) (2011). See also Final Specification, supra note 4. Federal preemption precludes states from restricting access to services and programs necessary to protect life and safety. See Rocio Molina, Leslye Orloff and Benish Anver, Federal Preemption of State Laws That Attempt to Restrict Immigrant Access to Services Necessary to Protect Life and Safety, NAT'L IMMIGRANT WOMEN'S ADVOCACY PROJECT (January 11, 2013), available at http://niwaplibrary.wcl.american.edu/reference/additional-materials/immigration/enforcement-detention-and-criminal-justice/federal-

preemption/State%20Services%20and%20Federal%20Preemption%201-11-13%20%20FINAL.pdf/view (last visited Apr. 11, 2013).

⁷8 U.S.C. § 1611(b)(1)(D) (2011). See also Final Specification, supra note 4.

⁸ Exempt from immigrant access restrictions. PRWORA § 401(b)(2), 8 U.S.C. § 1611(b)(2).

Nutrition Assistance⁹

- Soup kitchens¹⁰
- Community food banks¹¹
- Senior nutrition programs and other nutritional programs for persons requiring special assistance
- Assistance under the National School Lunch Act, the Child Nutrition Act of 1966, or SNAP for children under 18¹²
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)¹³

<u>Legal Services</u>

 Organizations may use any source of funding including Legal Services Corporation funds to provide free legal services to victims (or immigrants whose child has been a victim) of domestic violence, child abuse, elder abuse, sexual assault, human trafficking and victims of U Visa crimes¹⁴ without regard to the victim's immigration status.¹⁵

Health Care

- Emergency Medicaid¹⁶
- To protect life or safety, health services such as the following are required by law for all immigrants, regardless of status:¹⁷
 - o Mental health, crisis counseling, and intervention programs
 - Medical and public health services (including treatment and prevention of diseases and injuries, such as immunizations)
 - Substance abuse assistance
- Health Resources and Services Administration Programs (HRSA) funded community, migrant and primary healthcare programs¹⁸
- Public health assistance for immunization, testing and treatment of communicable diseases and school vaccinations ¹⁹

Education

Public elementary and secondary education²⁰

⁹ 8 U.S.C. § 1611(b)(1)(D) (2011). See also Final Specification, supra note 4.

¹⁰ 8 U.S.C. § 1611(b)(1)(D) (2011). See also Final Specification, supra note 4.

¹¹ 8 U.S.C. § 1611(b)(1)(D) (2011). See also Final Specification, supra note 4.

¹² PRWORA, 8 U.S.C § 1612(a)(2)(J), 1615(a) (2011).

¹³ 7 C.F.R. § 246.7(c)(3)

¹⁴ U Visa crimes include: rape; torture; trafficking; incest; domestic violence; sexual assault; stalking; prostitution; female genital mutilation; involuntary servitude; slave trade; being held hostage; kidnapping, abduction; peonage, false imprisonment; blackmail; extortion; manslaughter; murder; felonious assault; witness tampering; obstruction of justice; perjury, attempt, solicitation, or conspiracy to commit any of these or similar crimes. 8 U.S.C. 1101(a)(15)(U). 8 C.F.R. § 214.14(a)(9) (2008).

¹⁵ See Violence Against Women and Department of Justice Reauthorization Act of 2005, Pub. L. 103-322 (2006); Letter from Helaine M. Barnet, President, Legal Servs. Corp., to All LSC Program Directors (Feb. 12, 2006), available at http://niwaplibrary.wcl.american.edu/cultural-competency/access-to-legal-services.

¹⁶ Emergency Medicaid is exempt from immigrant restrictions under PRWORA § 401(b)(1), 8 U.S.C. § 1611(b)(1).

¹⁷ 8 U.S.C. § 1611(b)(1)(D) (2011). See also Final Specification, supra note 4.

¹⁸ For the location of HHS funded health care programs open to all persons without regard to immigration status, see *Find a Health Center*, U.S. DEP'T OF HEALTH AND HUMAN SERVS. HEALTH RES. AND SERVICES ADMIN., http://findahealthcenter.hrsa.gov/Search_HCC.aspx (last visited Mar. 27, 2013).

¹⁹ Immunization and treatment of communicable diseases is exempt from immigrant restrictions. PRWORA § 401(b)(3), 8 U.S.C. § 1611(b)(1)(C) (2011). This includes diseases such as tuberculosis, HIV, leprosy, and other sexually transmitted diseases. *See Immunizations*, CTRS. FOR MEDICAID AND MEDICARE SVCS. (Jun. 15, 2012), *available at* http://www.cms.gov/Medicare/Prevention/Immunizations/index.html?redirect=/immunizations/ (last visited Mar. 27, 2013).

- Child Care and Development Fund (CCDF)²¹
 Safety Services Required
- Those relating to child protection, adult protective services, violence and abuse prevention, and protections for victims of domestic violence²²
- Victims of Crime (VOCA) Victim Compensation Funds²³

For What Additional Public Benefits Do Domestic Violence Victims Who are Lawfully Present Qualify?²⁴

There are four different categories of immigrants who qualify to receive federal and/or state public benefits.

- Persons Residing Under Cover of Law (PRUCOL)
 - O Can access certain state funded benefits in some states
- <u>Immigrants who are lawfully present</u>
 - For health care access purposes of the Patient Protection and Affordable Care Act of 2009 including access to health care for children and pregnant women²⁵
- "Qualified immigrants" who entered the country *before* August 22, 1996 can access
 - o Federal public benefits, ²⁷
 - o State public benefits, and
 - o Federal means-tested public benefits
- "Qualified immigrants" who entered the country on or after August 22, 1996 can access
 - o Federal public benefits,
 - Must wait until 5 years after receipt of "qualified immigrant" status to receive federal means-tested public benefits, and

²⁰ See Plyler v. Doe, 457 U.S. 202, 222 (1982).

²¹ If undocumented parents have children who are U.S. citizens, lawful permanent residents or qualified immigrants, Child Care Development Fund child care is available to such children without regard to the immigrant parent's immigration status. See U.S. DEP'T OF HEALTH AND HUMAN SERVS. ADMIN. FOR CHILDREN AND FAMILIES; CHILD CARE BUREAU, Clarification of Interpretation of "Federal Public Benefit" Regarding CCDF Services Program Instruction (ACYF-PI-CC-98-08) (Nov. 25, 1998), available at <a href="http://niwaplibrary.wcl.american.edu/public-benefits/benefits-for-qualified-immigrants/Clarification%20of%20Interpretation%20of%20Federal%20Public%20Benefits%20Regarding%20Child%20Care%20and%20Development%20Fund%20Services.pdf/view (last visited April 11, 2013).

²² 8 U.S.C. § 1611(b)(1)(D) (2011). See also Final Specification, supra note 4.

²³ Only two states place immigrant restrictions on access to VOCA victim assistance (Alabama and Nevada), in both states trafficking victims with ORR certification or eligibility letters or T-visas should be able to receive VOCA victim assistance to the same extent as refugees. For state by state details on access to VOCA assistance for immigrant survivors, see *Post-Assault Healthcare and Crime Victim Compensation for Immigrant Victims of Violence*, NIWAP, LEGAL MOMENTUM, & MORGAN LEWIS LLC (Sep. 17, 2007), available at http://niwaplibrary.wcl.american.edu/public-benefits/health-care/17_Chart_PostAssaultHealthCare-MANUAL-ES.doc (last visited Apr. 10, 2013).

²⁴ This Bench Card summarizes benefits open to abused immigrants. For a detailed analysis, by immigration status, of whether an immigrant can be considered lawfully present or a qualified immigrant *See Immigration Status: Work Authorization, Public Benefits and Ability to Sponsor Children* available at <a href="http://niwaplibrary.wcl.american.edu/reference/additional-materials/public-benefits/access-to-benefits-and-sevices-by-immigration-relief-for-immigrant-crime-victims/Immigration%20Status-%20Work%20Authorization-%20Public%20Benefits%20and%20the%20Ability%20to%20Sponsor%20Children%204.17.13.xlsx/view

²⁵ Patient Protection and Affordable Care Act of 2009, Pub. L. 111-148, 124 Stat. 119-1025 (2009).

²⁶ A qualified immigrant is defined by 8 U.S.C. 1641 to include: lawful permanent residents, asylees, refugees, persons paroled for more than one year (generally most available to Cuban immigrants); persons granted withholding of removal or conditional entry, Cuban and Haitian Entrants, VAWA self- petitioners, VAWA cancellation of removal, VAWA suspension of deportation, battered immigrants with prima facie determinations or approved family based visa petitions, and T-visa applicants).

²⁷ 8 U.S.C. § 1611(c)(1) (2011) defines federal public benefit as Any grant, contract, loan, professional or commercial license provided by an agency of the United States or by appropriated funds of the United States; and any retirement, welfare, health, disability, public or assisted housing, postsecondary education, food assistance, unemployment benefit, or any other similar benefit for which payments or assistance are provided to an individual, household, or family eligibility unit by the United States or by funds of the United States.

May qualify for state public benefits

VAWA immigration relief applicants²⁸ with a *prima facie* determinations or approval and their children are "qualified immigrants" and may also qualify for health care or state benefits as lawfully present and PRUCOL. The following is a partial list of benefits available for "qualified immigrants":

Income Maintenance²⁹

- TANF limited to qualified immigrants who entered before 8/22/1996³⁰ and others who have been qualified immigrants for more than 5 years³¹
- SSI for those who were lawful permanent residents and were receiving SSI on August 22, 1996 or if the immigrant, her spouse, or a parent had, individually or collectively, worked for 40 quarters³²

Housing³³

- Housing Choice Voucher Program (Section 8)
- Public Housing
- Heating assistance (LIHEAP)³⁴

Nutrition Assistance³⁵

• SNAP (Food Stamps) - limited to qualified immigrants who entered before 8/22/1996³⁶ and others who have been qualified immigrants for more than 5 years

Health³⁷

- SCHIP and Medicaid for lawfully present pregnant women and children³⁸
- Medicaid limited to qualified immigrants who entered before 8/22/1996³⁹ and others who have been qualified immigrants for more than 5 years⁴⁰

²⁸ Includes child and spouse abuse victim VAWA self-petitioners (victims of spouse or child abuse perpetrated by a U.S. citizen or lawful permanent resident spouse, former spouse, parent or step-parent) INA §§ 204(a)(1)(A)(iii) and (B)(ii), 8 U.S.C. §§ 1154(a)(1)(A)(iii) and (B)(ii); and VAWA cancellation of removal or VAWA suspension of deportation applicants who are victims of spouse or child abuse perpetrated by a U.S. citizen or lawful permanent resident spouse, former spouse, parent or step-parent *or* immigrant parents of children abused by the child's other parent who is a citizen or lawful permanent resident. INA § 240A(b)(2); 8 U.S.C. § 1229b(b)(2) and INA Section 244(a)(3) (as in effect prior to March 31, 1997).

²⁹ See DEP'T OF HEALTH AND HUMAN SVCS., Health and Human Service Interpretation of PRWORA "Federal Public Benefit", 63 Fed. Reg. 41,658 (Aug. 4, 1998).

³⁰ 8 U.S.C. § 1612 (a)(2)(D) (2011).

³¹ 8 U.S.C. §§ 1612(A)(2)(L), 1613 (2011).

³² 8 U.S.C. § 1612(a)(2)(D)(i) (2011).

³³ 8 U.S.C. § 1641(c) (2011).

³⁴ See DEP'T OF HEALTH AND HUMAN SVCS., Health and Human Service Interpretation of PRWORA "Federal Public Benefit", 63 Fed. Reg. 41,658 (Aug. 4, 1998).

³⁵ 8 U.S.C. §§ 1612(A)(2)(L), 1613 (2011).

³⁶ 8 U.S.C. § 1612 (a)(2)(D) (2011).

³⁷ For a full list of HHS federal public benefits, see DEP'T OF HEALTH AND HUMAN SVCS., *Health and Human Service Interpretation of PRWORA "Federal Public Benefit"*, 63 Fed. Reg. 41,658 (Aug. 4, 1998); HHS Funded Programs Open to all Immigrants, NIWAP AND LEGAL MOMENTUM (Aug. 4, 2011), *available at* http://niwaplibrary.wcl.american.edu/reference/additional-materials/public-benefits/unrestricted-benefits/PB 16 APPENDIX HHSFundedProgsOpenAllImms-MANUAL-

ES.pdf/view?searchterm=HHS% 20Funded% 20Programs% 20Open% 20to% 20all% 20Immigrants (last visited Apr. 10, 2013).

38 See Ctr. for Medicaid, CHIP, and Survey & Certification, Re: Medicaid and CHIP Coverage of "Lawfully"

Residing" Children and Pregnant Women (Jul. 1, 2010), available at http://niwaplibrary.wcl.american.edu/reference/additional-materials/public-benefits/health-

care/CMS%20Lawfully%20Residing%20Medicaid%20and%20CHIP%207.1.10.pdf/view?searchterm=Re:%20Medicaid%20and%20CHIP%20Coverage%20of%20%E2%80%9CLawfully%20%20Residing%E2%80%9D%20Children%20and%20Pregnant%20Women (last visited Apr. 11, 2013); DEP'T OF HEALTH AND HUMAN SVCS, State Children's Health Insurance Program; Eligibility for Prenatal Care and Other Health Services for Unborn Children, 67 Fed. Reg. 61956-01 (October 2, 2002).

Education and Children

- Post-secondary grants and loans and programs of student assistance under titles IV, V, IX, and X of the Higher Education Act of 1965⁴¹
- States are free to offer any postsecondary education benefit on the basis of residence within that state⁴²
- Child Care and Development Fund (CCDF)⁴³
- TANF Funded Child Care requires TANF eligibility so affected by TANF 5 year bar⁴⁴
- Adoption assistance 45
- Foster care 46

 $\underline{http://niwaplibrary.wcl.american.edu/reference/additional-materials/public-benefits/education-financial-aid/6\%20IFAP\%20-benefits/education-financial-aid/6\%20-ben$

%20Dear%20Colleague%20Letters.pdf/view?searchterm=Student%20Aid%20Eligibility%20-

%20Eligibility%20for%20Title%20IV%20Aid%20for%20%E2%80%9CBattered%20Immigrants-

Qualified%20Aliens%E2%80%9D%20as%20provided%20for%20in%20the%20Violence%20Against%20Women%20Act, (last visited Apr. 11, 2013).

⁴² 8 U.S.C.A. § 1623 (2011).

immigrants/Verification%20of%20Citizenship%20and%20Immigration%20Status%20by%20Non-

<u>Profit%20Organizations%20and%20Head%20Start%20Grantees.pdf/view</u> (last visited Apr. 11, 2013). Available to qualified immigrant children based on the child's immigration status.

³⁹ 8 U.S.C. § 1612 (a)(2)(D) (2011).

⁴⁰ 8 U.S.C. §§ 1612(a)(2)(L), 1613 (2011).

⁴¹ 8 U.S.C. § 1613(c)(2)(H) (2011). See also Student Aid Eligibility - Eligibility for Title IV Aid for "Battered Immigrants-Qualified Aliens" as provided for in the Violence Against Women Act, DEP'T OF EDUC. (June 4, 2010), available at

⁴³ See U.S. DEP'T OF HEALTH AND HUMAN SERVS. ADMIN. FOR CHILDREN AND FAMILIES, Program Instruction CCDF-ACF-PI-2008-01—Verification of Citizenship and Immigration Status by Non-Profit Organizations and Head Start Grantees (May 2, 2008), available at http://niwaplibrary.wcl.american.edu/public-benefits/benefits-for-qualified-

⁴⁴ Available to qualified immigrants based on TANF eligibility of either the child or parent. For a state by state analysis of state funded access to access to TANF funded child care, see Benish Anver and Leslye E. Orloff, Immigrant Crime Victim Child Care Access available at <a href="http://niwaplibrary.wcl.american.edu/reference/additional-materials/public-benefits/access-to-benefits-and-sevices-by-immigration-relief-for-immigrant-crime-victims/CHILDCAREChart-FINAL%204.17.13.docx/view

⁴⁵ See DEP'T OF HEALTH AND HUMAN SERVS., Health and Human Service Interpretation of PRWORA "Federal Public Benefit", 63 Fed. Reg. 41,658 (Aug. 4, 1998).

⁴⁶ See DEP'T OF HEALTH AND HUMAN SERVS., Health and Human Service Interpretation of PRWORA "Federal Public Benefit", 63 Fed. Reg. 41,658 (Aug. 4, 1998).

State-Funded Benefits

The following list provides an overview of which states offer certain state-funded public i benefits. For more information about what state funded benefits and health care is available to specific categories of immigrants and immigrant crime victims including program limitations, see: http://niwaplibrary.wcl.american.edu/reference/additional-materials/public-benefits/state-fundedbenefits

States offering state-funded assistance to qualified immigrants during the 5 year bar and some immigrant crime victims, subject to individual state limitations that may apply; if your state is not listed no state funded benefits are available for immigrants or immigrant crime victims in your state:

- TANF state funded including during 5 year bar for qualified immigrants
 - CA*, IL, IA, ME*, MD, MN*, NV, NJ, NM, NY, OR*, PA*, TN, UT, WA*, WI, WY
- TANF Funded Child Care
 - o CA, CT, IL, IA, ME, MD, MN, NE, NJ, NM, NY, OR, PA, TN, UT, WA, WI, WY
- Medical Assistance State-Funded
- For qualified immigrants, VAWA, U and T victims and lawfully present immigrants- adults
 - O AK⁺, AR^{*}, CA **** CA ***** CO * xi xii, CT **** DE iv +++ DC **++, HI *** Viii +++ XI *** LA **, ME **** MD **** MA *** xii xi x **** VII *** MN *** ii +++, NE *** VI *** NJ ***
- For qualified immigrants, VAWA, U and T victims and lawfully present immigrants children $\circ \quad AK+, AR^{**}, CA^{\#\# vii \#\# ++++ i}, CO^{v xii}, CO^{**}, CT^{vi +++}, DE^{vi +++}, DC^{+++}, FL^{\#**}, HI^{++ viii +++}, \\ , IL^{\# *** xii ** +++}, IA^{iv +++}, LA^{**}, ME^{vi +++}, MD^{vi +++}, MA^{** *** ++++ viii x xii +++}, MI^{**}, MN^{iv ** ii +++}, NT^{iv +++}, NE^{** vi +++}, NJ^{vi *** ** xii +++}, NM^{vi \#\# +++ ix}, NY^{\#\# viii +++ **}, NC^{** ii +++}, OR^{iv +++ (**\#)}, PA^{vi \#\# +++}, RI^{iv +++ **}, TN^{**}, TX^{** (ix +++)}, VT^{vi +++}, VA^{** ++++ vii +++}, WA^{** *** xii +++}, WI^{vi +++ **}, RI^{iv +++ **}, TN^{**}, TX^{** (ix +++)}, VT^{vi +++}, VA^{** ++++ vii +++}, WA^{** *** xii +++}, WI^{vi +++ **}, WI$
- SSI State Funded
 - o CA vii, HI x, IL +, ME vi viii, NE vi, NH +
- Code Key
 - *also for crime victim applicants as PRUCOL
 - ** prenatal care regardless of status,
 - ^{*}children regardless of immigration status,
 - *very limited. 0
 - ⁺⁺ qualified immigrant children and pregnant women, 0
 - +++ Any form of health care for many or all who meet qualifications for health care
 - ++++qualified immigrant children
 - *varies by county,
 - ## qualified abused immigrants
 - ### qualified immigrants
 - i prenatal care, long-term care, breast and cervical cancer treatment and certain other medical services open to all without regard to immigration status,
 - ii lawfully present non-citizens 0
 - iii for lawfully present children and prenatal care only,
 - iv for lawfully present children only,
 - ^v lawfully residing pregnant women
 - vi lawfully residing children and pregnant women
 - vii Trafficking victims and U visa victims only,
 - viii PRUCOLS,
 - ix PRUCOLs who entered prior to August 22, 1996
 - ^x seniors and persons with disabilities
 - xi limited access to long-term care or nursing home care
 - xii some income restrictions may apply

Appendix II: Visa Chart—Immigration Status & Children's Benefits*

Immigration Sta	tus: Duration	Immigration Status: Duration, Ability to Sponsor Children and Path to Permanent Residency	Permanent Residency
acarigention Status	Inmigration Intent	Lawful Permanent Residency: Path to, Requirements of Maintaining and Who Controls the Application	Can they include their children in their application, or fle an application asking DHS to grant their children legal immigration status?
Lawful and Condition	ial Permanent R	Lawful and Conditional Permanent Residency and Humanitarian Relief	
awful permanent residents INA 8 fol(a)(20); 8 U,S.C. § 1101	Stay in the U.S.	Are lawful permanent residents, Cannot be outside of the U.S. for more than six months any year without permission; can lose status if they commit certain crines. Inmigrant controls the application. Immigrant files own application	Lawful permanent residents can file for their children and can include their children in the immigrant's application for lawful permanent residency, 22 C.F.R. § 42,55(a)
conditional permanent esidents INA § 216; 8 1.S.C. § 1186a	Siny in the U.S.	Citizen or lawful permanent resident spouse files a family-based visa petition for the immigrant spouse and the parties are married for less than two years when the parties are married for less than two years when the parties attend heir DHS interview. The immigrant spouse receives permanent residency that is conditioned upon filing of a joint application by the applicant and their sponsoring citizen or lawful permanent resident spouse to remove conditions OR a self-petition by the applicant for a waiter of the joint filing requirement based upon disorce, battering or extreme transly, extreme hardship, or bigarny of citizen or lawful permanent resident spouse.	Child gets the conditional generates the conditional free from or daughter of an immigrant with a qualifying marriage to a U.S. citizen. INA § 2160h(2); 8 U.S.C. § 186a.
Persons paroled into the United States for a period of all least one year-indefinite, Humanitarian, agadicant public benefit (THS granted indefinite to thumanitarian parole) INA § 212(d)(5); 8 U.S.C.	Smy in the U.S.	Parolees usually ultimately file for a form of legal immigration status. In this case, a family-based petition filed by their battered immigrant patent who received VAWA cancellation of removal: if they fail to file they could fail out of legal status	Camot include children. Children woold need to separately qualify for parole.
Dildren of VAWA sancellation of removal ecipients (DHS granted lumanitarian Parole)	Stay in the U.S.	Parolees usually ultimately file for a form of legal immigration status; if they fail to file, they could fall out of legal status	Cannot be included in the victim's, application. However, once the victim is granted reachation of removal, increachation of removal, increachation of relative automatically eligible for parole into the United States under INA § 240A(b)(4)
Cuban and Haifuin nurants (U.S. granted nuclefinite or humanifarian nurole) PL 99-603, 100 Stat. 3359 § 202.	Stay in the U.S.	Parolees with status that leads to lawful pernament residency so long as no intent to abandon residence in the U.S.	Cannot include their children

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	Acces	s to Federal and	Access to Federal and State Funded Public Benefits	c benents	
When do they receive legal work authorization?	When is the immigrant considered PRUCOL?	When do they become lawfully present, granting access to health	When are they considered "qualified aliens" for federal/state public benefits eligibility purposes?	Eligible for "federal public benefits" (e.g., Housing, Foster Care, Low-Income Energy Assistance, Child Care)	When are they eligible for referral mean-texted public benefits" - (e.g., TMF, Food Stamps, TANF: Child Care, Fall Medicaid, SSI benefits) and meet all program requirements?
Lawful and Conditional Permanent Residency and Humanitarian Relief	ianent Residency ai	nd Humanitarian Re	lief		
Applications with pending applications for work authorization can file for work authorization. S. E. R. & S. 24-24-21/2(99). Upon receipt of status. No need to apply for emphyment authorization. B. C.F. R. & 274a. 12(a)(1) and & 12/4a. 12(a)(1).	Upon filing	When the intuitions is granted lawful permanen residency (Due to status as qualified alien - 8 U.S.C. § 1641(D(11))	When they are granted lawful permanent resident status	Flighle for Federal and State Public Benefits as Qualified Altens	S-year bar (unless exempt from 5 year bar**).
Upon receipt of status. Na need to apply for employment authorization. 8 C.F.R. § 274a.12(a)(1) and § 1274a.12(a)(1)	Lpon filing	When the immigrant is granted conditional residency (due to status as qualified aften - 8 U.S.C.	When they are gninted law ful permanent resident startus	Eligible for Aid as Qualified Aliens	5-year bar (unless exemptifrom 5 year bar**)
Elgible to apply for work authorization 8 C.F.R. § 274a.13(eX11)	When Paroled into the U.S.	At the time the immigrant was paraled into the United States (due to status as qualified alien - 8 U.S.C. § 1614(by(4))	When granted parole for at least one year	Eligible for Aid as Qualified Albens	5-year bur
Eligible to apply for work authorization 8 C.F.R. § 274a.12(cR.11)	When Puroled into the U.S.	Af the time the immegrant was puroled into the United States due to status as qualified aften - 8 U.S.C. § 1614(b)(4))	When they are granted lawful permunent resident status	When they are granted lawful permanent resident status	S-year bar
Eligible to apply for work authorization 8 C.F.R. § 27aa.12(410)	When Paroled into the U.S.	At the time the immigrant was paroided into the United States (due to status as squalified alien + 8 U.S.C. § 1614(b)(7))	When status is granted	Eligible for Aid as Qualified Aliens	EXEMPT from 5-year bar-

Immigration Status	lumigeation Intent	Lawful Permanent Residency: Path to, Requirements of Matutaining and Who Controls the Application	Can they include their children in their application, or file an application asking DMS to grant their children legal immigration status?
Arrorasian immigrant ebildren (family-based self-petition)	Stay in the U.S.	Leads to LPR status; children under 21 enter as first priority —all other entrants follow the Visa bulletin, includes showing of humonitarian need, public interest or family unity	This vies status is provided to children born in Indochina atter 1950, fathered by a U.S. etizen who has provided a legal guarantee of cosody and financial reponsibility for the child. Ameresians can include their own children and natural mother.
VAWA self-petitioners (pending, with deferred action or approved) and their children included in their applications (family based self-petition) (NA \$204(a)(1)(A); 8 LLS.C. \$3 1135(a)(1)(A); (iii).	Stay in the U.S.	Once approved apply for lawful permanent residency (inunediately eligible if perpetrator family member is a clitizen) must wait 2-5 years if the perpetrator family member is a lawful permanent resident)	VAWA self-petitonters can include their children as dervatorse when the petition is fled with USCIS. There is no need for the partner's consent of knowledge when applying. INA \$\$204(x)(XAXIII)+(y).
VAWA suspension of deportation INA § 244(n)(3); 8 U.S.C. § [224(a)(3) as in effect on March 31, 1997)	Stay in the U.S.	Once approved are granted lawful permanent residency, cannot be outside of the U.S. for more than 6 months in any year without permission; can lose status if commit certain crimes	Children of parent who obtains cancellation of removal under VAWA may obtain parole under section 212(d)(5). INA § 240A(b)(4)(A)(1)
VAWA cancellation of removal and VAWA suspension of deportation applicants INA \$240/kb/22; 8 U.S.C. §12296.	Stay in the U.S.	Once approved are granted lawful permanent residency, cannot be outside of the U.S. for more than 6 months in any year without permission; can lose status if commit certain crimes	Children of parent who obtains eancellation of removal under VAWA may obtain purole under section 212dX5. INA § 240AtbX4XAX0.
Cancellation of Removal reoplemic (immigrant files their own application) IRA § 240A: 8 U.S.C. § 1229	Stay in the U.S.	When cuncellation of removal application is granted, the applicant receives lawful permanent residency from the immigration judge. Cannot be outside of the U.S. for more than 6 months in any year without permission; can lose status if commit certain crimes.	Cannot neclude their children. Once they attain lawful permanent residency, they can file an application for their children must wait for a visa to become available, which can tuke 2-3 years.
Immigrant Status Th	at Allows Indivi	Immigrant Status That Allows Individual to File for Lawful Permanent Residency	
Asylees (file their own application) INA § 208: 8 U.S.C. § 1158	Stay in the U.S.	Can tile their own application for LPR status after I year	Asylees can include their children when applying for Asylum with the BCIS center of if in removal proceedings, before the finnigration Judges to 8 C.F.R. §§ 208.3(a), 1208.3(a).

	Acces	s to Federal and	Access to Federal and State Funded Public Benefits	ic Benefits	
When do they receive figual work authorization?	When is the immigrant considered PRUCOL?	When do they become lawfully present, granting access to health care!****	When are they considered "qualified aliens" for federal/state public benefits eligibility purposes?	Eligible for "federal public benefits" (e.g., Housing, Foster Care, Low-Income Energy Assistance, Child Care)	When are they eligible for "federal mean-tested public benefits" - (e.g., TANF, Food Stamps, TANF. Child Care, Full Medicaid, SSI benefits) and meet all program requirements?
Edder after their application for lawful permanent residency is pending. If eligible, or upon receipt of seame, 8 CFR § 274a.12(a)(1), respectively.	At the titue of admirance into the 1 U.S.	When granted lawful permanen resident status	When the 1-360 petition is granted	Eligible for Aid as Qualified Aliens	EXEMPT from 5-year bar
Receive employment authorization once their VAWA self-perition has been approved. INA \$ 201(a)(1)(K), 8 CFR. \$ 274a, 12(c)(51)	Upon Hing	Connection between buttery and need for benefits, and receiving prima facilities of the control	Receiving prints facie determination from DHS	Eligible for Aid as Qualified Aliens	5-year bur (unless exempt from 5-year bur*)
Eligible to apple for work authorization 8 C.F.R. § 274a.126/(10)	Upon fling.	Connection between benefits and battery, benefits and battery, and receiving prints from a member and management benefits of the following the	Receiving printa facis- determination from arr immigration from a	Bigable for Aid as Qualified Altens	5-year bar (unless exempt from 5-year bar**).
Eligible to apply for work authorization 8 C.F.R. § 274a.12(s/10)	Upon filmg	Connection between benefits and battery, and receiving prima faceic determination from an immigration judge (8 LIS.C. § 1641(c. XTX/BXV))	Receiving prima facie determination from an inmigration Judge	Bigible for Aid no Qualified Allens	5-year bar (unless axempt from 5-year bar**)
Fligsble to apply for work authorization S.C.F.R. § 274a,32(x)(10)	Upon Hing.	When they receive their lawful permanent residency, adthough someone applying for cancellation may already be a permanent resident and so may have access to health save abreath before applying for cancellation cancellation	After LPR status granted trpon approval of their cancellation of removal application	After LPR status granted	5-year bar (unless exempt from-
Immigrant Status That Allows Individual to File for Lawful Permanent Residency	s Individual to Fil	e for Lawful Perman	ent Residency		
Receive employment authorization within 180 days of filing the asylum appearance. NAS § 20804(2); § C.F.R. § 274a, [200] Must file and for employment authorization, flower saylum is granted, work authorization from that point on is included in soylee stalus 8 C.F.R. § §§ 274a, [20(8)]	Upon filing.	When applicant has received EAD and Asylum application continues to be pending (qualified alien once received Asylum 8 U.S.C. § 1641(DX2))	Asyluni Granted	Eigable for AM as Qualified Aliens	EXEMPI from 5-year bar

Immigration Status	lmmigration Intent	Lawful Permanent Residency, Path to, Requirements of Maintaining and Who Courrols the Application	Can they include their children in their application, or file an application asking DHS to grant their children legal inmigration status?
Refugees (file their own application) INA §207, 8 U.S.C. § 1157	Stay in the U.S.	Can file their own application for LPR status after 1 year	Refugees can include their children in the application, INA \$207(c)(2), 8 U.S.C. § 1157(c)(2)
U-I Vietims of crime (file their own application) INA §101(a)[15](U); 8 U.S.C. §1101(a)[15](U).	Temporary visa: most vietims intend at the time of application to stay in the U.S. due to humanitarian need or public interest	Self-petition for lawful permanent residency status after three years of continuous physical presence. Have direct path to lawful permanent resident not dependent on an employer of family member; with three years and the fawful permanent residency status is immediately available to those who need telligibility criteria (cooperation or not unreasonaby refuse to cooperate) and public interest.	Victims of crimes applying for a LeV-Fiscaus instable their children in their application. NA § 101(a)(15/U)(fi), 8 C.F.R. § 214,14a)(10), (f)
6-2 spouse of U-1 (included in crime victim spouse's application)	Temporary visa; most victims intend at the time of application to stay in the U.S. due to humanication need or public interest.	Self-petition for lawful pernanent residency status after three years of continuous physical presence. Have direct path to lawful pernanent resident not dependent on an employer of family member; wait three years and the lawful pernanent residency status is immediately available to those who meet eligibility eriteris (cooperation or not unreasonably refluse to cooperate) and public interest, humanisarian need or family unity.	See U-3 vua saaus
U.3 children of U.1 (included in crimus victim parent's application)	Temporary visa; most victims intend at the time of application to stay in the U.S. due to humanianian meed or public interest	Self-perition for lawful permanent residency status after three years of continuous physical presence must show public interest, tumontarian need or family unity	Cannot include their children. Once they attain lawful permanent residency they can file an appliction for their ehildren. Children must wait for a visa to become available which can nike 2-3 years.
U-4 parent of U-1 children victim (included in crime victim child's, application)	Temporary visa: most victims intend at the time of application to stay in the LLS. due to humanitarian need or public. interest	Self-petition for lawful permanent residency status affer three years of continuous physical presence must show public interest, furnantiarian need or family unity	See U.S visa status
U-5 minor siblings of U-1 children victim (included in crime victim sibling's application)	Temponary visas: most victims intend at the time of application to stay in the U.S., due to humanitarium need or public, interest	Self-petition for lawful permanent residency status after three years of continuous physical presence family unity	Cannol include their children. Once they attain lawful permanent residency they can fille an application for their fille an application for their eluffrent. Children must wait for a visa to become available which can take 2-3 years.
T-I visa or primat facic determination of T-visa (file their own application) INA § 101(0x115/FT B LS.C.	Temporary visa: most viculias intend at the time of application to stay in the U.S. due to a showing of brandship in returning to home country	Self-petition for lawful permanent residency status after three years of continuous physical presence and must show proof that they have assisted in the investigation and/or prosecution; exeptions for investigation and/or prosecution; exeptions for three under 18 or those history above extreme fundship upon returning to home county.	Victims of Traffiking can include their children when applying for a T-Visa. INA 8 (045)(T)(0); 22 C.F.R. 8 41.84(a)

	When is the immigrant	When do they become law fully present, granting	When are they considered "qualified aliens" for federal/state	Eligible for "federal public benefits" (e.g., Housing, Foster Care,	When are they eligible for "federal mean-tested public benefits" - (e.g., TANF, Food Stamps, TANF, Child Care, Full Medicid SCI Isonates
When do they receive legal work authorization? Refuges paroled tuto the United States can apply for work authorization. 8 C.F.R. \$274a.124(4). Upon receipt of status. Must file and for employment authorization. 8	PRUCOL?	care?*** Entered U.S. under Refugee status (qualified aften under 8 U.S.C. §	2.	Low-Income Energy Assistance, Child Care) Liigible for Aid as	and meet all program requirements?
C.F.R. § 22/ta. (20)(3) C.F.R. § 22/ta. (20)(3) Livisa victims receive work. authorization once their (1-visa lins been granted, INA § 21/4(p)(3)(8));	Some and the second sec	001408(23)	Weinger stains	cuant pannen	ma reaction of the land
8 C.E. R. § 2/4a: 14aR/9) Must file and for employment The and for employment The and the and for employment The and the a	Simple and the state of the sta	U-visa sanus granted [L-i visa sanus	After LPR status granted	After I. PR status granted	After LPR vanus granted
Mast file and for employment authorization 8 C.F.R. § 274a-12a/20)	Oppur runs	U-1 yea smus- granted	Affer LPR status granted		Affer LPR sums granted
Must file and for employment authorization, 8 C.F.R. § 224a, 12(8/20)	Upon rifing	U-1-Visa saitus. granted	A Ber LPR status granted		Affer LPR status grunted
Most file and for employment authorization. 8 C.F.R. § 274a.12ta/20)	Upon filing	U-I von status granted	After LPR status granted	Affor LPR status granted	Afrer L.P.R. status granted
Includes work authorization 8 The first includes work authorization work Talki (by: Lose work C.F.R. § 2748, 12(0(2))	Upon films	Twiss granted or a prima fasse case determination (qualified after under R U.S.C., §fest(c)(4)).	F-wa is inproved	Eligible for Aid as Quidified Albras	EXEMPT from 5-year bar

Immigration Status: Duration,	us: Duration,	Ability to Sponsor Children and Path to Permanent Residency	Permanent Residency
morigration Status	Immigration Intent	Lawful Permanent Residency: Path fo, Requirements of Maintaining and Who Controls the Application	Can they include their children in their application, or file an application asking DMS to great their children legal immigration status?
1-2 spouses, children and umarred siblings under 3 at the age of pplication of 7-1 pplication of 7-1 artficking victim's pplication?	Temporary visa; most victims intend at the time of application to stay in the U.S. due to a showing of bandship in returning to frome country	Able to apply for lawful permanent residency when principal T-visa family member becomes a fawful permanent resident.	Cannot include their children. Once they attain shall be permanent residency, they can flee an application for their ehildren. Children must wait for a visa to become awaitable. Witch can take 2-3 years.
F3 children of F3 included in bafficking retim parent's application)	Temporary visa; most victurs intend at the time of application to stay in the U.S. due to a showing of hardship an returning to home country	Able to apply for lawful permanent residency when principal T-visa family member becomes a fawful permanent resident.	Cannot arelade their children. Once they attain lawful permanent residency they can file an application for their children. Children must wait for a visa to become available which can take 2-3 years.
1-4 purents of T-1 victim shilden (included in artification victim child's application)	Temporary visa: most victims intend at the time of application to stay in the U.S. date to a showing of heardship in returning to home country	Able to apply, for lawful permanent residency, when principal T-visa family member becomes a fawful permanent resident.	The T. I victim must file for unmarried shilings under the age of R3 at the time of filling under T-3
Parificking victims with	Temporary status for the duration of the etiminal case, often preceeds the vertines T-visa application many, but not all intend to stay in the U.S.	Must apply for a 1-visa or U-visa before status ends	Traifficking victims who receive continued presence cannot obtain continued presence for their children. If the traifficking victim applies for a T-1 visa, they can include their children as T-2s.
ppecial furnigrant nownile Status (self- sedion) INA 5 101(a)(27)(J), 8 U.S.C. 5 101(a)(27)(J)	Stay in the U.S.	Cannot be outside of the U.S. for more than 6 months any rear without permission; can lose status if commit certain crines	Cannot include their children. Once they attain law fall permunent residency they can file an application for their elisten. Children must wait for a visa to become available which can take 2-3 years.
NACARA Cubans (self- berdion) Pt. (05-100, 111 Stat. 2160, 2193 (Nov. 19,	Say in the U.S.	Have direct path to lawful permanent residency	If NACARA requient seeks tawful germanet residency, as long as the chid is physically present in the United States can present in the United States can include the child in the Adjustment of Status. Application, 8 C.F. R. § 243.13
HRFA (self-petition) 8 C.F.R. \$9245.15, 1245.15	Stay in the U.S.	Have direct path to lawful permanent residency	When HRIP A recipients seek to adjust sinute to permanent residence, they can include a child who is physically present in the United States, 8 C.F.R. §\$245.15(0;4(x), 1245.15(0;4(x))

	Acces	s to Federal and	Access to Federal and State Funded Public Benefits	c Benefits	
hen do they receive legal work. Oborization?	When is the immigrant considered PRUCOL?	When do they become lawfully present, granting access to health cure?***	When are they considered "qualified allens" for federal/state public benefits eligibility purpoxes?	Eligible for "federal public benefita" (e.g., Housing, Foster Care, Low-Income Energy Assistance, Child Care)	When are they eligible for "federal mean-tested public benefits", e.g., TANF, Food Stamps, TANF, Child Care, Bull Medical, SSI benefits) and meet all program requirements?
cludes work authorization & F.R. § 274a.12(a)(16); Lose work thorization when Tstatus ends. 8 F.R. § 274a.12(e)(21)	Upon filing	7-1 visa granted or a prima facie case determination	T-i visa principle is approved	Eligible for Axi as Qualified Aliens	EXEMPT from 5-year bac
cludes work authorization 8 F.R. § 274a.12(a)(16); Lose work thorization when T status ends. 8 F.R. § 274a.12(c)(21)	tipon filmg	1-1 visa granted or a prima facie cass determination	T-1 vša principle is approved	Eligible for Aid as Qualified Aliens	EXEMPT from 5-year bar
Cludes work authorization & F.R. § 274a.1 2(a)(1 f); Lose work thorization when T status ends. & F.R. § 274a.12(5)(21).	Upon filing	T-I visa granted or n prima facie cuss determination	T-1 visa principle is approved	Eligible for A'd as Qualified A liens	EXEMPT from Syear but
hen trafficking victims are ander confined presence that tuss includes work authorization. C.F.R., § 274a.12(x)(16). Work florization is included if the difficking victim files for and is arded a T-vist or U visa. 8 CFR 7-L2(x)(4) for (20) for U visa. and L-vist applicants gain ardier and L-vist applicants gain ardier and L-vist applicants gain ardier gamted continued presence first gamted continued presence first	When victin precives HTS certification	When victin receives HHS certification	When victim receives HHS certification treated as refugees.	When victim receives HHS certification treated as refrigees	EXEMPT from 5-year bar
hen Special Immigrant Juvenile attos is granted, the child is granted i'lli permanent residency and i'aves work authorization under at status.	When child has a pending SMS	When child has a pending SHS.	After LPR status granted	After LPR status granted	5-year bar (unless exempt from 5-year bar**)
igible to upply for work doorzation & C.F.R. & 4s.13(c)(10)	Upon filing	When they acquire LPR status (LPR is a qualified alien)	After LPR status granted	Ethgible for Abl	EXEMPT from 5-year but
igible to apply for work thorization 8 C.F.R. § 4a.12(c)(10)	Upon Thug	When they acquire LPR status (qualified alisn)	After LPR status granted	Eligible for Akl	3-уанг Би

Immigration Status	Immigration Intent	Lawful Permanent Residency; Path to, Requirements of Maintaining and Who Controls the Application	Can they include their children in their application, or file au application usking DMS to grant their children legal immigration status?
HRJFA family members Halidan spouse, child or unmarried son or daughter of HR IFA applicant-self-pertition) 8 C.F.R. §§ 245.15, 1245.15	Stay in the U.S.	Have direct path to lawful permanent residency	Cannot include their children Ones they attain lawfin permanent residency, they can file an application for their children. Children must wait for a visa to become available which can take 2-3 years.
VAWA Cubins (treated as refugees) Cuhan Refugee Adjustment Act PL 89-222, 8 Saut 1161 (1966), 1996 U.S.C.C.A.N. 3792; AFM	Stay in the U.S.	Have direct path to lawful permanent residency	Refigese can include their children in the application. ISA \$207(c)(2), 8 U.S.C. § 1157(c)(2)
Immigrant Status th	at Allows Indiv	Immigrant Status that Allows Individual to File for Lawful Permanent Residency	
O-1 Temp worker or a trainer in extraordinary a ability INA. g 101(a)(15)(O); B U.S.C. b \$110(a)(15)(O); B C.F.R. p \$214.2(o)(1)(O)	Dual intent (DHS acknowledges and necepts that entering on temporary visa intending to stay permanently)	May not need a sponsor but subject to visa bulletin; may also qualify as priority worker	Children of Oct are entitled to Oct state subject to the same time requirements as Oct 1. 8 C.F.B. \$214.2(o)/65(v)
O-3 Spouses or Children of O-1 (1974) & 1010A(15) & U.S.C., § 1101(a)(15)(O); & U.S.C., § 219.2(O)(O)(O)	Dual Intent (DHS acknowledges and accepts that entering on temporacy Visa intending to stay permanently)	May nor need a sponsor but subject to visa bulletin; may also qualify as priority worker	Comnot include their children. If they uttain lawful permanent residency, they can file an application for their children. Children moust wait for a visa to become available which can take 2-3 years.
P.1 Athlete or Entertainer INA §101(a)(15)(P); 8 U.S.C. § 1101(a)(15)(P); 8 C.F.R. § 214.2(p)	Dual Intent (DHS acknowledges and accepts that entering on temporary visa intending to stay permanently)	May not need a sponsor but subject to visa bulletin: may also qualify as priority worker	If P-1 is granted a visa through spinosor, can apply for a visa for a child through P-4, who is granted the same term of admission as P-1, 8 C.F.R. § 244.2(py.15).
Immigrant Status th	at Allows Indiv	Immigrant Status that Allows Individual to File for Lawful Permanent Residency	
K-1 Funces of U.S.C. INA § 10f(a)(15/K)(0); 8 U.S.C. § 110f(a)(15/K)(0); 9 FAM 41.81	Dual Intent (DHS acknowledges and accepts that entering on temporacy visa intending to stay permanently	Must marry within 90 days, and sponsoring spouse must file an application for lawful permanent residency within 6 mentls	(FLJS. Citizen peditioner filber for K-1 finuee, sam also perition for K-1's children in the pention as K-2, 8 C.F.R. §314.200(0)(0)
K-2 Children of K-1	Dual Intent (DHS acknowledges and accepts that entering on temporary visa intending to stay permanently)	Child's parent must marry within 90 days and spousoring parent must fite an application for lawful permanent residency within 6 months	Cannot include their children. If they aim while leaves they aim file an easily consistent of the children. Children must wait for a visa to become available which can take 2-3 years.
K-3 spouses of U.S.C. NA.§ 101(a)(15)(K\vec{u}); 8 U.S.C.\vec{v}} 1101(a)(15)(K\vec{u}); 22 C.F.R.\vec{v} 21/(2)(k)	Dual Intent (DHS acknowledges and accepts that entering on temporary visa intending to sary permanentity)	Sponsoring spouse must apply for lawful pernunent residency status within 2 years.	If the spouse of a U.S. citizen, petilioner U.S. citizen can petilioner U.S. citizen can petilion for both purcent and child. (K-3 and K-4 respectively)

	Acces	s to Federal and	Access to Federal and State Funded Public Benefits	c Benefits	
When do they receive legal work authorization?	When is the immigrant considered PRUCOL?	When do they become lawfully present, granding access to health care?***	When are they considered "qualified allens" for federal/state public beneifts eligibility purposes?	Eligibie for "federal public benefits" (e.g., Huising, Foster Care, Low-Income Energy Assistance, Child Care)	When are they eligible for reflectal mean-tested public benefits' . (e.g., TANF. Food Stamps, TANF. Child Care, Bull Nederiad, SSI benefits) and meet all program requirements?
Eligible to apply for work authorization 8 C.F.R. § 274a 12(c)(10)	Upan filmg	When they acquire LPR status (qualified alten)	After LPR status granted	Elgible for Ald	S-year bar
Eligible to apply, for work authorization & C.F.F. § 274a.12(c)(10)	Upon filing	When they acquire LPR stutus (qualified allen)	After LPR status granted	Eligible for Ald	EXEMPT from 5-year bar
Immigrant Status that Allows Individual to File for Lawful Permanent Residency	ows Individual to F	ile for Lawful Perr	nanent Residency		
Authortzed to work only for a specific employer 8 C.F.K. § 274a.12(e)(13)	Date entered the U.S. as long as viva terms have not been violated	Date entered the U.S. as long as year terms fiave not been violated	Only if lawful permanent residency granifed	Only If law füt permanent residency granted	S-year bar (unless evemplation) S-year bar**)
Authorized to work only for a specific employer 8 C.F.R. § 274a.12(b)(13)	Date entered the U.S. as long as visa terms have not been violated	Date entered the U.S., as long as visa terms have not been violated	Only if lawful permanent residency granted	Only if having permanent residency granted	S-year bar (unloss exempt from S-year bar**)
Authorized to work only for a specific employer 8 C.F.R. §	Date entered the U.S. as long as visa terms have not	Date entered the U.S. as long as visa term! have not been	Only if lawful permanent	Only if lawful permanent	5-year bar (unless exempt from
Z.P.B.J.CO.R.(4) Depty Volumest Volumest Instances Status that Allows Individual to File for Lawful Permanent Residency	ows Individual to F	notated ile for Lawful Pern	nament Residency	residency granted	3-year Dar-1
Eligible to apply for word, authorization 8 C.F.R. § 274n.13.0006	At time of inspection and admittance into the U.S. (within their authorized stay)	At time of inspection and admittance into the U.S. (within their onthorized stily)	After LPR status granted	After LPR status gravied	5-year bur Junkss exempt from
Eligibė to upply for work authorization 8 C.F.R. § 274a. 13(a)(6)	At time of inspection and admittance into the admittance into the Li.S. (within their authorized stay)	At time of inspection and admittance into the U.S. (within their authorized stay)	After LPR sistus granted	After LPR status granted	5-year bar (unlens exempl from 5-year bar**)
Includes work authorization 8 C.F.R. § 274a, 12(a)(9)	At time of inspection and admittance into the U.S. (within their authorized stay)	At time of inspection and admittance into the U.S. (within their authorized stay)	After LPR status granted	After LPR status grunted	5-year bar (Unless exempt from 5-year bar*)

9		formers around the same results of formers formers formers.	
firmigration Status	Immigration Intent	Lawfii Pernanent Residency: Path to, Requirements of Maintaining and Who Controls the Application	Can they include their children in their application, or file an application asking DRS to grant their children kgal immigration status?
K-4 Children of K-3	Dual Intent (DHS acknowledges and accepts that entering on temporary visa intending to stay permanently)	Sponsoring parent must apply for lawful permanent residency status within 2 years	Cannot include their children. If free, artain tawin'i permanent residency, they can file an inpoliction for their children. Children must wait for a visa to become available which can lake 2-3 years.
5-5-Allens ussisting Law Enforcement INA § 101(a)(15/S); 8 U.S.C. \$101(a)(15/S); 8 C.F.R. \$121(40), 212.1.214.2. 25.1.24(3), 124.1.22 C.F.R. § 41,83	Temporary visa	In limited circumstances when law enforcement files on the immigrant's behalf, the 5-visa holder may have an avenue to lawful permanent residency	Once granted S-5 status, can apply to bring child as S-7 if MS or the Department of State consider it appropriate to provide status to the bild. INA § 101(a)(15)(S)(ii)(IV)
S-6 Aliens assisting Law Enforcement	Temporary visa up to 3 years	In limited circumstances when law enforcement files on the immigrant's behalf, the S-visa holder may have an avenue to lawful permanent residency	Once granted S-6 status, can apply to bring child as S-7 if DHS or the Department of State consider it appropriate to provide status to thre child, INA § 101(a)(15/85/ii)(IV)
S-7 Children & Spouses. of S-5 & S-6	Temporary visa up to 3 years	In limited circumstances when law enforcement files on the immigrant's behalf the S-visa holder may have an avenue to lawful permanent residency	Cannot include children.

	Acces	s to Federal and	Access to Federal and State Funded Public Benefits	c Benefits	
When do they receive legal work authorization?	When is the immigrant considered PRUCOL?	When do they become lawfully present, granting access to health care?***	When are they considered "qualified alliens" for federal/state public beaefits eligibility purposes?	Eligible for "federal public benefits" (e.g., Housing, Foster Care, Law-Income Energy Assistance, Child Care)	When are they eligible for "federal mean-tested public benefits" - (e.g., TANF, Food Stamps, TANF, Child Care, Full Medicaid, SSI benefits) and meet all program requirements?
inchules work authorization 8 C.F.R. § 274a, 12(a)(9)	At time of inspection and admittance into the U.S. (within their authorized stay)	At time of inspection and admittance into the U.S. (within their authorized stay)	After LPR status granted	After LPR status granted. After LPR status granted	5-year bar (unless exempl from
Elighe to apply for work authorization & C.F.R. § 274a.12(c)(21)	When they are inspected and admitted into U.S.	When they are inspected and admitted into U.S.	Mot eligible	Noj eligible	Not eligible
Eligible to apply for work authorization 8 C.F.R. § 274a.12(c)(21)	When they are inspected and admitted into U.S.	When they are inspected and admitted into U.S.	Not टोड्डाकेट	Not eligible:	Not eligible
Eligible to apply for work authorization 8 C.F.R. § 274a, [2(e)(21)	When they are inspected and admitted into U.S.	When they are inspected and admitted into U.S.	Noreligible	Not eligible	Not eligible

mmigration Status	[mmigration Intent	Lawful Permanent Residency: Path to, Requirements of Maintaining and Who Controls the Application	Can they include their children in titeir application, or file an application asking DHS to grant their children legal immigration status?
Immigrant Visas That	Allow the Grantin	Immigrant Visas That Allow the Granting of Lawful Permanent Residence Status Through Employment (Sponsor Required)	ployment (Sponsor Required)
S-I Treary Investor INA § 10100/13/ERØ); § U.S.C. 3101(a/U.S/ERØ)	Limited Dual Intent — must keep ries in home country, but may intend to stay permanently	Need to have family or employment-based sponsorship and must wait for a visa to become available before they can apply for lawful permanent residency.	Can include children subject to the same terms of E-1, can apply for child through H-4. 8 C.F.R. § 214-21c (A), 22 C.F.R. §§ 91,51(a)(3) and (b)(3)
5-2 Theny Trader (NA \$1010x(15)(E)(ii), 8 0.5.C. § 1101(a)(15)(E)(ii), 22 C.F.R. §41.51.	Limited Dual Intent must keep tres in home country, but may intend to stay permanently	Need to have family or employment-based sponsorship and must wait for a visa to become available before they can apply for lawful permanent residency.	Can include children subject to the same terms of E.3, can apply for elidd infough H-4, 8. C.F.R., § 214.20 (Mt), 22 C.F.R. § § 41.51(a)(3) and (b)(3)
1-1B Temporary Worker specialized 8 C.F.R.	Dual Intent (Starutority Recognized) DHS acknowledges and accepts that entering on temporary visa intending to stay permanently.	Need to have famity or employment-based spousorship and must wait for a visa to become available before they can apply for lawful permanent residency.	Once H-1B is a granted, 11-1B can to apply for child as H-4 subject to the same conditions and imitations. § C.F.R.
1-14 Sparse & children of	Dual Intent (Statutorily Recognized) DHS acknowledges and accepts that centering on temporary visa intending to say permanently.	Need to have family or employment-based sponsorship and must wait for a visa to become available before they can apply for lawful permanent residency.	Cannot include their children. If they attain lawful permanent residency they can file an application for their children. Children must wait for a visa to become available which can rake 2-3 years.
1 Intercompany Transfere Principle INA 3(a)(15)(L), 8 LLS.C. 110(15)(L), 8 C.F.R.	Dual Intent (Statutorily Recognized) DHS archanowledges and accepts that entering on temporary visa intending to stay permanently.	Need to have family or employment-based sponsorship and must wait for a visa to become available before they can apply for lawful permanent residency.	If a parent has been granted L-1 visa, child qualifies for L-2 and vis subject to certain limits and restrictions. 8 CFR § 214-212/17/6/iis, INA § 101(a)(3)(3)(3)
-2 Spones & Children	Dual Intent (Statutorily Recognized) DHS acknowledges and uccepts that entering on temporary visa intending to stay permanently.	Need to have family or employment-based sponsorship and must wait for a visa to become available before they can apply for lawful permanent residency.	Cannot include their children. If they attain lawful permanent residency, they can file an explication for their children. Children must wait for a visa to become available which can risk 2-3, years.
K-I Religious workers NA § 101(a)(15)(R), 8 S.S.C. § 110(a)(15)(R); 22 C.F.R. § 41,58; 8 S.F.R. § 214,2(c)	Dual Intent (DHS) acknowledges and accepts that entering on temporary visa intending to stay permonently	Need to have family or employment-based sponsorship and must wait for a visa to become available before they can apply for fawful permanent residency.	Can include child under the same conditions as R-1, except R-2 cannot accept vernjkoyment. C.F.R. § 214(7/4)(ii)

				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	When are they eligible for
When do they receive legal work authorization?	When is the immigrant considered PRUCOL?	When do they become lawfully present, granting access to health care?***	When are they considered "qualified aliens" for federal/state public benefits eligibility purposes?	Eligible for "federal public benefits" (e.g., Housing, Foster Care, Low-Income Energy Assistance, Child Care)	"federal mean-tested public benefits" - (eg., TANF, Food Stamps, TANF: Child Care, Full Medicard, SSI benefits) and meet all program requirements?
w the	Granting of Lawful	Permanent Residence	Immigrant Visas That Allow the Granting of Lawful Permanent Residence Status Through Employment (Sponsor Required)	ment (Sponsor Required)	
Upon receipt of status. Can only, work for a specific employer. 8 C.F.R. § 373a, 12(b/5). No need to apply for employment to apply of employment. S.C.F.R. § 377a, 12(b/5). To apply for employment may apply for work anthorization of C.F.R. § 8. (274a, 12(b/5)). S.C.F.R. § 8. (274a, 12(b/5)). S.C.F.R. § 8. (274a, 12(b/5)). S.C.F.R. § 274a, 12(b/5).	Upon receipt of status. Can only work for a specific employer. 8 C.F. R. § 274a, 120(85). No need authorization. 8 C.F. R. § 274a, 120(85) and § 1274a, 120(85); U.S. as long as visa many apply for work authorization. terms have not 8 C.F. R. § 274a, 12(8)(2).	Date entered the U.S. as long as visa terms have not been violated	Only if law fül permanent residency granted	Only if lawful premanent residency granted	5-year bar (unless exempt from
Upon receipt of stitus. Can only work for a specific employer. 8 C.F. R. § 274a,12b/K5) and one of a apply for employment authorization. 8 C.F.R. § 274a,12(b/K5) and § 1274a,12(b/K5)	Date entered the U.S. as long as visa terms have not been violated	Date entered the U.S. as long as visa terms have not been violated	Only if lawful permanent residency granted	Only if lawful pernament residency granted	5-year bar (unless exempt from 5-year bar**)
Authorized to work only for a specific employer 8 C.F. R. § 274a. 120x01, spouses who are battered or subjected to extreme terrely by A-I vis holders can apply to the VAWA Luft at DHS for work authorization INA § 106	Date entered the LLS, as long as vies terms have not been violated	Date entered the U.S. as long as visa terms have not been violated	Only if law to permanent residency granted	Only if law ful permanent residency granted	5-year bar (unless exempt from 5-year bar**)
Authorized to work only for a specific employ or R.C.F.R. § Experienced or subjected to extreme battered or subjected to extreme ornelly by A-1 was holdery can apply to the VAWA Unit at DHS for work authorization INA § 106	Date entered the U.S. as long as view letters have not been violated	Date entered the U.S. as long as visu terms have not been violated.	Only if lawful permanent residency granted	Only if tavital permanent residency granted	5-year bar (unless exempt from
Authorized to work only for a specific employer 8 C.F.S. § 274a.120k(12)	Date entered the LLS, as long as visa terms have not been welated	Date entered the U.S. as forg as visa terms lawe not been violated	Only if lawful permanent residency granted	Only if lawful permanent residency granted	Syen bar (unless exempt from
Receive work authorization along with their L-2 visa. No application for work authorization required	Date entered the U.S. as forg as visa terms have not been violated	Date entered the U.S. as long as visa terms liave not been violated	Only if lawful permanent residency granted	Only if lawfal permanent residency granted	5-year bar (unless exempt from 5-year bar**)
Authorized to work only for a specific employer 8 C.F.R. § 274a.12(b)(6)	Date entered the LLS, as long as visa terms have not been violated	Date entered the U.S. as long as visa ternis have not been violated	Only if lawful permanent residency granted	Only if lawful permanent residency granted	5-year bar (unless exempt from 5-year bar**)

Immigration Status: Duration,	us: Duration,	Ability to Sponsor Children and Path to Permanent Residency	o Permanent Residency
Immigration Status	İmmigration İntent	Lawful Fermanent Residency; Path to, Requirements of Maintaining and Who Controls the Application	Can they include their children in their application, or file an application asking DMS to grant their children legal immigration status?
R-2 Spouses & Children of R-3	Dual Intent (DHS Acknowledges and accepts that entering on temporary visa intending to stay permanently)	Need to have family or employment based sponsorship and must wait for a visa to become revaliable before they can apply for lawful permanent residency	Cannot include their children. If they attain lawful permanent residency they can file an application for their children, editler muss wait for a visa to become available which can rake 2-3 years.
Immigration Status	That Does Not 1	That Does Not Lead to Lawful Permanent Residency	
Persons granted withholding of deportation INA § 241(b)(3); 8 U.S.C. § 1231	Protected from deportation but not path to lawful permanent residency	Does not lead to lawful permanent residency or citizenship	Cannot include children
Temporary Status o	r Temporary Pr	Temporary Status or Temporary Protection from Deportation at DHS Discretion	
Temporary Protected Status (TPS) INA § 244; 8 U.S.C. § 1254a	Protected from deportation but not path to lawful permunent residency	Does not lead to lawful permanent residency or etizenship	Parens may register children for TPS after the parent thas completed initial registration, C.F.R. § 244.2ff/(2/iv)
Deferred action Meissner, Comm. Memo. HOOPP 5044 (Nov. 17, 2000).	Protected from deportation but not path to lawful permanent residency	Does not lead to lawful permunent residency or etizorship	Cannot include children. Except that children included in a VAWA self-petitioner's application will receive deferred section status along with their parent self-petitioner and purents included in a VAWA self-petitioner's child's application will receive deferred action status along with the child self-petitioner;
Deferred Action for Childhood Activals (DACA) immigrants who came to the U.S. as children (June 15, 2012 Mento issued by Janet Naproliano, Secretary of Naproliano, Secretary of Naproliano, Secretary of Naproliano, Secretary of Description Not to Discretorian Not to Baserotein Not to	Protected from deportation but not path to lawful permatent residency	Does not lead to lawful permanent residency or citizenship	Cannot melude children
Temporary Visas Called "Nonimmigrant" Visas	alled "Nonimm	grant" Visas	
			As I can file for child as A 3 if
A-1 Foreign Govt INA § 101(a)(15)(A), 8 Ll.S.C. § 1101(a)(15)(A)	Intend to return to foreign country	Does not lead to lawful permanent residency or etrizenship	child habitually resides with A- I recipient, or dependent. 8 C.F.R. § 214.2(a)(2)

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engible for tested public , TANC, Food Child Care, SSI benefits) ogram	exempt from		-year but						
when are they engible for "federal mean-tested public benefits". (e.g., TANF, Food Samps, TANF, Child Care, Full Medicaid, SSI benefis) and meet all program requirements?	5-year bar (unitss exempt from 5-year bar**)		EXEMPT from 5-year bur		Not cligible	Not eligible	Nove eligible		Not eligible
Eligible for "federal public benefits" (e.g., Housing, Foster Care, Low-Income Energy Assistance, Child Care)	Only if lawful permenent residency granted		Eligible for Ald as Qualified Aliens		Not cligable	Not eligible	Not oligible		Nor eligible
When are they considered "qualified altens" for federal/state public benefits eligibility purposes."	Only if fawful permanent residency granted	sidency	Statutorily eligible despite not having path to LPR or citizenship status Date Judge grants Withholding	DHS Discretion	Not cligible	Not efigible	Not eligible		Not etigible
When do they become lawfully present, granting access to health care;****	Date entered the 1.1.5. as fong as visa terms flave not been violated.	wful Permanent Re	Only after witholding is granted and so long as it remians it effect	om Deportation at	TPS applicants who have received work authorization	When delerred action is granted	Not ellyble	as	Date entered the U.S. as long as visal terms. Have not been violated
When is the immigrant considered PRUCOL?	Date entered the U.S. as long as visa terms have not been violated	es Not Lead to La	L'pon Bling	rary Protection fr	Upon filmg.	Upon filmg.	Dpon filing.	onimmigrant" Vis	Date entered the U.S. as long as visa lengua visa lengua ben visa ben visa ben visilated.
When do they reveive legal work authorization?	No lawlal werk authorization	Immigration Status That Does Not Lead to Lawful Permanent Residency	factudes work authorization 8 C.F.R. § 274a L2(n) 10); applicants can apply for work authorization, 8 C.F.R. § 274a L2(c)(8)	Temporary Status or Temporary Protection from Deportation at DHS Discretion	Applicants with pending applications for work authorization applications for work authorization. 8 C. F. 8, § 274a. 120(19), includes work authorization 8 C. F. R. § 274a. 12(3)(2).	Eligable to apply for work authorization & C.F.R. § 274n 12t.S(14)	Eligible to apply for work authorization 8 C.F.R. § 274a.12(c)(14)	Temporary Visas Called "Nonimmigrant" Visas	Voia reqires that the immigrant work is authorized to work for a specific employer only. 8 C.F.R. § 274a.12(b/k1); spouses, unmarrised children, sons or daughters of visa holder may apply for work authorization. 8 C.F.R. § 274a.12(c/k1); spouses who are battered or adjocted to extreme creatly by A4 visia holders wan apply to the VAWA Livit at DHS for work authorization TAA Livit at DHS for work authorization TAA 8 106

Immigration Status	Immigration Intent	Lawful Fernanen Residency: Path to, Requirements of Maintaining and Who Controls the Application	Can they include their children in their application, of fit an application asking DHS to grant their children legal immigration status?
A-2 Foreign Govi	Intend to return to foreign country	Does not lead to lawful permanent residency or citizenship	A-2 can include a child as an A-3 i'child habitumly resides with A-2 recipient, or dependent. 8 C.F.R. § 214.2(a)(2)
A-3 Family of Foreign Govt	Intend to return to foreign country	Does not lead to lawful permanent residency or etizenship	Cannot include children
B-l Visitors for Business INA 5101(a)(15)(B); 8 U.S.C. §1101(a)(15)(B); 22 C.F.R. §41.31	Intend to return to fareign country	Does not lead to lawful permanent residency or citizenship	Children traveling alone or with their parents will receive their own B2 (tourist) visa
B-2 Visions for Pleasure INA §101(aX15XB); 8 U.S.C. §1101(aX15XB); 22 C.F.R. §41.31	Intend to return to foreign country	Does not lead to lawful permanent residency or citizenship	22 C.F.R. §41.32, B-2 visa rectipient has to apply for children as well.
C-I Transits and TWOV INA § 101(a)(15)(C); 8 U.S.C. § 1101(a)(15)(C); C.F.R. § 214.1(a)(2)	Intend to return to foreign country	Does not lead to lawful permanent residency or circanship	Cannot include children
C-2 UN Transis INA § 10f(a)(15)(C); 8 U.S.C. § 1101(a)(15)(C)	Intend to return to foreign country	Does not lead to lawful permanent residency or effizership	Cumot include children
C-3 Foreign Government INA §212(d)(8), 8 IJ.S.C. §1182(d)(8)	Intend to return to foreign country	Does not lead to lawful permanent residency or eitizenship	Cannot include children
D Crewmen INA § 101(a)(15)(b); 8 U.S.C. § 1101(a)(15)(b)	Intend to return to foreign country	Does not lead to lawful permanent residency or efficienship.	Cannot include children
E-3 Treaty: AFTA INA § 101(a)(15)(E) 1101(a)(15)(E)	Intend to return to foreign country	Does not lead to lawful permanent residency or citizenship	Can include child, 22 C.F.R.; §41.5 (c.)(2)
F-1 Academic Studies INA § 101(aX15)/FX(); 8 U.S.C. § 1101(aX15)/FX()	Intend to return to foreign country	Does not lead to lawful permanent residency or citzenship	Yes. Once parent has F-1 can apply for children through F-2. 8 C.F.R. § 214.2(f/3)
F-2 Spouses and children of F-1 INA § 101(a)(15)(F)(ii); 8 U.S.C. § 1101(a)(15)(F)(ii)	Intend to return to foreign country	Does not lead to lawful permanent residency or citzenship	Cannot include children.

		When do they	When are they	Eligible for "federal	When are they eligible for "federal mean-tested public
When do they receive legal work authorization?	When is the immigrant considered PRUCOL?	become lawfully present, granting access to health care?***	ral/state cral/state cligibility		benefits" - (e.g., TANF, Food Stamps: TANF. Child Care, Full Medicaid, SSI benefits) and meet all program requirements?
Vies requires that the immigrant space and problem over fifth a specific employer only. 8 C.F. F. § 574a. 12(b)(1): spouses, unmarried children; sore or daughteres; over or daughteres; over or daughteres; over or daughteres; over or authorization. 8 C.F. R. § 574a. 12(c)(1): Spouses who are barriered or ankipered to extreme barriered or ankipered to extreme paphy to the VA WA. List at DHS for work authorization 1M. § 100.	Date entered the U.S., as long as visat terms have not been violated	Date entered the U.S. they are for the tust in the gravity of the tust in the terms whether whether the terms whether the terms to the terms to the terms to the terms to the terms to the terms the terms to the terms to the terms to the terms to the terms the terms to the terms	Not eligible	Not eligible	Not eligible
Visa reques that the immigrant of a submirried to work for a specific employer only. 8 C.F.R. § precific employer only. 8 C.F.R. § 274a, 120/KPz Spouses who are battered or subjected to extreme requely by A-Vise bloddes can apply to the VAWA Linia at DHS for work authorization INA § 106	Date entered the U.S. as long as visit terms have not been violated	Date entered the U.S. as long as visa terms flave not been violated	Nor eligible	Nor eligible	Not eligible
Only a subset of this group can are the personal or domestic servant of a U.C. citizen or a (B), (E) (F). (B), (B), U.J. (L) visat holder or a person engaged in international transportation. S. C. F.R. §	Date entered the U.S. as long as visa terms have not been violated	Date entered the U.S. us long as vea terms have not been violated	Not eligible	Noreligible	Not eligible.
No lawful work authorization	Date entered the U.S. as long as visa terms have not been violated	Date entered the U.S. as long as visa terms have not been violated	अपूर्विक	Nor eligible	Not eligible
No lawful work authorization	Date entered the U.S. as long as visa terms have not been violated	Date entered the U.S. as long as visa terms have not been violated	Not eligible	Not.cligibe	Not cligible
Eligible to apply for work authorization 8 C.F.R. § 274a.13(b/3)	Date entered the U.S. as long as visa terms have not been violated	Uste entered the U.S. as long as visa terms have not been violated	Not cligible	Not eligible	Not eligible
Eligible to apply for work authorization 8 C.F.R. § 274a.12(b)(3)	Date entered the U.S. as long as visa terns have not been violated	Date entered the U.S. as long as visa terms have not been violated	Not eligible	Not eligible	Not eligible
No fawful work authorization	Date entered the U.S. as long as visu terms have not been violated	Usite entered the U.S. as long as visa terms have not been violated	ગવાદ્યાં મા	Not eligible	Noteligible
Spouses who are battered or subjected to extreme crucily by A-J visa holders can apply to the VAWA Lint at DHS for work authorization NA § 106 see also 8 C.E.R. § 1274a.12(e)(2)		Date entered the U.S. as long as visa terms have not been violated	Not eligible	Not eligible	ગ્રાહ્માન
Employment limited to on-cumpus manipolyment to 20 fluura as week or curricular practical training, or 17 month STEM extention, or flowing application for H-18 stants. 8 C.F.R. § 274a.12b/66; 8 C.F.R. § 274a.12 (6/5)	Date entered the U.S. as long as visa terms have not been violated	Date entered the U.S. its long as visa terms have not been violated	Not eligible	Nor eligible	Not eligible
No lawful work authorization	Date entered the U.S. as long as visa terms have not been violated	Date entered the U.S. as long as visa terms have not been violated	গ্রবুদ্রীয় গণ্	Not eligible	Nor oligible

$\textbf{Immigration Status Children Benefits} \ (\textit{continued})$

mmigration Stat	us: Duration	mmigration Status: Duration, Ability to Sponsor Children and Path to	and Path to Permanent Residency Con they include their
mmigration Status	Jomigration Intent	Lawful Permanent Resistency: Path to, Requirements of Maintaining and Who Controls the Application	
-3 Academic Studies: 2madian & Mexican commutates INA § 01(a)(15)(F)(iii) 1US.C. § 10(a)(15)(F)(iii)	Intend to return to foreign country	Does not lead to lawful permanent residency or citizership	Cámot include children
-I Reps. of international rgs. INA 1014X15XCD(0), 8 U.S.C AM 41.24	Intend to return to foreign country	Does not lead to lawful permanent residency or citizenship	Can meliude child. R.C.F.R. § 214.2(g) INA § 101(a)(15)(N)
2 Reps. of international rgs, INA 101(a)(15)(a)(15)(G)(ii) .5,C.§ 1101(a)(15)(G)(ii)	Intend to return to foreign country	Does not lead to lawful pernument residency or citizenship	Can include children § 2142(6)(2) and (3); § C.F.R. FAM 41.24 N.I(2)
3 Reps of international grg. INA 100 (a) (5) (5) (5) (5) (5) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	Intend to return to loneign country	Does not lead to lawful permament residency or offizenship	Can netude children § 214.2(a)(2)
-l Reps of international lags. Other combiouses in the As 101(aX 15)(GYX), Mark S. C. § 1101(aX 15)(GYX) or	foreign to peturn to foreign	Does not lead to lawful permanent residency or citizenship	Cup include children & 214.2(n/2) INA § i0(cx/f5gN)
-5 Attendants, servants Gyes holders INA, 101(a)(15)(G)(v), 8 -S,C § (101(a)(15)(G)(v)	Innend to return to foreign country	Does not lead to lawful permanent residency or eitzenship	Cannot include children
-2A Seasonal grieoflute Workers INA 101(a)(15)(HXII)(a), 8 -S.C 1101(a)(15)(HXIII(a)	Intend to return to foreign country	Does not lend to lawful permanent residency or offizenship	Once H-2A is a granted, H-2A enriked to petition for child as enriched to petition for child as H-4 subject to the same candigious and furthations. 8 C.F.R. § 2.14.2[h/93/kv)
2B Seasonal Workers VA 191(a)(15)(H)(ii)(b), 8 S.C. 1101(a)(15)(H)(ii)(b)	Intend to return to foreign country	Does not lend to lawful permanent residency or citizenship	Once H-2B is a granted, H-2B entitled to petition for child as the subject to the same conditions and limitations. 8. C.F.R. § 214.2(h)93(N)

	Access	to Federal and	Access to Federal and State Funded Public Benefits	ic Benefits	
When do they receive legal work, authorization?	When is the innufgrant considered PRUCOL?	When do they become lawfully present granting access to health enre?****	When are they considered "qualified allens" for federal/state public benefits eligibility purposes?	Eligible for "federal public benefits" (e.g., Housing, Foster Care, Low-Income Energy Assistance, Child Care)	When are they eligible for "federal mean-tested public benefits". (e.g., TANF, Food Stamps, TANF, Child Care, Full Medicaid, SSI benefits) and meet all program requirements?
No faw fol work authorization	Date entered the U.S. as long as vear terms have not been violated	Date entered the U.S. as long as visa forms have not been violated	Nor eligible	Not eligible	Noteligible
Authorized to work only for a specific employee 8 C. F. R. § 274a. 12(b)(7): spouse or unmarrised and L. Son of the specific employment authorization 8 C. F. R. § 274a.12 (c)(4); spouses wh are battered or subjected to extreme cruelty by A. I visa holdes can apply to the VAWA. I has at Dilfs for work authorization INA § 106	Date entered the U.S. as long as visa torms have not been violated	Date entered the U.S. as bong as wise terms have not been violated	Not eligible	Not eligible	Nat eligible
Authorized to work only for a specific employer 8 C.F.R. § 274a. (21b/K); spouses who are battered or subjected to extreme reneity by A-4 visa holders; can apply to the VAWA Linia at DHS for work authorization INA § 106	Date entered the U.S. as long as visa terms have not been violated	Date entered the U.S. as long as visa terms have not been wohlered	Not chgrble:	Not eligible	Not chathe
Authorized to work only for a specific employer 8 C. F. R. § 5 T. Ma. 12(by T); spouse or unmarried child, soo or deaghler may upply for employment authorization 8 C. F. R. § 274a. 12 (cyd.); spouses what we are bartered or subjected to extreme cruelly by A1 visa holders can apply to the VAWA Unit at DHS for work authorization INA § 106	Date entered the U.S. as long as visus terms have not been violated	Date entered the U.S. as burg as visa terms have not been visa lined	Not eligible	Not eligible	Not eligible
Authorized to work only for a specific employer 8 C.F.R. § 274a.12(b)/C); spouse or unmarried deals, son of disapither may apply for employment unthorization 8 C.F.R. 274a.12 (c)/43, spouses who are battered or subjected to extreme trunch or subjected to extreme trunch by A-1 visa holders can apply to fite VAN A Inin at DHS for work authorization BNA § 106	Date entered the U.S. as fong as view terms have not been violated	Date entered the U.S. as long as visa tems flave not been couled.	Notelygible	Not eliathe	Not eligible
Authorized to work only for a specific employ v B. C.F.R. § 2744. E/D(NS), spouses who are battered or subjected to so treeme entaily by A-1 visa findless can apply to the VAWA Lint at DHS for work authorization INA § 106	Date entered the U.S. as long as visa terms have not been violated	Date entered the U.S. as long as visa terms have not been violated	Nor eligible	Noj eligible	Not eligible
Authorized to work only for a specific employer & C.F.R. § 274a.12b(9); spouses who are buttered or subjected to extreme verify to A-d. vish infolects can apply to the VA.M. I'vis at 10155 for work authorization IVA § 106	Date entered the U.S. as long as visas terms have not been violated	Date entered the U.S. as long as visa terms have not been violated	Noreligible	Not eligade	Nor eligible
Authorized to work only for a specific employer & C.F.R., § 274a. (2b/9); epouses who are battered or subjected to extreme typic by A-4 vical holders can apply to the A-MA Little at DHS for work authorization IMA § 106 for work authorization IMA § 106.	Date entered the U.S. as long as veat terms have not been violated	Date entered the U.S. as long as visa terms have not been visolated	માં કાર્યો કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા કર્યા કર્ય	Not eligible	Zo elgible

Immigration State	Status: Duration,	Ability to Sponsor Children and Path	to Permanent Residency
mmigration Status	Jumigration Intent	Lawibi Permaneni Residency; Path to, Requirements of Maintaining and Who Controls the Application	Can they include their children in their application, or file no application asking DMS to grant their children legal immigration status?
1-3-Trainee INA 101(a)(15XH)(iii), 8 1.5.C. § 1101(a)(15XH)(iii)	Intend to return to foreign country	Does not lead to lawful permanent residency or citizenship	Once H-3 is a granted, H-3 centifed to perition for child as H-4 subject to the same conditions and firmations. 8 C.F.R. § 214-20(X9Xiv)
Visas representatives of neclin INA 101(a)(15)(I), & U.S.C. 1101(a)(15)(I)	Intend to return to loreign country	Does not lead to tawful pernament residency or citizenship	Can include child INA § 101(a)(15(1))
-1 Exchange visitor INA 101(a)(15)(J), it U.S.C 1101(a)(15)(J)	Intend to return to foreign country	Does not lead to Jawful pernament residency or citizenship	Can include children as J-2
-2 Spouses & Children if J-1 INA § 101(a)(15)(J) i U.S.C. § 1101(a)(15)(J)	Intend to return to foreign country	Does not lead to lawful permanent residency or citizenship	Cannot include children
A-1 Vocational Students NA § 101(a)(15)(Mig), 8 J.S.C. § 1101(a)(15)(Mig)	Intend to return to foreign country	Does not lead to lawful permanent residency or citizenship	Can include children as M-2
4-2 Spouses & Children. f. m. lina f. 101ax15xMXiib. 8 3.5.C § 1101cax15xMXiib	Intend to return to foreign (country)	Does not lead to lawful permanent residency or critizenship	Cannot include children
4-3 Cunadian & Mexican Vocational Students INA 101(a)(15)(M)(iii), 8 1.5.C. § 1101(α)(15)(M)(iii)	Intend to return to foreign country	Does not lead to lawful permanent residency or citizenship	Camot include children
AATO TN visi 8 C.F.R 2142(s); 22 C.F.R. § 412), 4125	Inlend to return to foreign country	Does not lead to lawful permunent residency or chizership	Can include children INA § 10 (a)(27XL) in the same manner as described in § 214.2(a)(2)
5-2 Accompanying or Assisting O-1 INA 101(a)(15)(O)(i), 8 15,C § 1101(a)(15)(O)(i)	Intend to return to foreign country	Does not lead to lawful permanent residency or elitzership	Cannot include their children
5.2 Artist & entertainers n exchange programs NA § 101(a)(15/P)(ii), 8 1.5.C § 1101(a)(15/P)(ii)	Intend to return to foreign country	Does not lead to lawful permanent residency or critizenship	Can include children as P-4 granted same term of admission 8 C.F.R. § 2142(pX15).
-3 Artist or entertainers n cultural program INA 101(a)(15)(PX(ii), 8 J.S.C. § (101(a)(15)(PX(ii))	Intend to return to foreign country	Does not lead to lawful permanent residency or citizenship	Can include children as P-4 granted same term of admission 8 C.F.R. § 2142(pK15).
2.4 Spouses & Children of P-1, P-2, P-3 INA 101(a/(15/P/K ³), & 1.5,C. § 1101(a/(15/P/K ³))	Intend to return to foreign country	Does not lend to lawful permanent residency or effizerably	Cannot include their children
2-1 International cultural schmige program INA 101(aX15XQ)(i), 8 U.S.C. 1101(aX15XQ)(i)	Intend to return to foreign country	Does not lead to lawful permanent residency or citizenship	Cannot include their children

		When do they	When are they	Elicible for "federal	When are they eligible for "federal mean-tested public
When do they receive legal work authorization?	When is the immigrant considered PRUCOL?	become tawfully present, granting access to bealth care?***	considered "qualified aliens" for federal/state public beneiffs elgibility purposes?		benefits'' - (e.g., TANF, Food Stamps, TANF: Child Care, Full Medicaid, SSI benefits) and meet all program requirements?
Authorizaci to work only for a zeriedic employer & C.F.R. § zzłą. 120/90; spouses who are bantered or subjected to extreme bantered or subjected to extreme surjection of the properties of surjection of the properties of surjection of the properties of the properties of the properties of the properties of properties of the properties br>the pr	Date entered the U.S. as long as visa terms have not been violated	Date entered the U.S. as long as visa terms have not been violated	Not elgible	Not elgabe	अवृत्तिहान १० N
Authorized to work only for a specific employer; Spouse and children can apply for work authorization & C.F.R. § 274a.12(b)(10):	Date entered the U.S. as long as visa terms have not been violated	Date entered the U.S. as long as visa terms have not been violated	Not eligible	Not eligible	Nor eligible
Authorized to work only for a specific employer 8 C.F.R. § 274a.12(b)(11)	Date entered the U.S. as long as visa terms have not been violated	Date entered the U.S. as long as visa terms have not been violated	Not eligible	Not eligible	Not cligible
Eligible to apply for work authorization 8 C.F.R. § 274a.12(eX5)	Date entered the U.S. as long as visa terms have not been violated		Not eligible	Not eligible	Not eligible
Eligible to upply for work authorization for practical training related to field of study endorced by University official, 8 C.F.R. § 274a. [2(c)(6)]	Date entered the U.S. us fong as visa terms have not been violated	Date entered the U.S. as long as visa terms have not been violated	Not eligible	Not eligible	Not cligible
No fawful work authorization	Date entered the U.S. us fong as visa terms have not been violated	Date entered the U.S. as long as Visa terms have not been violated	Not eligible	Not eligible	Not charbe
No lawful work authorization	Date entered the U.S. as long as visa terms have not been violated	Date entered the U.S. as long as visa terms have not been violated.	Not eligible	Not eligible	Noteligibe
Authorized to work for a only for a specific employer 8 C.F.R. § 274a.12bK17 and (18); Parent or dependent of hid eligible to apply for work authorization 8 C.F.R. § 274a.12bK7; 8 C.F.R. § 274a.12	Date entered the U.S. as long as visa terms have not been violated	Date entered the U.S. as fong as was terms have not been violated	Not eligible	Not eligibe	Not eligible
No igwful work authorization	Date entered the U.S. as long as visa terms have not been violated	Date entered the U.S. as long as visa terms thave not been violated	Not eligible	Not eligible	Not eligible
Authorized to work only for a specific employer 8 C.F.R. § 274a.12(b)(14)	Date entered the U.S. as Yong as visa terms have not been violated	Date entered the U.S. as long as visa terms have not been violated	Noteligible	Noteligible	Not eligible
Authorized to work only for a specific employer 8 C.F.R. § 27a (2(b)(14)	Date entered the U.S. as long as visa terms have not been violated	Date entered the U.S. as fong as visa terms have not been violated	Not eligible	Not eligible	Not eligible
No law ful work authorization	Date entered the U.S. as long as visa terms have not been violated	Date entered the U.S. as long as visa terms have not been violated.	Not eligible	Not eligible	Not eligible
Authorized to work only for a specific employer 8 C.F.R. § 274a 200/15	Date entered the U.S. as long as visa terms have not been violated	Date entered the U.S. as long as visa terms have not been violated	sidigile low	Not eligible	Not eligible

Immigration Stati	us: Duration	Immigration Status: Duration, Ability to Sponsor Children and Path to Permanent Residency	Permanent Residency
Immigration Status	Jmmigration Intent	Lawful Permanent Residency; Path in, Requirements of Maintaining and Who Controls the Application	Can they include their children in their application, or fit an application usking DHS to grant their children fegal immigration status?
O-2 nonimmigrant from Northern treland Northern treland NA Intend to \$101(a)(15)(C)(ii), 8 to foreign U.S.C. \$1101(a)(15)(C)(iii) country	Intend to return to foreign country	Does not lead to tawful pernament residency or citizenship	Can inchide their children INA § 101(a)(15)(Q)(ii)(I)
Undocumented			
Undocumented	Not applicable	Does not lead to lawful permanent residency or citizenship	Undocumented

	ucces	to react at and	Access to react at and State runded runne.	E Demonia	
When is the immigrant When do they receive legal work. considered authorization?	du.	When do they become lawfully present, granting access to health care?***	When are they public benefits" (e.g., alieus" for federal chaosing, Foster Care, public benefits eligibility Low-lacome Energy purposes? Assistance, Child Care	Eligible for "federal public benefits" (e.g., Housing, Foster Care, Low-lacome Energy Assistance, Child Care)	When are they eligible for refetral mean-tested public benefits" - (e.g., TANF, Fond Stamps, TANF: Child Care, Full Medicaid, SSI benefits) and meet all program requirements?
No kawiul work authorization	Date entered the U.S. as long as visa terms have not been violated	Date entered the U.S. as long as visat terms. U.S. as long as visat serms have not been violated violated.	Notellible	Noteligible	Not efigible
Undocumented					
No lawful work authorization	Not eligible	Not eligible	Not eligible	Not eliuble	Not eligible

^{*} The National Immigrant Women's Advocacy Project, American University, Washington College of Law, Leslye E. Orloff, Andrea Carcamo-Cavazos & Lucia Macias.

** Immigrant exempt from 5-year bar: Refugees, Asylees, Persons granted withholding of deportation, Cuban and Haitian entrants, Amerasian entrants, Iraqi/Afghan, and Victims of

trafficking.

*** Department of Health & Human Services. Centers for Medicare & Medicaid Services
Report, Medicaid and CHIP Coverage of "Lawfully Residing" Children and Pregnant Women
(July 1, 2010).

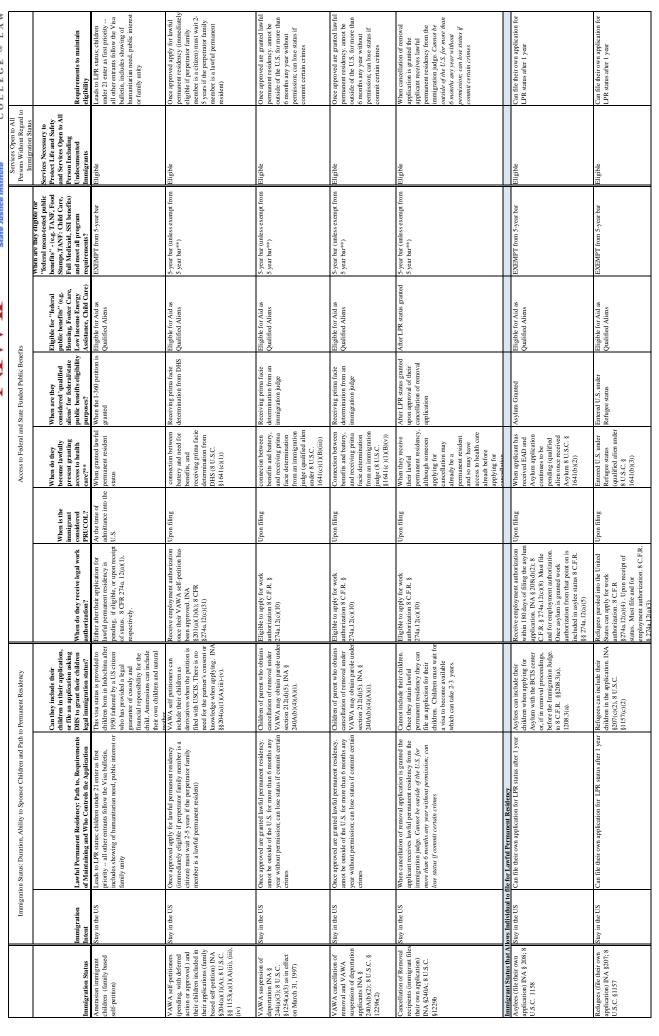




	Immigrati	Inmigration Status: Duration, Ability to Sponsor Children and Path to Permanent Residency	o Permanent Residency			Access to Federal and	Access to Federal and State Funded Public Benefits	st		Services Open to All Persons Without Regard to	
Immigration Status	Immigration Intent	Lawful Permanent Residency: Path to, Requirements of Maintaining and Who Controls the Application	Can they include their children in their application, or file an application asking DHS to grant their children kgal immigration status?	When do they receive legal work authorization?	When is the immigrant considered PRUCOL?	When do they become lawfully present granting access to health care?***	When are they considered 'qualified aliens' for federal/state public beneifts eligibility purposes?	Eligible for "federal public benefits" (e.g. Housing, Foster Care, Low Income Energy Assistance, Child Care)	When are they eligible for federal mean-tested public Brederal mean-tested public Stamps, TANF, Food Stamps, TANF, Child Care, a fell Medicaid, SSI benefits) It and meet all program requirements?	Services Necessary to Protect Life and Safety and Services Open to All Person Including Undocumented Inmigrants	Requirements to maintain eligibility
Lawful and Conditional 1	Permanent Residence	Lawful and Conditional Permanent Residency and Humanitarian Relief									
Lawful permanent residents INA §101(a)(20); 8 U.S.C. §1101	Say in the US	Are lawful permanent residents. Cannot be outside of the U.S. for more than 6 ments has without permission; can lose status if they commit certain crimes. Immigrant controls the application. Immigrant files own application	Lawful permanent residents can file for their children and can include their children in the inmigrant's application for lawful permanent residency. 22 C.F.R. \$42.53(a)	Applicants with pending Applications to work authorizion applications for work authorizion. 8 C.F.R., § 274a.12(c/9). Upon receipt of status. No need to apply for employment authorization. 8 C.F.R., § 274a.12(a)(1) and § 1274a.12(a)(1)	Upon filing	When the immigrant is granted lawful permanent residency (Due to status as qualified alien - 8 U.S.C. § 1641(b)(1)	When they are granted lawful permanent resident status	Eligible for Federal and State Public Benefits as Qualified Aliens	5-year bar (unless exempt from 16.5 year bar **)	Eligible	Are lawful permanent residents. Chambo be outside of the U.S. for more than 6 months any year without permission; can lose status if commit certain crimes
Conditional permanent residents INA \$216; 8 U.S.C. § 1186a	Stay in the US	Citizen or lawful permanent resident spouse files a family based visa perion for the immigrant spouse and the parties are narried for less than 2 years when the parties are narried for less than 2 years when the parties are due their DHS interview. The immigrant spouse receives permanent residency that is conditioned upon filing of a joint application by the applicant of spousesing citzen of the will permanent resident spouse to remove conditions OR a self-perition by the applicant for a waiver of the joint filing requirement based upon divore, battering or extreme cruelty, extreme hardship, or bigamy of citizen or lawful permanent resident spouses	Child gets the conditional permanent readency for being permanent readency for being the son or daughter of an immigrant with a qualifying marriage to a U.S. citizen. INA § 216(h)(2); 8 U.S.C 1186a.	Upon receipt of status. No need to Upon receipt of status. Status authorization. 8 C.F.R. § 274a.12(a)(1) and § 1274a.12(a)(1)	Upon filing	When the immigrant residency (due to state a squalified alien - 8 U.S.C. §1614(b)(6))	When they are granted lawful permanent resident status	Pligible for Aid as Qualified Aliens	5 year but (unless exempt from 15 year but **)	Eligible	The immigrant applicant and the parent must jointly file an and prise to the parent must jointly file an and grant full lawful permanent existency to the immigrant spouse expected conditions can the immigrant spouse schild, son or daughter). Only under propercified conditions can the immigrant spouse seek a discretionary waitver from DHS of files, and force in the following the propercified conditions can the immigrant spouse seek a discretionary waitver from DHS of files, and force is a proper experience batchip if the immigrant spouse waiver from the extreme batchip if the immigrant spouse or serverne cruelty of the perpetrated spouse waiver (buttering or of the perpetrated against the immigrant spouse or child, or 4) marriage ceremony was a bigamist whoo perpetrated battering and/or extreme cruelty of the branching and/or extreme cruelty of the immigrant spouse or child.
Persons paroled into the United States for a period of a facts one year indefinite. Humanitarian, significant public benefit of humanitarian parole) in Na \$212(d/S); 8 U.S.C. 1182(d/S)	Stay in the US	Parolees usually ultimately file for a form of legal immigration status in this case a family based petition filed by their butered minimigrant parent who received VAWA cancellation of removal; if they fail to file they could fall out of legal status	Camor include children. Children would need to separately qualify for parole.	Eligible to apply for work authorization 8 C.F.R. § 274a.12(cK.11)	When Puroled into the U.S.	At the time the immigrant was puroled into the United States (United States at Justice 18 U.S.C. §1614(b)(4))	When grained purole for at least one year	Eligible for Alians Qualified Alians	Syear bur	Eligible	Purolees may be able to file for a form of legal immigration status - i.e. through family based process, VAWA, L Visa, etc. Parole is a remporary status in the US granted by the government; it will not lead to any permanent status in and of itself
Children of VAWA cancellation of removal recipients (DHS granted Humanitarian Parobe)	Say in the US	Parolees usually ultimately file for a form of legal Camon be included in the However legal stams and the first part of the first part of the first part of the stams and the first part of the first part of the first part of the stams for the stams first part of the first part of	Cannot be included in the vections application. However once the victim is granted cancellation of removal. The victim's of higher automatically eligible for prucle into the United States under INA § 240A(b)(4)	Eligible to apply for work authorization 8 C.F.R. § 274a.12(c)(11)		At the time the immigrant was paroled into the United States (due to Status as qualified alien - 8 U.S.C. §1614(b)(4))	When they are granted lawful permanent resident status	nted esident		Eligible	Parolees usually ultimately file for from of legal immigration status; if they fail to file they could fail out of legal status
Cuban and Haitan entrants (US granted indefinite or humanitarian parole) PL 99-603, 100 Stat. 3359 §202	Stay in the US	Parolees with status that leads to lawful permanent residency so long as no intent to abandon residence in the U.S.	Cannot include their children	Eligible to apply for work authorization 8 C.F.R. § 274a.12(c)(10)	When Paroled into the U.S.	At the time the immigrant was paroled into the United States (due to status as qualified alien - 8 U.S.C. \$1614(h)(7))	When status is granted	Eligible for Aid as Qualified Aliens	EXEMPT from 5-year bar	Eligible	Parolees with status that leads to lawful permanent residency so long as no intent to abandon residence in the U.S.

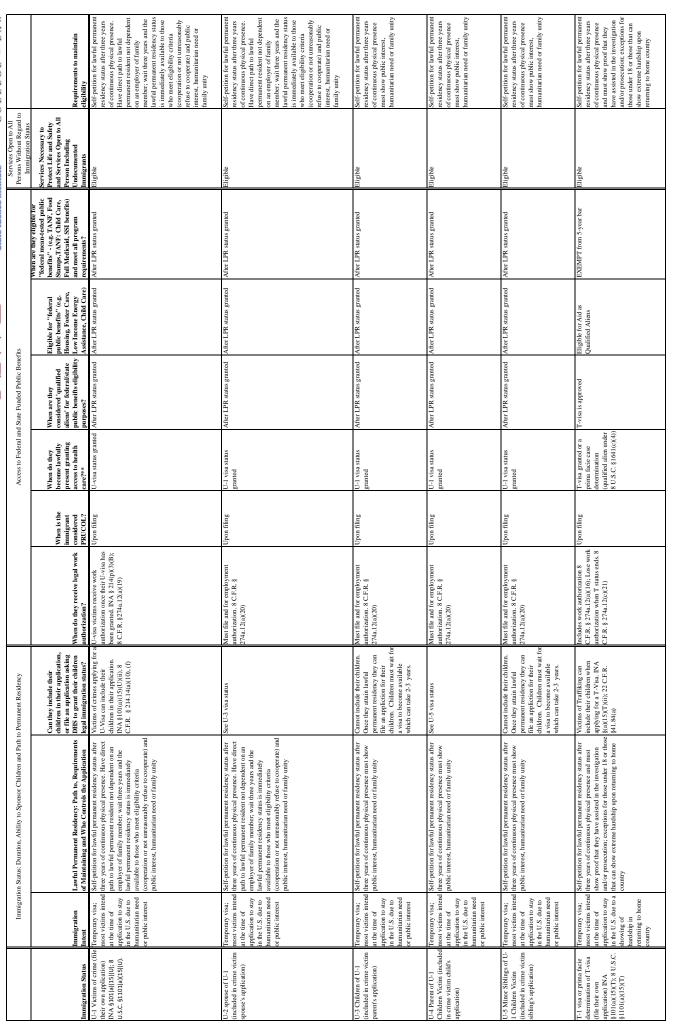








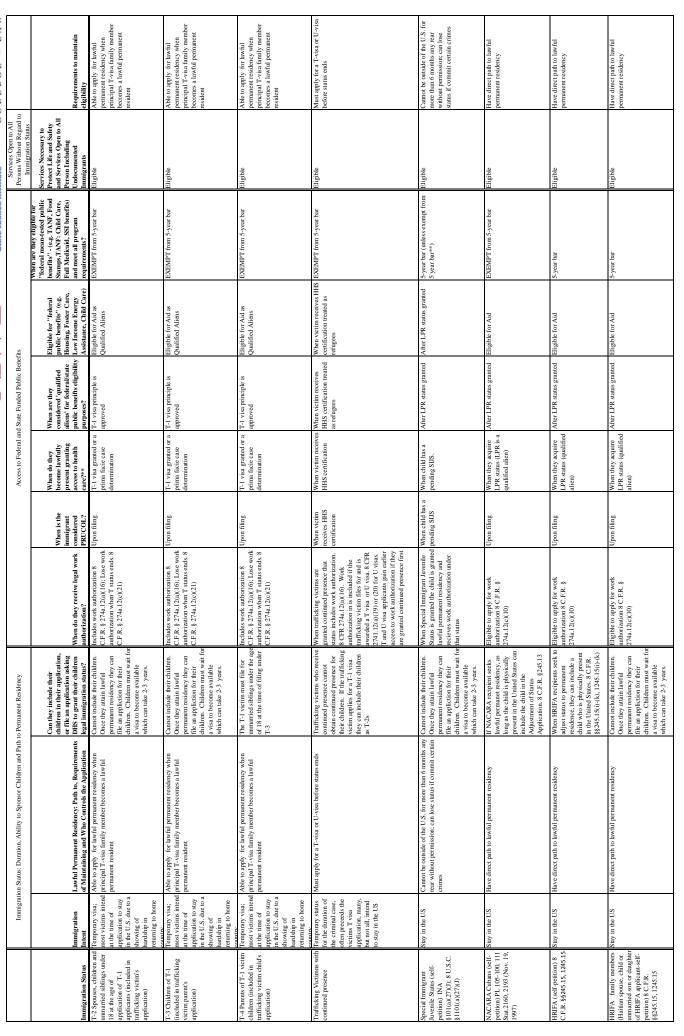










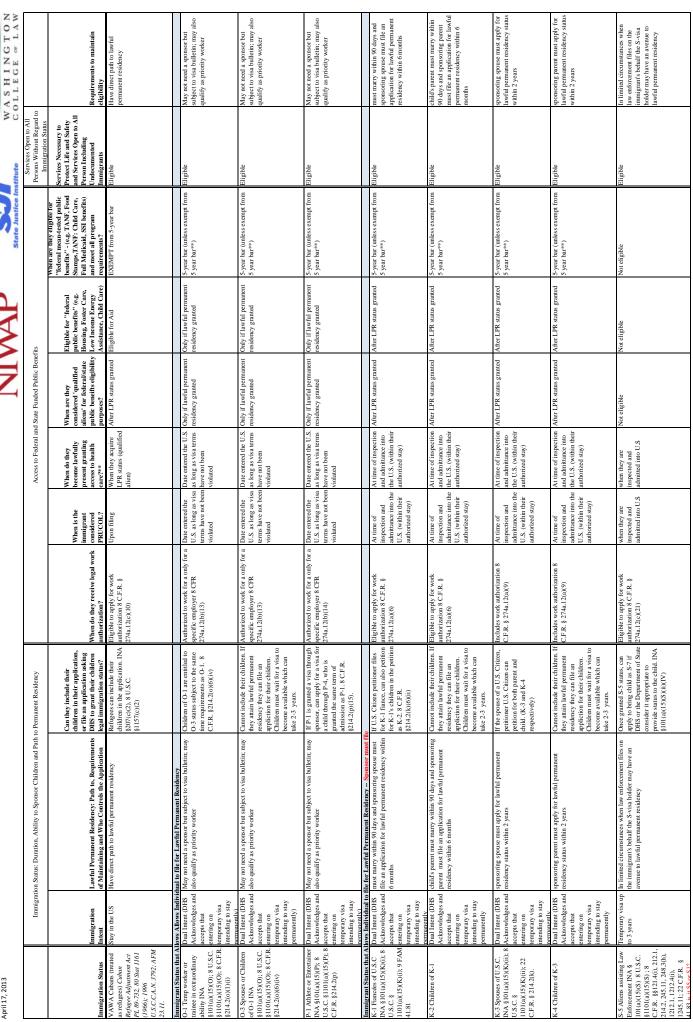






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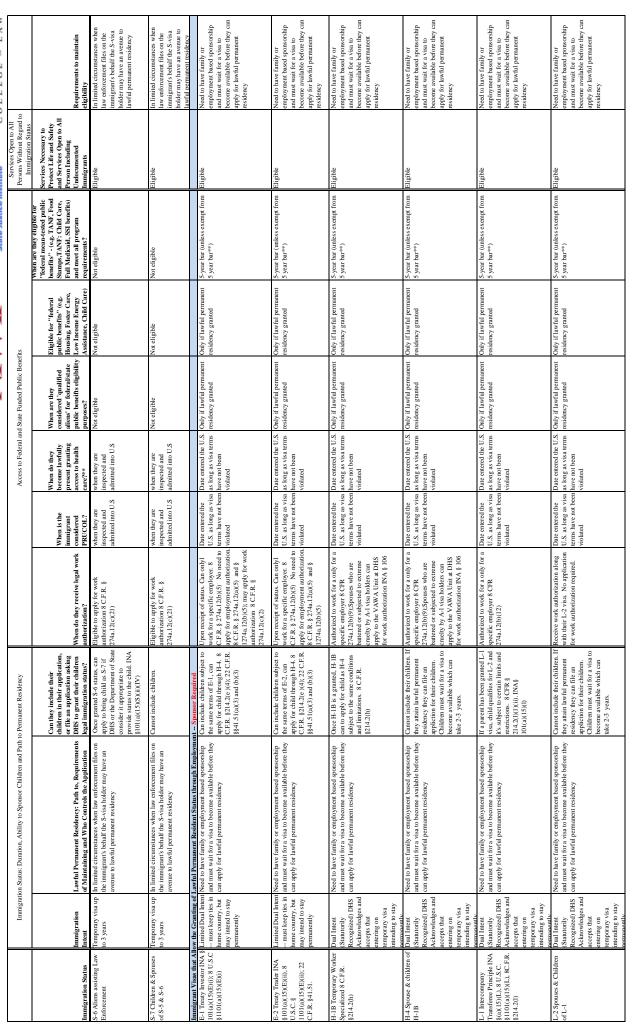
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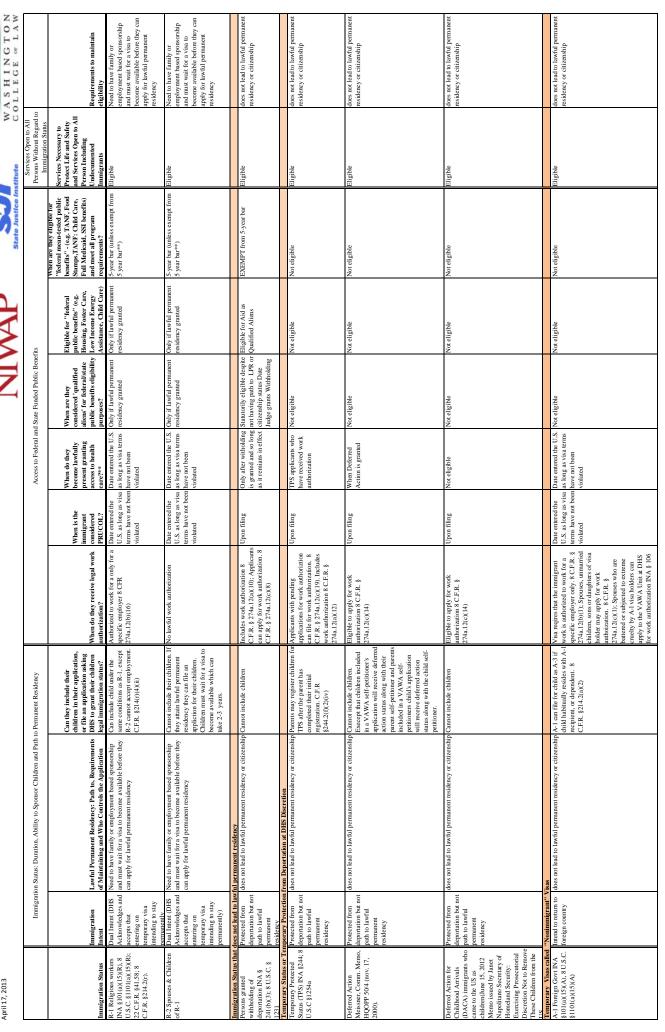






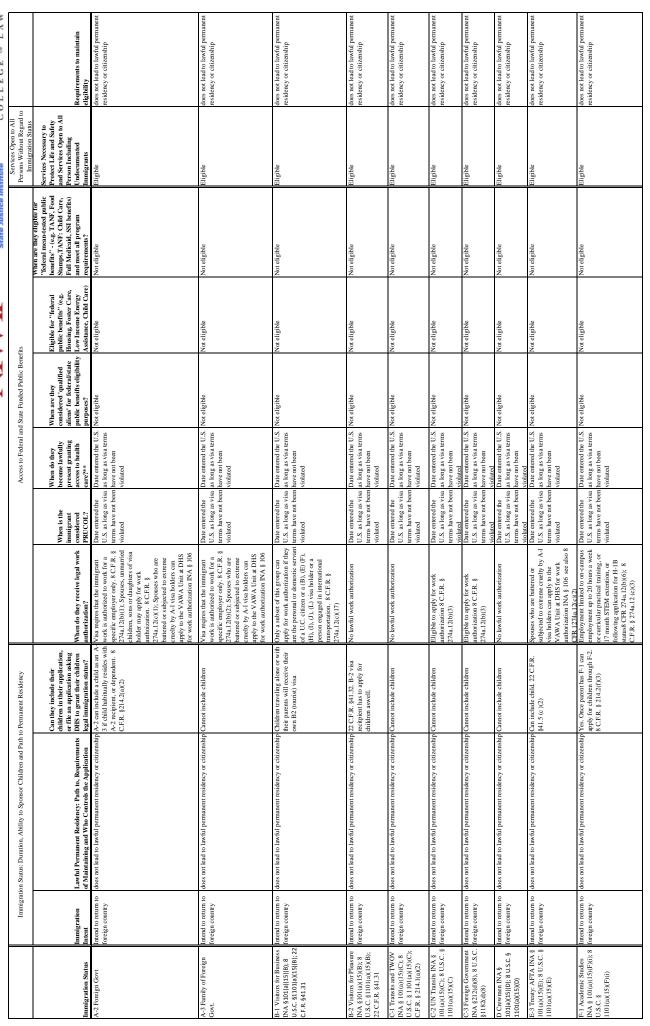
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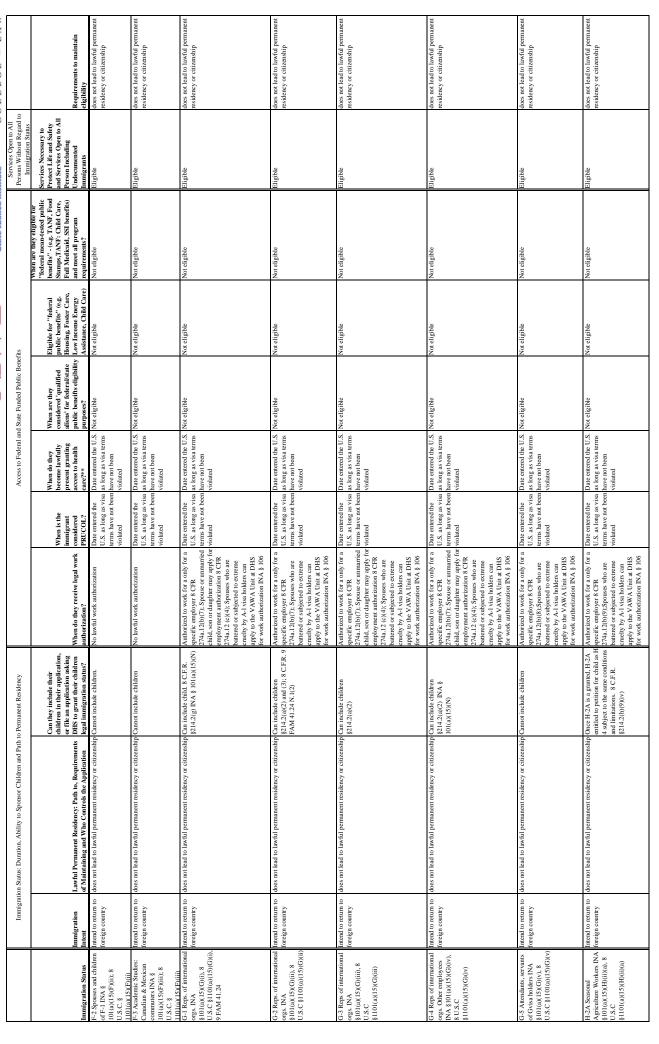






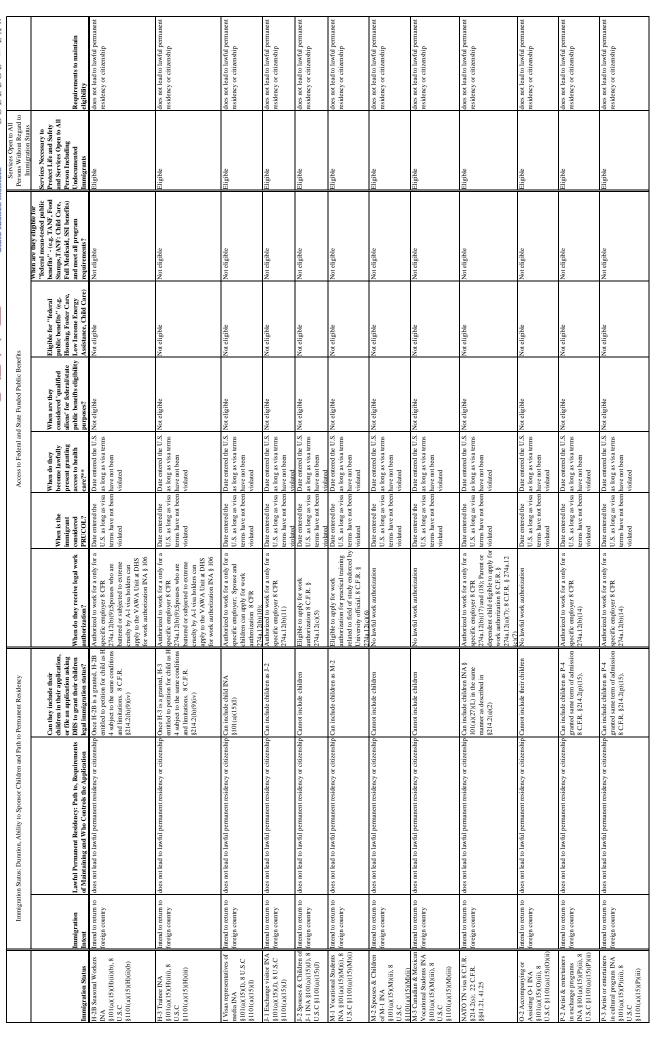












Immigration Status: Work Authorization, Public Benefits, and Ability to Sponsor Children By Lesye E. Crioff, Andrea Cavazos Carcamo, and Lucia Macias April 17, 2013





	Immigrati	Immigration Status: Duration, Ability to Sporsor Children and Path to Permanent Residency	Permanent Residency			Access to Federal and	Access to Federal and State Funded Public Benefits	\$3		Services Open to All Persons Without Regard to Immigration Status	
Immigration Status	Immigration Intent	Can they include their children in their application of the amplication asking Lawful Permanent Residency: Path to, Requirements DBS to grant their children of Maintaining and Who Controls the Application legal immigration satus?	Can they include their children in their application, of the an application sking DHS to grant their children legal immigration status?	When is the immigrant when do they receive legal work considered pRUCOL?		When do they become lawfully or present granting access to health grane?**	When are they Eligible for "federal considered 'qualified public benefits" (e.g. public benefits eligibility Low Income Energy Purposes;	, (e)	When are they eligible for "Tederal mean-tested public benefits" - (e.g. TANF, Food Stamps,TANF: Child Care, Stamps,TANF: Child Care, and Medical, SSI benefits) and meet all program requirements?	Services Necessary to Protect Life and Safety and Services Open to All Person Including Undocumented Immigrants	Requirements to maintain eligibility
P-4 Spouses & Children of P-1, P-2, P-3 INA §101(a)(15)(P)(iv), 8 U.S.C §1101(a)(15)(P)(iv)	Intend to return to foreign country	furend to return to does not lead to lawful permanent residency or citizenship Cannot include their children foreign country		No lawful work authorization	Date entered the Date entered the U.S. U.S. as long as visa as long as visa terms terms have not been have not been violated violated	Date entered the U.S. Not eligible as long as visa terms have not been violated		Not eligible	Not eligible	Eligible	does not lead to lawful permanent residency or citizenship
Q-1 International cultural exchange program INA §101(a)(15)(Q)(i), 8 U.S.C §1101(a)(15)(Q)(i)	Intend to return to foreign country	does not kad to lawful permanent residency or citizenship Cunnot include their children		Authorized to work for a only for a Date entered the specific employer 8 CFR U.S. as long as vis 274a.12(b)(15) terms have not bee violated	a	Date entered the U.S. Not eligible as long as visa terms have not been violated		Not eligible	Not eligible	Eligible	does not lead to lawful permanent residency or citizenship
Q-2 Nonimmigrant from Northem Ireland INA §101(a)(15)(Q)(ii), 8 U.S.C §1101(a)(15)(Q)(ii)	Intend to return to foreign country	does not lead to lawful permanent residency or citizzenship Can include their children INA \$\frac{1}{8}\$ 101(a)(15)(Q)(ii)(I)		No lawful work authorization	Date entered the Date entered the U.S. as long as visa as long as visa terms terms have not been have no been violated violated	Date entered the U.S. Not eligible as long as visa terms have not been violated		Not eligible	Not eligible	Eligible	does not lead to Jawful permanent residency or citizenship
Undocumented											
Undocumented	Not applicable	does not lead to lawful permanent residency or citizenship Undocumented		No lawful work authorization	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Eligible	does not lead to lawful permanent residency or citizenship

Are or can lead to lawful permanent residency
Do not lead to lawful permanent residency

This was chart developed under grant SJI-12-E-169 from the State Justice Institute. The points of view expressed are those of the authors and do not necessarily represent the official position or policies of the State Justice Institute.

^{**} IMMIGANTS EXEMPT FROM 5 YEAR BAR: Refugees, Asylees, Persons granted withholding of
** Department of Health & Human Services, Centers for Medicare & Medicaid Services Report. Medicard and CHIP Coverage of "Lawfully Residing" Children and Pregnant Women







QUICK GUIDE FOR STATE COURT JUDGES ON COMMON ISSUES THAT ARISE FROM PARTIES' IMMIGRATION STATUS: ECONOMIC REMEDIES By: Leslye E. Orloff, Benish Anver, and Krisztina Szabo October 15, 2013

This bench card provides information for state court judges on issues unique to immigrants, such as: eligibility to work, eligibility to receive benefits and services, the impact of Individual Tax Identification Numbers (ITINs) and use of immigration affidavits of support in family and juvenile court proceedings and mandatory detention. The purpose of this bench card is to provide a quick reference and to help judges identify immigration issues that might affect the range of outcomes available in cases before them. The information contained in this bench card provides accurate information on work authorization, benefits access, assurances made to the Department of Homeland Security (DHS) regarding support of family members, and information about immigrants who will be paying taxes and be able to submit tax returns to the court. The forms of economic relief available to immigrants in protection order, custody, child support and divorce proceedings the immigration information included here can impact include, but are not limited to:

- child support,
- spousal support,
- determining which parent claims the children on tax returns,
- disproportionate share of property division in divorce cases involving domestic violence,
- ordering payment of medical, car and house insurance, rent, mortgage and utility bills in a protection order or divorce case; or
- orders in child abuse and neglect or delinquency proceedings regarding obtaining public benefits for a non-citizen child

IMMIGRANTS ELIGIBLE TO WORK

Eligibility to obtain employment in the United States may be an important factor for a family or juvenile court judge in determining issues of alimony, child support, ability to pay for health insurance, the ability to meet conditions of probation, or the ability to pay for services. In some instances, state courts may have to take into account the lack of employment authorization in setting alimony or child support. For example, if a court awards custody of a child to an battered immigrant parent who does not have or who has not yet attained legal work authorization, ordering the non-custodial parent to pay child and/or spousal support to assure that the custodial parent is able to provide an adequate home for the child would provide important economic stability for the battered immigrant and children.

The following are the most common types of immigrants with legal eligibility to work in the United States who are likely to appear in a family or juvenile case.¹

¹ Leslye E. Orloff, Andrea Cavazos Carcamo, and Lucia Macias, *Immigration Status: Work Authorization, Public Benefits, and Ability to Sponsor Children*, National Immigrant Women Advocacy Project (NIWAP) (Apr. 17, 2013). For the complete list of immigrants who are eligible to apply for discretionary approval to work, *see* 8 C.F.R. § 274a.12(a) (2011) and 8 C.F.R. § 274a.12(c) (2011). *See also, Immigration Status: Work Authorization, Public Benefits, and Ability to Sponsor Children*, National Immigrant Women's Advocacy Project (NIWAP) (Apr. 17, 2013), *available at* <a href="http://niwaplibrary.wcl.american.edu/reference/additional-materials/iwp-training-powerpoints/august-20-2013-holistic-representation-wichita-kansas/folder.2013-08-14.7589706430/custody/Visa%20Chart-%20Immigration%20Status%20Children%20Benefits%20Access%20and%20LPR%20Path%207.30.13%20cap%20-1.pdf/view.

IMMIGRANTS WHO ARE LEGALLY ELIGIBLE TO WORK

- Lawful permanent residents (LPR) and conditional permanent residents;
- Refugees and asylees;
- Immigrants paroled by DHS into the U.S. as refugees;
- U visa grantees;
- T visa grantees;
- Deferred Action Childhood Arrivals;
- Juveniles who have been approved by DHS for Special Immigrant Juvenile (SIJ) status; and
- VAWA self-petitioners whose application has been approved.

IMMIGRANTS WHO REQUIRE DISCRETIONARY APPROVAL FROM USCIS TO WORK

- Conditional immigrants who fail to file a timely application for LPR status pending request for waiver if removal proceedings have been stayed;
- Deferred action granted by DHS based on humanitarian reasons:
- Immigrants paroled into the U.S. for humanitarian reasons or for public benefit to pursue an application for admission;
- Immigrants who have applied for asylum or withholding of removal may apply for employment authorization 150 days after completing the application for asylum;
- Cancellation of removal recipients; and
- Immigrants who have applied for LPR status.

Having access to accurate information, by the form of immigration status that the parties before the court have or are pursuing allows family or juvenile court judges more effective orders. *See* Leslye E. Orloff, Andrea Cavazos Carcamo, and Lucia Macias, *Immigration Status: Work Authorization, Public Benefits, and Ability to Sponsor Children* (April 17, 2013).

IMMIGRANTS ELIGIBLE FOR BENEFITS OR SERVICES²

Federal immigration law limits the eligibility of immigrants, depending on their immigration status, for the following categories of benefits: (1) Federal public benefits, (2) Federal Means Tested Public Benefits and (3) State and local public benefits. What benefits an immigrant can receive depends on factors that include:

- When the immigrant first entered the United States
- The type of immigration status the immigrant has or is in the process of applying for
- Whether the immigrant has been a victim of domestic violence, child abuse, elder abuse, human trafficking or other criminal activity listed in the U visa and if the victim has applied for crime victim related immigration benefits and where their case is in the DHS adjudication process

² For further information on benefits eligibility for immigrant crime victims, see Jordan Tacher and Leslye E. Orloff, Family Court Bench Card on Immigrant Crime Victim Access to Public Benefits and Services, National Immigrant Women's Advocacy Project (NIWAP) (Apr. 17, 2013), available at http://niwaplibrary.wcl.american.edu/reference/additional-materials/public-benefits/access/PB-Bench-Card.pdf/; for VAWA benefits eligibility process, see Jordan Tacher and Leslye E. Orloff, VAWA Public Benefits Eligibility Process: VAWA Self-petitioners, VAWA Cancellation of Removal, and VAWA Suspension of Deportation, National Immigrant Women's Advocacy Project (NIWAP) (Apr. 17, 2013), available at http://niwaplibrary.wcl.american.edu/public-benefits/memos-and-tools-for-advocates/VAWA-Benefits-Eligibility-Process, National Immigrant Women's Advocacy Project (NIWAP) (Apr. 17, 2013), available at http://niwaplibrary.wcl.american.edu/public-benefits/memos-and-tools-for-advocates/U-Visa-Victim-Benefits-Eligibility-Process.pdf/; for T visa benefits eligibility process, see Jordan Tacher and Leslye E. Orloff, Trafficking Victim Benefits Eligibility Process, National Immigrant Women's Advocacy Project (NIWAP) (Apr. 17, 2013), available a <a href="http://niwaplibrary.wcl.american.edu/reference/additional-materials/materials-for-adjudicators-and-judges/tools-for-courts/Trafficking-Victims-Benefits-Eligibility-Process.pdf/. Process, pdf.

- The immigrant's state of residence;
- Whether the applicant is a child (under 21 years of age) or an adult 21 years of age or older; and
- Whether the can meet the heightened application requirements of specific benefits programs

Federal means-tested public benefits are the most difficult to access for many immigrants who face a 5 year bar on access to TANF and Medicaid and who face this bar and additional program restrictions to benefits that include SSI and food stamps.

With regard to eligibility for benefits, there are two classes of immigrants, "qualified immigrants" and "non-qualified immigrants." Among some "non-qualified immigrants" who are "lawfully present" or are "persons residing under color of law (PRUCOL)" can receive some state funded benefits. An immigrant must be a qualified immigrant to be eligible for federal public benefits and federal meanstested public benefits, unless the immigrant falls under one of many enumerated exceptions.

A federal public benefit is defined as:

- Any grant, contract, loan, professional license, or commercial license provided by an agency of the United States or by appropriated funds of the United States; and
- Any retirement, welfare, health, disability, public or assisted housing, postsecondary education, food assistance, unemployment benefit, or any other similar benefit for which payments or assistance are provided to an individual, household, or family eligibility unit by an agency of the United States or by appropriated funds of the United States.

QUALIFIED IMMIGRANTS

- Lawful permanent residents (LPR) or conditional permanent residents;
- Refugees and asylees;
- Persons paroled into the United States for a period of at least one year;
- Persons granted withholding of deportation;
- Persons granted conditional entry;
- Cuban and Haitian entrants;
- Victims of human trafficking who have filed for, had prima facie determination or has been awarded a T-visa;
- Persons who have been approved or have a petition pending as a VAWA self-petitioner, but only if there is a connection between the battery or cruelty and the need for the benefits to be provided.

NON-QUALIFIED IMMIGRANT (May still be eligible for some benefits)

- Immigrants who are veterans or on active duty and their spouses and unmarried dependent children;
- Certain Amerasians:
- American Indians born abroad and their spouses;
- Non-immigrants (temporary visa holders):
- Immigrants paroled into the U.S. for less than one year;
- VAWA applicants prior to receipt of a prima facie determination letter
- U visa applicants and recipients
- T –visa applicants who did not obtain continued presence and who are awaiting receipt of a bona fide determination
- Unauthorized immigrants.

The nexus between immigration law and benefits eligibility can be highly complex. Judges seeking guidance and greater detail on whether and which benefits parties before the court can access can receive technical assistance³ from issue experts at the National Immigrant Women's Advocacy Project (NIWAP), American University, Washington College of Law by calling (202) 274-4457 or e-mailing niwap@wcl.amereican.edu., NIWAP's web library also has significant information on legal rights to access public benefits and services for immigrant crime victims and children. The web library is available at http://niwaplibrary.wcl.american.edu/

Federal programs NOT available to non-citizens who are qualified immigrants (except in very limited circumstances):

- The supplemental security income (SSI) program under title XVI of the Social Security Act; and
- SNAP, the federal food stamp program as defined in section 3(h) of the Food Stamp Act of 1977 (Qualified immigrant children under age 18 are eligible for SNAP).

Federal benefits law give states the authority to expand or limit non-qualified immigrant eligibility for state funded public benefits. Several states have chosen to offer access to the following programs to qualified immigrants during the 5 year bar, to, immigrants who are lawfully present and/or PROCOL immigrants:

- Temporary assistance for needy families
- Medical assistance
- SSI
- Food Stamps.

Programs exempt from the federal public benefits definition that are open to all non-citizen is eligible without limitation:

- Emergency medical assistance;
- Short-term, non-cash, in-kind emergency disaster relief;
- HHS funded public health clinics (e.g. community or migrant health clinic)⁴
- Assistance or benefits under the Richard B. Russell National School Lunch Act;
- Assistance or benefits under the Child Nutrition Act of 1966;
- Public health assistance for immunizations with respect to immunizations for diseases and for testing and treatment of symptoms of communicable diseases whether or not such symptoms are caused by a communicable disease;
- Certain payments for foster care and adoption assistance;
- Certain programs of student assistance;
- Programs under the Elementary and Secondary Education Act of 1965;
- Benefits under the Head Start Act:
- Benefits under the Workforce Investment Act of 1998

NIVAP American University, Washington College of Law

³ This technical assistance is available free of charge to judges, courts, police and prosecutors, supported by funding from the Office on Violence Against Women and the State Justice Institute, U.S. Department of Justice and foundation funders.

⁴ For a list by city, state or zip code go to HRSA.gov.

- Programs, services, or assistance necessary to protect life and safety including but not limited to:
 - o Crisis counseling and intervention programs
 - Services and assistance relating to child protection
 - o Adult protective services
 - o Violence and abuse prevention
 - Short-term shelter or housing assistance (emergency shelter and transitional housing for up to two years) for the homeless, victims of domestic violence, runaway, abused or abandoned children
 - o Services to victims of domestic violence and other criminal activity
 - o Treatment of mental illness or substance abuse necessary to protect life and safety
 - o Programs to help individuals during periods of adverse weather conditions
 - Soup kitchens and community food banks
 - Senior nutrition programs and other nutritional programs for persons requiring special assistance
 - o Medical and public health services
 - Activities designed to protect the life and safety of workers, children and youths or community residents

CHILD AND SPOUSAL SUPPORT FOR IMMIGRANTS

Child and spousal support cases are frequently brought before family court judges. These cases are particularly important when they involve low-income abused immigrants. Child support is particularly important for battered immigrants who cannot work because their abusive spouse never filed immigration papers to provide the victim and/or her child legal immigration status the victim is eligible to receive. Similarly, in cases in which the victim's immigrant or lawful permanent resident spouse filed an immigration case for the benefit of the immigrant spouse, that case will contain an affidavit of support that can serve as the basis for a spousal support order. "Affidavits of Support" are discussed further below.

Battered immigrants who come before courts in family court proceedings will often qualify for or be in the process of applying for VAWA, U visa or battered spouse waiver relief. I can up to between a year and 18 months for DHS to adjudicate cases filed by immigrant crime victims. During this wait, victims have no access to legal work authorization. Ordering child support and spousal support in these cases provides what can be life-saving assistance that allows an immigrant victim to leave the abusive home, helping the victim economically. Judges may encounter other issues unique to immigrants when hearing these cases. Courts have ruled when an immigrant parent is working or has income that parent cannot use the excuse of lack of legal work authorization to avoid orders to pay child support for the immigrant parent's children. When immigrant parents are working in the informal economy, proof of earnings can be more complex. However proof of income can be attained in a variety of ways include:

⁵ See generally Leslye E. Orloff, Joyce Noche, Anne Benson, Laura Martinez and Jennifer Rose, Ensuring Economic Relief for Immigrant Victims Through Family Law Court Proceedings: Child Support and Spousal Support, in Breaking Barriers: A Complete Guide to Legal Rights and Resources for Battered Immigrants 2-3 (2013), available at http://niwaplibrary.wcl.american.edu/family-law-for-immigrants/economic-relief/6.4 c FAM BB Economic-Relief-for-Victims-Child-Spousal-Support-MANUAL-BB.pdf/view.

- Employer's statements
- Ordering the completion of court financial statements in which the court can identify expenses that the parent is paying that would not take precedence over child support payments (e.g. luxury items including cars, home entertainment systems)
- Witness testimony
- Tax returns which are often filed by immigrants using Individual Tax Identification Numbers (ITINs) (see discussion of ITINs below);
 - O Taxes may be filed by an employed immigrant who is working but not eligible for work authorization. Filing taxes through an ITIN helps immigrants who may in the future have an option to attain lawful permanent residency and citizenship to create the history of paying taxes the immigrant will need to prove good moral character when the immigrant applies for naturalization.

The statutory duty to pay child support imposed on parents in the United States, Puerto Rico, the Virgin Islands, Guam, and the District of Columbia, applies to all persons without regard to immigration status. When the parties before the court are separated the court should order child support in immigrant and mixed immigration status families in the same manner and applying the same law and child support guidelines that apply in all cases. Child and/or spousal support can be ordered in a range of family court proceedings including divorce, legal separation, custody, and civil protection orders. An order for child support can be issued even when the child being supported is not in the United States. If the court has personal jurisdiction in a family court case over the custodial and noncustodial parent, courts can award child support for the parties' children including children who do not reside in the United States. When child support is ordered either for a child who is living abroad or if child support is ordered and the custodial parent either returns or is deported to their home country. Child support payments can continue to be paid through the court. In such cases courts mail the child support received to the custodial parent or the child's custodian at their address in the country in which the child is resides.

Use of Individual Tax Identification Numbers (ITINs) in Child and Spousal Support Cases

Individual Tax Identification Numbers (ITINs) are issued by the Internal Revenue Service (IRS) to certain nonresident and resident immigrants, their spouses, and dependents for the purpose of filing income tax returns. Application for an ITIN must be accompanied by a tax return. Immigrants who are working will complete a tax return reporting their current year's income and will submit the tax return as a required part of the application for the ITIN. The IRS issues ITINs regardless of immigration status because immigrants may have tax filing and payment obligations under U.S. tax

⁶Orloff, *supra* note 3 at 3 (citing Arnold H. Rutkin, 3-33 FAMILY LAW AND PRACTICE § 33.02 (Arnold H. Rutkin ed., Matthew Bender 2004)).

⁸ In 1996, section 459A of the Social Security Act (the Act) affirmed that "[t]he Secretary of State, with the concurrence of the Secretary of Health and Human Services, is authorized to declare any foreign country (or a political subdivision thereof) to be a foreign reciprocating country if the foreign country has established, or undertakes to establish, procedures for the establishment and enforcement of duties of support owed to obligees who are residents of the United States, and such procedures are substantially in conformity with the standards prescribed under subsection (b) [which include procedures for establishing paternity and enforcing orders]." See Processing Cases with Foreign Reciprocating Countries, Office of Child Support Enforcement, Administration for Children and Families, U.S. DEP'T OF HEALTH AND HUMAN SERVS. (2004), available at http://www.acf.hhs.gov/programs/css/resource/processing-cases-with-foreign-reciprocating-countries.

⁹ See generally Individual Taxpayer Identification Numbers (ITIN), INTERNAL REVENUE SERVICE, available at http://www.irs.gov/Individuals/International-Taxpayers/Taxpayer-Identification-Numbers-%28TIN%29 (last visited Oct. 3, 2013).

laws. 10 In fact, an eventual naturalization requires showing of good moral character, which includes the obligation to report income to the IRS, or to state and local taxing authorities. 11

Immigrants who cannot obtain a social security number use the 9-digit ITIN in place of the social security number on their U.S. tax returns and other tax related documents. Proof of an ITIN can be useful in determining whether a person has filed taxes – and thus, provides evidence of the immigrant's income. Working immigrants who have a path through which they plan on applying for lawful permanent residency will obtain and use ITIN numbers to pay taxes, because paying taxes provides evidence of economic earning capacity needed to overcome the public charge ground of inadmissibility. In addition, immigrants who plan on applying for citizenship will need to prove a history of having filed tax returns in order to naturalize.

Use of Affidavits of Support in Child and Spousal Support Cases

An affidavit of support is a document that is filed by a U.S. citizen or lawful permanent resident when the family member that he or she has sponsored to attain legal immigration status through a family based immigration applies for lawful permanent residence. ¹² The affidavit of support is a sworn statement promising the United States government that the sponsor will financially support the immigrant family member applying for lawful permanent residence. An affidavit of support that has been filed in an immigration case can be used as evidence and can be enforceable in family court cases for child and spousal support purposes. 13 The affidavit of support can be used as evidence of the sponsor's income, ability to pay child or spousal support, and the obligation of the sponsor to support his child and/or spouse.

It is important for judges to know that when an affidavit of support has been filed on an immigrant's behalf, the sponsoring citizen or lawful permanent resident spouse or parent has provided DHS the following information. 14

- A copy of the sponsor's income tax returns for the prior three years if he or she had a legal obligation to file; 15
- Evidence of the sponsor's current employment or self-employment (usually includes recent pay stubs and a statement from the sponsor's current employer on business letterhead); ¹⁶ and
- If the sponsor's income is below 125% of the poverty level for a family of that size, ¹⁷ the sponsor can also submit other additional evidence of his or her ability to support the immigrant family member, such as proof of the sponsor's assets.

¹⁰ See Understanding Your IRS Individual Taxpayer Number, INTERNAL REVENUE SERVICE, available at http://www.irs.gov/pub/irs-pdf/p1915.pdf. The application for naturalization (N-400) asks whether the individual has ever failed to file a required federal, state, or local tax return. The form

also asks whether the applicant owes any overdue federal, state, or local taxes. Responding yes necessitates explaining the situation to the USCIS. See N-400, Application for Naturalization, U.S. Citizenship and Immigration Servs, DEP'T OF HOMELAND SEC., available at

vgnextchannel=40a9b2149e7df110VgnVCM1000004718190aRCRD.

¹² INA § 212(a)(4)(C); 8 U.S.C. § 1182. ¹³ For a more detailed discussion, see Orloff supra note 2 at 19; see also Sinojia v. Sinojia, No. 113953, 1994 Conn. Super. LEXIS 2485 (Conn. Super. Ct. Sept. 27, 1994) (spousal support); Stein v. Stein, 831 S.W.2d 684 (Mo. Ct. App. 1992) (affidavit of support admitted as evidence).

Orloff, supra note 2 at 19.

¹⁵ 8 C.F.R. § 213a.2(c)(2)(i) (2011).

¹⁶ 8 C.F.R. § 213a.2(c)(2)(ii) (2011).

¹⁷ See Orloff, supra note 2 at 20 for explanation of 8 C.F.R. § 213a.2.1 ("in determining whether the household income is sufficient, household size is calculated to include the sponsor, all persons related to the sponsor by birth, marriage, or adoption living in the sponsor's residence, the sponsor's dependents, the sponsored immigrant(s), and any immigrants the sponsor has previously sponsored for immigration status when that support obligation has not terminated").

NON-CITIZENS SUBJECT TO MANDATORY ICE DETENTION DO NOT RECEIVE WORK RELEASE AND WILL NOT BE ABLE TO WORK

Based on the implications of the above information, one limitation on the ability of a judge to place a non-citizen into an alternative to detention program – either pre-trial or after conviction and sentencing - is the provision for mandatory detention under federal immigration law for non-citizens who are deportable for being convicted of certain state crimes. A non-citizen subject to mandatory detention may be placed into ICE detention when he or she is released from state or local incarceration into probation. This will make it impossible for the defendant to complete the terms of probation. Grounds for mandatory detention:

- Recent aggravated felony as defined by immigration law;
- Most drug-related crimes;
- Firearm offense;
- Prostitution:
- Crime involving moral turpitude with actual sentence of one year or more;
- Two crimes involving moral turpitude;
- Two or more crimes with aggregate sentence of five years or more;
- Human trafficking; and
- Money laundering. 18

There is a general exception to mandatory detention, which is based on ICE discretion in determining who may be subject to mandatory detention to be released. The exception states that the Attorney General may release a non-citizen who is in custody and subject to mandatory detention if release is necessary to provide protection to a witness, a potential witness, a person cooperating with an investigation into major criminal activity, or an immediate family member or close associate of a witness, potential witness or person cooperating with an investigation. The non-citizen must demonstrate that she will not pose a danger to the safety of other persons or property and that she will appear for any scheduled proceedings. When deciding whether to release someone under this exception, ICE will weigh the severity of the offense committed by the non-citizen against the factors above.

¹⁸ INA § 236(c).

B. Childcare

1. Childcare Access Chart





Immigrant Crime Victim Child Care Accessi

By: Benish Anver and Leslye E. Orloff March 13, 2013

Child Care Development Fund (CCDF) Funded Child Care

Eligible Immigrants

- "Qualified" immigrant children.
- Victims of trafficking and their derivative beneficiaries.

NOTE: All immigrants, <u>regardless of immigration status</u>, are eligible for CCDF child care when:

- Child care is provided in settings subject to public educational standards, including public or private pre-kindergarten or public and private child care provided after school or during school holidays.
- Child care is subject to Head Start performance standards.
- Eligibility for child care services is determined by a nonprofit charitable organization.





	Т	'ANF- Fund	ed Child	l Care		
	Qualified Immigrantsii entered US before Aug. 22, 1996 & are receiving TANF	Qualified Immigrants entered US on or after Aug. 22, 1996 ⁱⁱⁱ	VAWAiv	Legal Permanent Residents	Veterans	Refugees and Trafficking Victims ^{vi vii}
States		_				
Alabama	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
Alaska	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
Arizona	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
Arkansas	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
California	Yes	Yes	Yes	Yes	Yes	Yes
Colorado	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes





	Qualified Immigrants entered US before Aug. 22, 1996 & are receiving TANF	Qualified Immigrants entered US on or after Aug. 22, 1996	VAWA	Legal Permanent Residents	Veterans	Refugees and Trafficking Victims
States						
Connecticut	Yes* requires pursuit of citizenship	Yes	Yes	Yes	Yes	Yes
Delaware	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No	Yes
District of Columbia	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No	Yes
Florida	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
Georgia	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
Hawaii	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes





	Qualified Immigrants entered US before Aug. 22, 1996 & are receiving TANF	Qualified Immigrants entered US on or after Aug. 22, 1996	VAWA	Legal Permanent Residents	Veterans	Refugees and Trafficking Victims
States						
Idaho	Yes	Provides TANF only to abused "qualified" immigrants who have lived in the US for 5 years.	Provides TANF only to abused "qualified" immigrants who have lived in the US for 5 years.	Provides TANF only to LPRs credited with 40 quarters of work that are veterans or refugees	Yes	Yes- those who entered on or after Aug. 22, 1996 are eligible only after 5 years of obtaining this status
Illinois	Yes* for abused immigrants only	Yes	Yes	Yes	Yes	Yes
Indiana	Yes	No	No	Provides TANF only to LPRs credited with 40 quarters of work that are veterans or refugees	Yes	Yes- those who entered on or after Aug. 22, 1996 are eligible only after 5 years of obtaining this status
Iowa	Yes* abused immigrants only	Yes	Yes	Yes	Yes	Yes
Kansas	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
Kentucky	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes





	Qualified Immigrants entered US before Aug. 22, 1996 & are receiving TANF	Qualified Immigrants entered US on or after Aug. 22, 1996	VAWA	Legal Permanent Residents	Veterans	Refugees and Trafficking Victims
States						
Louisiana	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
Maine	Yes* must meet hardship criteria, including seniors, disabled & victims of domestic violence	Yes	Yes	Yes	Yes	Yes
Maryland	Yes	Yes	Yes	Yes	Yes	Yes
Massachusetts	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
Michigan	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
Minnesota	Yes* LPRs receiving benefits must enroll in literacy and civics classes and pursue citizenship	Yes	Yes	Yes	Yes	Yes

National Immigrant Women's Advocacy Project (NIWAP, pronounced *new-app*)
American University, Washington College of Law

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	Qualified Immigrants entered US before Aug. 22, 1996 & are receiving TANF	Qualified Immigrants entered US on or after Aug. 22, 1996	VAWA	Legal Permanent Residents	Veterans	Refugees and Trafficking Victims
States						
Mississippi	Yes	No	No	Provides TANF only to LPRs credited with 40 quarters of work that are veterans or refugees	Yes	Yes- those who entered on or after Aug. 22, 1996 are eligible only after 5 years of obtaining this status.*
Missouri	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
Montana	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
Nebraska	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
Nevada	Yes* abused immigrants only	Yes	Yes	Yes	Yes	Yes
New Hampshire	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes





	Qualified Immigrants entered US before Aug. 22, 1996	Qualified Immigrants entered US on or after Aug. 22, 1996	VAWA	Legal Permanent Residents	Veterans	Refugees and Trafficking Victims
States	* *		**	**		
New Jersey	Yes* abused immigrants only	No	Yes	Yes	Yes	Yes
New Mexico	Yes	Yes	Yes	Yes	Yes	Yes
New York	Yes	Yes	Yes	Yes	Yes	Yes
North Carolina	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
North Dakota	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
Ohio	Yes	No- including those who have completed the 5 year bar, unless they are persons under an order of supervision of the court	No- including those who have completed the 5 year bar, unless they are persons under an order of supervision of the court	No- including those who have completed the 5 year bar, unless they are persons under an order of supervision of the court	Yes	Yes
Oklahoma	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
Oregon	Yes	Yes	Yes	Yes	Yes	Yes
Pennsylvania	Yes	Yes	Yes	Yes	Yes	Yes





States	Qualified Immigrants entered US before Aug. 22, 1996	Qualified Immigrants entered US on or after Aug. 22, 1996	VAWA	Legal Permanent Residents	Veterans	Refugees and Trafficking Victims
Rhode Island	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
South Carolina	Yes	No	No	Provides TANF only to LPRs credited with 40 quarters of work that are veterans or refugees	Yes	Yes- those who entered on or after Aug. 22, 1996 are eligible only after 5 years of obtaining this status
South Dakota	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
Tennessee	Yes* abused immigrants only	Yes	Yes	Yes	Yes	Yes
Texas	Yes	No	No	Provides TANF only to LPRs credited with 40 quarters of work that are veterans or refugees	Yes	Yes- those who entered on or after Aug. 22, 1996 are eligible only after 5 years of obtaining this status
Utah	Yes	Yes	Yes	Yes	Yes	Yes





States	Qualified Immigrants entered US before Aug. 22, 1996	Qualified Immigrants entered US on or after Aug. 22, 1996	VAWA	Legal Permanent Residents	Veterans	Refugees and Trafficking Victims
Vermont	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
Virginia	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
Washington	Yes	Yes	Yes	Yes	Yes	Yes
West Virginia	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
Wisconsin	Yes* family eligibility is determined by parents' immigration status	Yes	Yes	Yes	Yes	Yes
Wyoming	Yes	Yes	Yes	Yes	Yes	Yes- those who entered on or after Aug. 22, 1996 are eligible only after 5 years of obtaining this status





States	Qualified Immigrants entered US before Aug. 22, 1996	Qualified Immigrants entered US on or after Aug. 22, 1996viii	VAWA	Legal Permanent Residents	Veterans	Refugees and Trafficking Victims
States						
Puerto Rico	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes
Guam	Yes	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	No- 5 year bar applies; only eligible once receiving federal TANF	Yes	Yes

¹ This project was supported by Grant No. 2011-TA-AX-K002 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

TANF Funded child care is only available to immigrants eligible for TANF and is not available to immigrants who are lawfully present, PRUCOL and victims applying for or receiving U visas. Immigrants who do not qualify for TANF funded child care can qualify for Child Care Development Fund (CCDF) funded child care.

* Mississippi does not address eligibility for Cuban/Haitian entrants or Amerasian immigrants.

Qualified Immigrants– are: (1) lawful permanent residents (LPRs); (2) refugees, asylees, persons granted withholding of deportation/removal, conditional entry (in effect prior to Apr. 1, 1980), or paroled into the U.S. for at least one year; (3) Cuban/Haitian entrants; (4) battered spouses and children with a pending or approved (a) self-petition for an immigrant visa, or (b) immigrant visa filed for a spouse or child by a U.S. citizen or LPR, or (c) application for cancellation of removal/suspension of deportation, whose need for benefits has a substantial connection to the battery or cruelty (parent/child of such battered child/spouse is also "qualified"); and (5) victims of trafficking and their derivative beneficiaries who have obtained a T visa or whose application for a T visa sets forth a *prima facie* case. (A broader group of trafficking victims who are certified by or receive an eligibility letter from the Office of Refugee Resettlement are eligible for benefits funded or administered by federal agencies, without regard to their immigration status.) *See* National Immigration Law Center, Medical Assistance Programs for Immigrants in Various States, May 2006,





available at: http://www.nilc.org/guideupdate.html (full details of programs available in states provided by NILC).

- iii In addition to physically entering the United States on or after August 22, 1996, the immigrant must have been a "qualified" immigrant for at least five years.
- iv Violence Against Women Act (VAWA)- includes: 1. VAWA self-petitioners, as defined by INA § 101(a)(51); 2. VAWA cancellation of removal, INA § 240A; 3. VAWA suspension of deportation, INA § 244(a)(3)(as in effect prior to March 31, 1997); 4. An immigrant who has been subjected to battering or extreme cruelty, whose spouse or parent filed a family based visa petition for them, which is pending and sets out a prima facie case for approval or has been approved. The battery and extreme cruelty could have been perpetrated by the spouse or parent or a member of the spouse or parent's family residing in the same household as the victim. All immigrants applying for benefits under VAWA must demonstrate a substantial connection between the battering or extreme cruelty and the need for benefits.
- v **Veterans** are: veterans and active duty military personnel, their spouses, un-remarried surviving spouses, and children, who are "qualified" immigrants.
- vi **Refugees** are: individuals granted status as a refugee, asylee, person granted withholding of removal/deportation, Amerasian immigrant, or Cuban/Haitian entrant. Eligibility continues even if the "refugee" becomes a lawful permanent resident.
- vii **Trafficking Victims** are: <u>adults</u> with Office of Refugee Resettlement (ORR) certification letter and <u>children</u> with an eligibility letter form from ORR and are federal and state public benefits to the same extent as refugees. Trafficking victims who apply for a T visa and receive a *prima facie* determination in their T visa case also qualify for public benefits to the same extent as other qualified immigrants. For more information, see "Trafficking Victim Benefits Eligibility Process" *available at:* <a href="http://niwaplibrary.wcl.american.edu/reference/additional-materials/public-benefits/access-to-benefits-and-sevices-by-immigration-relief-for-immigrant-crime-victims/TraffickingVictimsBenefitsEligibilityProcess%20FINAL-%204-17-13.docx/view viii In addition to physically entering the United States on or after August 22, 1996, the immigrant
- viii In addition to physically entering the United States on or after August 22, 1996, the immigrant must have been a "qualified" immigrant for at least five years.

C. Health Care

- 1. Medical Assistance Programs for Immigrants and Immigrant Crime Victims: State by State
- 2. Post-Assault Healthcare And Crime Victim Compensation For Immigrant Victims Of Violence; State by State Chart
- 3. Coverage for Forensic Costs: State by State Chart
- 4. Coverage for Emergency Medicaid: State by State Chart
- 5. Coverage for Prenatal Care: State by state Chart





Medical Assistance Programs for Immigrants and Immigrant Crime Victims: State by State

States before August 22, 1996. These programs are also available to immigrants who have had "qualified immigrant" status for five years Federally funded Medicaid and the Child Health Insurance Program (CHIP) are available to qualified immigrants who entered the United or longer. Some immigrants are exempt from the five-year bar to Medicaid and CHIP.¹¹ Although access to Medicaid and CHIP can be limited by deeming under state law, there are broad exceptions to deeming for battered immigrants.ⁱⁱⁱ

					Available to
	Qualified				Undocumented
States	${ m Immigrants^{iv}}$	PRUCOLV	Lawfully Present ^{vi}	VAWAvii	Immigrants
Alabama	None	None	None	None	None
Alaska	Yes*	Yes*	Yes*	Yes*	None
	Can receive chronic and acute medical assistance if they have	Can receive chronic and acute medical assistance if they have	Can receive chronic and acute medical assistance if they have	Can receive chronic and acute medical assistance if they have	
	a terminal illness, cancer,				
	diabetes, seizure disorders, mental illness, hypertension, or	diabetes, seizure disorders, mental illness, hypertension, or	diabetes, seizure disorders, mental illness, hypertension, or	diabetes, seizure disorders, mental illness, hypertension, or	
	certain other medical conditions.	certain other medical conditions.	certain other medical conditions.	certain other medical conditions.	
Arizona	None	None	None	None	None
Arkansas	Yes	Yes	Yes	Yes	Yes
	Prenatal care	Prenatal care	Prenatal care	Prenatal care	Prenatal care
California	Yes	Yes	Yes	Yes	Yes
			Only for U-visa applications, U-visa holders, and survivors of		Prenatal care, long-term care, breast and cervical cancer
			human trafficking.		treatment, and certain other long-term medical services are
					available.
Colorado	Yes*	Yes*	Yes*	Yes*	None
	Prenatal care up to 133% FPL***. Benefits for seniors.*	Prenatal care up to 133% FPL***. Benefits for seniors.*	Prenatal care up to 133% FPL***. Benefits for seniors.*	Prenatal care up to 133% FPL***. Benefits for seniors.*	

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					Available to
	Qualified				Undocumented
States	Immigrants ^{iv}	PRUC0L ^v	Lawfully Present ^{vi}	VAWAvii	Immigrants
Connecticut	Yes	Only once lawfully	Yes	Yes	None
	Children & pregnant women and residents of nursing	present	Children & pregnant women and residents of nursing	Children & pregnant women and residents of nursing	
	nomes:	21	nomes	nomes	N
Delaware	Yes	Yes	Yes	Yes	None
	Cillialen & pregnant women.	Cillial ell & pi egnant women.	Cilitaten & pregnant women.	Cillial ell & pi egilalit wollell.	h
District of	Yes		Yes	Yes	Yes
Columbia	Adults: eligible for health care	Adults: eligible for health care	Adults: eligible for health care	Adults: eligible for health care	Adults: eligible for health care
	through DC Health Care	through DC Health Care	through DC Health Care	through DC Health Care	through DC Health Care
	Children.	Childnen: elicible fearbeelth	Childnes.	Children. elicible fee heelth	Amance.
	Carlaren: eligible for health	Canaren: engible for health	Cnilaren: eligible for health	Cnilaren: eligible for health	Cnildren: eligible for health
	Care un ough the miningram. Children's Program.	care un ough the miningram. Children's Program.	care curough ure miningram. Children's Program.	Cale till Ough tile Illillingrafit. Children's Program.	Care un ough ure minigram. Children's Program.
Florida	Yes*	Yes*	Yes*	Yes*	Ves
	Some counties provide health	Some counties provide health	Some counties provide health	Some counties provide health	Some counties provide health
	some counties provide nearm	some counties provide nearm	some counties provide neard	some counties provide nearm	some counties provide meaning
	children. In the remaining	children. In the remaining	care for unaccumented	cale for minocumented children. In the remaining	care for undocumenced
	counties, undocumented	counties undocumented	counties, undocumented	counties, undocumented	counties undocumented
	children can purchase health	children can purchase health	children can purchase health	children can purchase health	children can purchase health
	care at full-cost through Health	care at full-cost through Health	care at full-cost through Health	care at full-cost through Health	care at full-cost through Health
	Kids and MediKids	Kids and MediKids.	Kids and MediKids	Kids and MediKids.	Kids and MediKids.
Georgia	None	None	None	None	None
Hawaii**	Yes*	Yes*	None	Yes*	None
	Children and pregnant women	Children and pregnant women		Children and pregnant women	
Idaho	None	None	None	None	None
Illinois	Yes*	Yes	Yes	Yes*	Yes
	Prenatal care; abused adults;	Prenatal care; "All Kids" open	Prenatal care; "All Kids" open	Prenatal care; abused adults;	Prenatal care; "All Kids" open
	All Mus open to all children under 300% FPL***.	to an children under 300% FPL***.	to an children under 300% FPL***. Asylum applicants and	An Mas open to an children under 300% FPL***.	to all children under 300% FPL***. Asylum applicants and
			torture victims get 24 months		torture victims get 24 months
			of continuous care.		of continuous care.
Indiana	None	None	None	None	None
Iowa	Yes	Yes	Yes	Yes	None
	Children only.	Children only.	Children only.	Children only.	

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	F : 3; 10 O				Available to
States	Quanned Immigrants ^{iv}	PRUCOLV	Lawfully Present ^{vi}	VAWAvii	Undocumented Immigrants
Kansas	None	None	None	None	None
Kentucky	None	None	None	None	None
Louisiana	Yes	Yes	Yes	Yes	Yes
	Prenatal care	Prenatal care	Prenatal care	Prenatal care	Prenatal care
Maine	Yes Children and pregnant women	Yes Children and pregnant women	Yes Children and pregnant women	Yes Children and pregnant women	None
Maryland	Yes Children and pregnant women	Yes Children and pregnant women	Yes Children and pregnant women	Yes Children and pregnant women	None
Massachu-	Yes*	Yes*	Yes*	Yes*	Yes
setts	Pregnant women receive the full scope of services; seniors and persons with disabilities up to 100% FPL*** (excluding long term care); children eligible up to 300% FPL***. All children regardless of immigration status are eligible for primary and preventive care through the Children's Medical Security Plan. Immigrants earning up to 300% are eligible for Commonwealth Care (does not include long term nursing home care). Prenatal care is available regardless of immigration status.	Pregnant women receive the full scope of services; seniors and persons with disabilities up to 100% FPL*** (excluding long term care); children eligible up to 300% FPL***. All children regardless of immigration status are eligible for primary and preventive care through the Children's Medical Security Plan. Immigrants earning up to 300% are eligible for Commonwealth Care (does not include long term nursing home care). Prenatal care is available regardless of immigration status.	Pregnant women receive the full scope of services; seniors and persons with disabilities up to 100% FPL*** (excluding long term care); children eligible up to 300% FPL***. All children regardless of immigration status are eligible for primary and preventive care through the Children's Medical Security Plan. Immigrants earning up to 300% are eligible for Commonwealth Care (does not include long term nursing home care). Prenatal care is available regardless of immigration status.	Pregnant women receive the full scope of services; seniors and persons with disabilities up to 100% FPL*** (excluding long term care); children eligible up to 300% FPL***. All children regardless of immigration status are eligible for primary and preventive care through the Children's Medical Security Plan. Immigrants earning up to 300% are eligible for Commonwealth Care (does not include long term nursing home care). Prenatal care is available regardless of immigration status.	Prenatal care; all children eligible for primary and preventative care through Children's Medical Security Plan.
Michigan	Yes Prenatal care	Yes Prenatal care	Yes Prenatal care	Yes Prenatal care	Yes Prenatal care

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	Onalified				Available to Undocumented
States	Immigrants ^{iv}	PRUCOLv	Lawfully Present ^{vi}	VAWAvii	Immigrants
Minnesota	Yes*	Yes*	Yes*	Yes*	Yes*
	Children and prenatal care available, regardless of	Children and prenatal care available, regardless of	Children and prenatal care available, regardless of	Children and prenatal care available, regardless of	Prenatal care; services from the Center for Victims of
	immigration status; eligible for MinnesotaCare except for	immigration status; eligible for MinnesotaCare except for	immigration status; eligible for MinnesotaCare except for	immigration status; eligible for MinnesotaCare except for	Torture
Mississippi	None None	None	None	None	None
Missouri	None	None	None	None	None
Montana	Yes*	Yes*	Yes*	Yes*	None
	Children only.	Children only.	Children only.	Children only.	
Nebraska	Yes	Yes	Yes	Yes	Yes
	Children; pregnant women; prenatal care	Children; pregnant women; prenatal care	Children; pregnant women; prenatal care	Children; pregnant women; prenatal care	Prenatal care
Nevada	None	None	None	None	None
New	None	None	None	None	None
Hampshire					
New Jersey	Yes*	Yes*	Yes*	Yes*	Yes*
	Children and women	Children and women	Children and women	Children and women	NJ Family Care Advantage
					available to children With
					FPL*** With premium
					contribution "buy-in"; limited
					funds for prenatal care up to 200% FPL***
New	Yes	Yes	Yes	Yes	None
Mexico	Children; pregnant women; qualified battered immigrants	Entered before 08/22/96	Children; pregnant women; qualified battered immigrants	Children; pregnant women; qualified battered immigrants	
New York	Yes	Yes	Yes	Yes	Yes
			Prenatal care; all children have access to "Child Health Plus"		Prenatal care; all children have access to "Child Health Plus"
North	Yes*	Yes*	Yes*	Yes*	None
Carolina	Children and pregnant women	Children and pregnant women	Children and pregnant women	Children and pregnant women	

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	Onalified				Available to Undocumented
States	Immigrants ^{iv}	PRUCOL	Lawfully Present ^{vi}	VAWAvii	Immigrants
North Dakota	None	None	None	None	None
Ohio	Yes*	Yes*	Yes*	Yes*	None
	Persons who were lawfully	Persons who were lawfully	Persons who were lawfully	Persons who were lawfully	
	present in the US on Aug. 22,	present in the US on Aug. 22,	present in the US on Aug. 22,	present in the US on Aug. 22,	
	1996, and some individuals under an order of supervision.	1996, and some individuals under an order of supervision.	1996, and some individuals under an order of supervision.	1996, and some individuals under an order of supervision.	
Oklahoma	None	None	None	None	
Oregon	Yes	Yes	Yes*	Yes	Yes
ı	Children and prenatal care for all in 14 counties.	Children and prenatal care for all in 14 counties.	Children only.	Children and prenatal care for all in 14 counties.	Prenatal care (14 counties only)
Pennsylvan	Yes	Yes	Yes	Yes	None
-ia	TANF and GA-related medical	Children and pregnant women	Children and pregnant women	TANF and GA-related medical	
	assistance; children; pregnant			assistance; children; pregnant	
,	Women	-	-	Women	
Rhode	Yes*	Yes*	Yes*	Yes*	Yes
Island	Prenatal care; children; those who entered before 08 /22 /96	Prenatal care; children; those who entered before 08/22/96	Prenatal care; children; those who entered before 08/22/96	Prenatal care; children; those who entered before 08 /22 /96	Prenatal care
	and were residents of RI before	and were residents of RI before	and were residents of RI before	and were residents of RI before	
Courth	None	None	None	None	Nono
Carolina					
South	None	None	None	None	None
Dakota					
Tennessee	Yes	Yes	Yes	Yes	Yes
	Prenatal care	Prenatal care	Prenatal care	Prenatal care	Prenatal care
Texas	Yes	Yes	Yes*	Yes	Yes
	Prenatal care; children can	Prenatal care; children can	Prenatal care; children can	Prenatal care; children can	Prenatal care
	year bar; adults who entered			year bar; adults who entered	
	the country after U8/22/96 are barred even after they have			the country after 08/22/96 are barred even after they have	
	completed the five-year bar			completed the five-year bar	

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					Available to
	Qualified				Undocumented
States	Immigrants^{iv}	PRUC0L ^v	Lawfully Present ^{vi}	VAWAvii	Immigrants
Utah	None	None	None	None	None
Vermont	Yes Children and pregnant women	Yes Children and pregnant women	Yes Children and pregnant women	Yes children and pregnant women	None
Virginia	Yes*	Yes*	Yes*	Yes*	None
)	Children and pregnant women	Children and pregnant women	Pregnant women only.	Children and pregnant women	
	those who were receiving long term care on 06/30/97.	those who were receiving long term care on 06/30/97.		those who were receiving long term care on $06/30/97$.	
Washing-	Yes*	Yes*	Yes*	Yes*	Yes
ton	Prenatal care; seniors and	Prenatal care; seniors and	Prenatal care; health care for	Prenatal care; seniors and	Prenatal care; health care for
	persons who are disabled may be eligible for a limited medical	persons who are disabled may be eligible for a limited medical	children in households with income below 200% FPL***, if	persons who are disabled may be eligible for a limited medical	children in households with income below 200% FPL**; if
	care services program; health	care services program; health	children live in households	care services program; health	children live in households
	care for children in households	care for children in households	with income between 200 -	care for children in households	with income between 200 -
	with income below 200%	with income below 200%	300% FPL**, they must pay	with income below 200%	300% FPL***, they must pay
	FPL***; if children live in households with income	FPL***; it children live in households with income	premiums.	FPL***; it children live in households with income	premiums.
	between 200 – 300% FPL***,	between 200 – 300% FPL***,		between 200 – 300% FPL**,	
	they must pay premiums.	they must pay premiums.		they must pay premiums.	
West	None	None	None	None	None
Virginia					
Wisconsin	Yes	Yes	Yes*	Yes*	Yes
	Prenatal care	Prenatal care	Children and pregnant women; prenatal care	Children and pregnant women; prenatal care	Prenatal care
Wyoming	None	None	None	None	None
Puerto Rico	None	None	None	None	None
Guam	None	None	None	None	None

^{*} See exceptions and bars to eligibility - National Immigration Law Center, Medical Assistance Programs for Immigrants in Various States, July 2012, available at: http://www.nilc.org/guideupdate.html

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^{**} Children and pregnant women receive health care if they are residents of the Freely Associated States (Marshall Islands, Micronesia, and Palau).





*** FPL - "federal poverty level," as determined by the U.S. Department of Health and Human Services' poverty guidelines (the guidelines for 2012 are available at http://aspe.hhs.gov/poverty/12poverty.shtml)

This chart was developed by Leslye Orloff and Benish Anver on March 12, 2013.

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victims of trafficking; Amerasians; Cuban / Haitians entrance; veterans and immigrants on active military duty and their spouses, their surviving ii Immigrants exempt from the five-year bar: qualified immigrants who first entered the United States before August 22, 1996; refugees; asylees; spouses (provided they do not remarry) and unmarried children under the age of 21 years old; and immigrants granted withholding of deportation. ii Deeming- in some cases, a sponsor's income and/or resources may be added to the immigrant's in determining eligibility. Exceptions from

sign and file an affidavit of support with DHS. This affidavit states that the sponsor is willing to be financially responsible for that immigrant as the that they had full access to their spouse's income. Some battered immigrants can now be excused from "deeming" requirements for 12 months if immigrant's sponsor. When an immigrant with a sponsor affidavit filed on her behalf applies for public benefits, deeming rules require that the benefits granting agency assume, for the purposes of determining income eligibility for benefits, that the immigrant has full access to the income and assets of her sponsor. It is often the case that these rules render the vast majority of immigrants with sponsor affidavits ineligible to receive public When an immigrant's family member sponsors her to receive lawful permanent residency in the United States, the sponsoring family member must benefits. Previously, battered immigrants who were sponsored by their abusive spouses were often denied public benefits because it was assumed there is a connection between the abuse and the need for the benefit. Extensions of the 12-month time period are available.

Immigrants excused from deeming include:

- VAWA self-petitioners
- VAWA cancellation of removal or suspension of deportation applicants
- Battered immigrants whose spouses or parents filed family based visas for them
- Immigrants who obtained their green card through a family based visa petition and who were battered before and/or obtaining lawful permanent resident status
- Immigrants who filed new affidavits of support (I-864) after 12/5/1999

In addition to victims of domestic violence, the following individuals are also exempt from deeming requirements:

Persons who have become U.S. citizens

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- Persons with 40 quarters work history (This is equivalent to about $10\,\mathrm{years}$ of work.)
- Spouses or children of U.S. citizens or lawful permanent residents with 40 quarters of work history
- To meet the 40 quarter requirement, immigrant children can count the quarters of their parents and immigrants can count the quarters of their spouses, unless they divorce.
- Immigrants facing hunger or homelessness
- Immigrants whose sponsor is dead
- Refugees
- Persons granted asylum (i.e. asylees)

cruelty (parent/child of such battered child/spouse is also "qualified"); and (5) victims of trafficking and their derivative beneficiaries who have obtained a T visa or whose application for a T visa sets forth a prima facie case. (A broader group of trafficking victims who are certified by or receive or (c) application for cancellation of removal/suspension of deportation, whose need for benefits has a substantial connection to the battery or an eligibility letter from the Office of Refugee Resettlement are eligible for benefits funded or administered by federal agencies, without regard to conditional entry (in effect prior to Apr. 1, 1980), or paroled into the U.S. for at least one year; (3) Cuban/Haitian entrants; (4) battered spouses and children with a pending or approved (a) self-petition for an immigrant visa, or (b) immigrant visa filed for a spouse or child by a U.S. citizen or LPR, their immigration status.) See National Immigration Law Center (NILC), Medical Assistance Programs for Immigrants in Various States, July 2012, iv Qualified Immigrants – are: (1) lawful permanent residents (LPRs); (2) refugees, asylees, persons granted withholding of deportation/removal, available at: httml (full details of programs available in states provided by NILC).

which generally means that U.S. Citizenship and Immigration Services is aware of a person's presence, but has no plans to deport/remove him or her, v PRUCOL or Permanently Residing in the U.S. Under the Color of Law- is not an immigration status, but a benefit eligibility category. The term, has been interpreted differently depending on the benefit program and jurisdiction.

immigrants include "qualified" immigrants and individuals: paroled into the U.S. for less than a year; with a valid nonimmigrant status (e.g., citizens deferred action; family unity, or temporary resident status; with approved visa petition who have filed an application to adjust to lawful permanent residence; granted employment authorization based on application for asylum or withholding of removal (or, if under 14, application pending for vi **Lawfully present –** means the person is lawfully present in the U.S. and meets the Medicaid state residency requirement. Lawfully present of Micronesia, Marshall Islands, and Palau, and survivors of serious crimes cooperating with law enforcement in prosecuting the perpetrators); granted withholding of removal under the Convention Against Torture, temporary protected status (TPS), deferred enforced departure (DED), over 180 days), TPS, registry, legalization under IRCA (1986 law), adjustment under LIFE Act, suspension of deportation/cancellation of removal, or based on an order of supervision; and children who have applied for Special Immigrant Juvenile Status. vii Violence Against Women Act (VAWA) – includes: 1. VAWA self-petitioners, as defined by INA § 101(a)(51); 2. VAWA cancellation of removal, INA § 240A; 3. VAWA suspension of deportation, INA § 244(a)(3)(as in effect prior to March 31, 1997); 4. An immigrant who has been subjected to





battering or extreme cruelty, whose spouse or parent filed a family based visa petition for them, which is pending and sets out a prima facie case for approval or has been approved. The battery and extreme cruelty could have been perpetrated by the spouse or parent or a member of the spouse or parent's family residing in the same household as the victim. All immigrants applying for benefits under VAWA must demonstrate a substantial connection between the battering or extreme cruelty and the need for benefits.

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17.3

Post-Assault Healthcare and Crime Victim Compensation for Immigrant Victims of Violence

By Legal Momentum and Morgan Lewis, LLP

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This information is current as of September 17, 2007. It is intended to provide an overview regarding health benefits and victim compensation for each state. Victims in need of legal advice should contact their local domestic violence/sexual assault program for referrals.

Post-Assault Healthcare and Crime Victim Compensation for Immigrant Victims of Violence

INTRODUCTION

The Federal Victims of Crime Act established a Crime Victims Fund that provides grants to states for eligible crime victim compensation programs. If states meet certain requirements, this federal funding can be obtained to compensate victims of crimes through programs administrated by the states and U.S. territories. See 42 U.S.C. §10602, and discussion of relevant federal law below.

In general a "compensable crime" includes motor vehicle accidents resulting from driving while intoxicated, domestic violence, and any crime where the victim suffers death or personal injury, including assault, battery, child abuse, reckless driving, murder, robbery, sexual assault, kidnapping, or other violent crimes.

Each state and territory has a victims compensation program. Most of these programs provide compensation to victims of crimes that occur in that state. Generally a victim must suffer physical (bodily) injury, emotional injury, economic loss, or some combination of these.

Many of the programs extend certain types of compensation to relatives of the victim, such as counseling, or, where the crime results in a death, coverage of funeral and burial expenses. Often, relatives or even non-relatives that paid for medical care of a victim can be compensated for those costs. Some states also extend benefits to those who prevent or attempt to prevent a crime.

Most states provide compensation to:

- state residents, or nonresidents, if the crime occurred in the state; and
- state residents if the crime occurred in another state, and there is no comparable compensation available from that other state.

Several states also provide compensation to:

• state residents for crimes committed outside of the country, in an act of international terrorism, or mass violence.

Most states do not deny compensation based upon immigration status. Accordingly, in most states, both qualified and non-qualified immigrants can receive compensation if they are victims of a crime. However, several states either do not provide coverage for non-qualified immigrants or seek information that a non-qualified immigrant may not have. For example, several states ask for a social security number as part of the process of applying for compensation. Generally speaking, however, these states will process an application and provide compensation, even if the social security number is not available. Among the very few states where compensation is not provided to non-qualified immigrants, one will permit compensation if the crime victim is also a victim of human trafficking.

It is generally required that the crime be reported to law enforcement officials within a certain time period--often 72 hours. However, most states permit a crime to be reported later if for good cause, or if the victim was a juvenile. It is not necessary that the crime at issue be solved or that the accused is convicted. However, it is generally required that the victim cooperate with law enforcement officials in investigating the crime, and that the victim be innocent, e.g., not involved in the crime, and not incarcerated at the time of the crime.

Compensation is available for a wide variety of financial costs. Most often this includes medical costs, such as physician services, hospital care, dental services, prescription drugs, and mental health treatment. For victims of sexual assault, compensated medical care can include STD and HIV/AIDS screening/treatment, pregnancy testing, hepatitis screening, and pre-natal care.

Most states provide compensation for loss of income and funeral/burial costs. Many states also provide compensation for travel for court appearances or for medical treatment, rehabilitation, crime scene clean-up, necessary moving/relocation costs, necessary home security or modifications, limited attorney's fees, and replacement costs for the work victim is no longer able to perform, e.g., housekeeping or child care. A few states compensate for lost, stolen, or damaged property. Very few states compensate for pain and suffering.

Most states have limits on how much will be reimbursed in each category, as well as a limit on total compensation. Most also consider this compensation of last resort, i.e. compensation will not be provided if the costs are reimbursable by insurance or other benefits.

Emergency benefits can often be provided if the victim would suffer substantial hardship without immediate compensation. Emergency awards can range, in general, from \$500 to \$1500.

To obtain compensation, victims must generally file an application in the particular state with the agency that administers the program. Time limits for filing vary, but are generally one to three years from the time of the crime. There are usually allowances for good cause that enable an application to be submitted at a later time. Applications are then reviewed and a decision is reached. Most states have an appeal process that may be used if the victim's request is denied.

RELEVANT FEDERAL LAW

The Victims of Crime Act established a Crime Victims Fund from which grants are provided to states for eligible crime victim compensation programs. Under 42 U.S.C. §10602, a compensation program qualifies as an eligible crime victim compensation program if:

the program is operated by the state and offers compensation to victims and the survivors of victims of criminal violence (including drunk driving and domestic

violence) for (i) medical expenses attributed to a physical injury related to compensable crime, including expenses for mental health counseling, (ii) lost wages attributable to a physical injury resulting from a compensable crime, and (iii) funeral expenses attributable to a death resulting from a compensable crime;

- the program promotes victim cooperation with reasonable requests from law enforcement;
- the grants will not supplant state funds otherwise available for victim compensation;
- the program makes compensation awards to victims who are nonresidents of the state on the basis of the same criteria used to make awards to victims who are residents of the state;
- the program provides compensation to victims of federal crimes occurring within the state on the same basis as compensation to victims of state crimes;
- the program provides compensation to residents of the state who are victims of crimes occurring outside the state if (i) the crimes would be compensable crimes had they occurred inside that state, and (ii) the places the crimes occurred in are states not having eligible crime victim compensation programs;
- the program does not, except pursuant to rules issued by the program to prevent unjust enrichment of the offender, deny compensation to any victim because of that victim's familial relationship to the offender, or because of the sharing of a residence by the victim and the offender; and
- the program does not provide compensation to any person who has been convicted of
 an offense under federal law with respect to any time period during which the person
 is delinquent in paying a fine, other monetary penalty, or restitution imposed for the
 offense.

In addition, it is important to note that under federal law, immigrants have access to emergency medical services, which cover those services that are necessary to protect life or safety. Immigrants can seek medical care at federally funded Community Health Centers and Migrant Health Centers, which provide services to underserved populations.

STATE LAW PROVISIONS

Below is a mini-chart briefly summarizing the provisions available to victims of sexual assault and other violent crimes. This mini-chart is followed by a detailed chart for each U.S. state and territory setting forth the relevant provisions for eligibility, compensation, and the application process for crime victim compensation (CVC).

State	Qualified Immigrants ¹	Non- Qualified Immigrants ²	Types/Means of Coverage
Alabama	Yes	No	AL's CVC compensates victims for the following expenses: medical, including testing and preventative treatment for STDS, funeral, psychiatric, loss wages, and rehabilitation.
Alaska	Yes	Yes	AK's Violent Crime Compensation will compensate victims for all expenses actually and reasonable incurred as a result of the crime, including medical costs, attorney's fees, counseling, funeral expenses, and loss of wages.
Arizona	Yes	Yes	AZ's CVC will compensate victims for the following expenses: medical costs including STD testing, work loss, counseling, and funeral.
Arkansas	Yes	Yes	AR's Crime Victims Reparations Program compensates victims for the following expenses: 75% of medical costs (although medical providers may accept this as payment in full), work loss, funeral, crime scene cleanup, and miscellaneous expenses (i.e., travel and lodging to and from judicial proceeding relating to crime).
California	Yes	Yes	CA's CVC compensates victims for the following expenses: medical including STD and AIDS screening or treatment, counseling, remedial care, loss of wages, job retraining, funeral, crime scene cleanup, and miscellaneous (i.e., relocation, installing residential security system).
Colorado	Yes	Yes	CO's CVC compensates victims for the following expenses: medical, loss of wages, outpatient care, burial, and counseling.
Connecticut	Yes	Yes	CT's Office of Victim Services compensates victims for the following expenses: medical, counseling, loss of wages, and funeral. For victims of sexual assault, testing for pregnancy and STDs, and prophylactic treatment for STDs is offered as part of the forensic program.
Delaware	Yes	Yes	DE's Violent Crime Compensation Board will compensate victims for the following expenses: medical, counseling, remedial, loss of wages, crime scene cleanup, and miscellaneous (i.e., changing residential locks, temporary housing, and moving expenses). For victims of

¹Qualified immigrants include: (1) LPRs, including Amerasian immigrants; (2) refugees, asylees, persons granted withholding of deportation/removal, conditional entry, or paroled into the U.S. for at least one year, (3) Cuban/Haitian entrants; and (4) battered spouses and children with a pending or approved (a) self-petition for an immigrant visa, or (b) immigrant visa filed for a spouse or child by a U.S. citizen or LPR, or (c) application for cancellation of removal/suspension of deportation, whose need for benefits has a substantial connection to the battery or cruelty. Parent/child of such battered child/spouse are also

Non-qualified immigrants include (1) undocumented immigrants; (2) U-visa holders; (3) other immigrants formerly considered "permanently residing under color of law" (PRUCOL); and (4) immigrants with temporary status such as tourists and students.

State	Qualified Immigrants ¹	Non- Qualified Immigrants ²	Types/Means of Coverage
		3	sexual assault, a forensic program includes testing for pregnancy and STDs.
District of Columbia	Yes	Yes	DC's CVC compensates victims for the following expenses: medical, counseling, rehabilitation, loss of wages, funeral, crime scene cleanup, attorney's fees, and miscellaneous (i.e., temporary food and shelter, moving, transportation, replacement of doors, windows, locks).
Florida	Yes	Yes	FL's Victim Services compensates victims for the following expenses: medical, loss of wages, counseling, funeral, property loss reimbursement, and miscellaneous (i.e., relocation, prescriptions and prosthetics).
Georgia	Yes	Yes	GA's CVC compensates victims for the following expenses: medical including STD, AIDS and post-coital screening/treatment if not paid for through forensic exam coverage or other coverage, counseling, funeral, lost wages, and crime scene cleanup.
Hawaii	Yes	Yes	HI's CVC compensates victims for the following expenses: any reasonable and proper costs resulting from the injury or death of the victim, including medical (including STD and HIV examinations and treatment), loss of wages, pain and suffering.
Idaho	Yes	Yes	ID's Industrial Commission will compensate victims for the following expenses: medical, counseling, loss of wages, funeral, and miscellaneous (i.e., travel expenses incurred in connection with obtaining benefits).
Illinois	Yes	Yes	IL's Crime Victim Services compensates victims for the following expenses: medical including STD testing and HIV treatment, crime scene cleanup, loss of wages, funeral, and miscellaneous (i.e., temporary lodging, replacement locks or windows).
Indiana	Yes	Yes	IN's Division of Violent Crime compensates victims for the following expenses: medical (including pregnancy and STD testing, and HIV testing), counseling, loss of wages, childcare, funeral, and miscellaneous (i.e., emergency shelter).
Iowa	Yes	Yes	IA's Crime Victims Assistance compensates victims for the following expenses: medical (including prenatal care and delivery), counseling, loss of wages, funeral, and crime scene cleanup. For victims of sexual assault, expenses relating to STD, HIV/AIDS, hepatitis, pregnancy testing, and post-coital are covered by the forensic program.
Kansas	Yes	Yes	KS' CVC compensates victims for the following expenses: loss of wages, medical (including testing and preventative treatment for STDs, and pregnancy testing), funeral, attorney's fees, and miscellaneous (i.e., moving for safety reasons and mileage for medically necessary travel).
Kentucky	Yes	Yes	KY's CVC compensates victims for the following expenses: medical, funeral, counseling, attorney's fees, and miscellaneous (i.e., replacement of glasses, stolen, lost, or damaged property). For victims of sexual assault,

State	Qualified Immigrants ¹	Non- Qualified Immigrants ²	Types/Means of Coverage
			CVC compensates for preventative and follow-up treatment of hepatitis B and certain STDs.
Louisiana	Yes	Yes	LA's Crime Victims Reparations compensates victims for the following expenses: medical, attorney's fees, funeral, loss of wages, counseling, child care, crime scene cleanup, and miscellaneous (i.e., travel expenses when medical care is needed, catastrophic property loss).
Maine	Yes	Yes	ME's CVC compensates victims for the following expenses: medical limited to 75% of charges, counseling, funeral, loss of wages, crime scene costs, and miscellaneous (replacement costs for eyeglasses and prosthetics). For victims of sexual assault, the forensic program includes coverage for testing and treatment for STDs and testing for pregnancy.
Maryland	Yes	Yes	MD's Criminal Injuries Compensation Board compensates victims for the following expenses: medical, counseling, funeral, loss of wages, miscellaneous (i.e., replacement for eyeglasses, repairing, replacing, and cleaning property).
Massachusetts	Yes	Yes	MA's Victim Compensation and Assistance Division compensates victims for the following expenses: medical (including pregnancy testing, STD/AIDS screening or treating and prenatal care), funeral, counseling, loss of wages, childcare, and attorney's fees.
Michigan	Yes	Yes	MI's CVC compensates victims for the following expenses: medical, counseling, loss of wages, funeral, childcare, rehabilitation, attorney's fees, and miscellaneous (including, travel costs).
Minnesota	Yes	Yes	MN's Crime Victims Reparations compensates victims for the following expenses: medical, counseling, loss of wages, funeral, childcare, crime scene cleanup. For victims of sexual assault, the forensic program provides testing for pregnancy and STDs.
Mississippi	Yes	Yes	MS' CVC compensates victims for the following expenses: medical, rehabilitation, funeral, counseling, loss of wages, and miscellaneous (i.e., transportation costs to obtain medical and counseling that are at least 45 miles from victim's residence).
Missouri	Yes	Yes	MO's CVC compensates victims for the following expenses: medical, counseling, loss of wages, and funeral.
Montana	Yes	Yes	MT's CVC compensates victims for the following expenses: medical, counseling, loss of wages, and funeral. For victims of sexual assault, the forensic program covers preventative treatment for STDs.
Nebraska	Yes	Yes	NE's Crime Victim's Reparations will compensate victims for the following expenses: medical, loss of wages, funeral, and counseling.
Nevada	Yes	No	NV's Compensation Board will compensate victims for the following expenses: medical, counseling, funeral, loss of wages, replacement of eyeglasses, prosthetics.
New	Yes	Yes	NH's CVC compensates victims for the following

State	Qualified Immigrants ¹	Non- Qualified Immigrants ²	Types/Means of Coverage
Hampshire			expenses: medical, funeral, counseling, loss of wages. For victims of sexual assault, the forensic program covers STD testing and pregnancy testing.
New Jersey	Yes	Yes	NJ's Victims of Crime Compensation Board compensates victims for the following expenses: medical, loss of wages, counseling, funeral, loss of eyeglasses, crime scene cleanup, relocations expenses and miscellaneous (including limited transportation costs). For victims of sexual assault, the CVC program covers pregnancy testing and preventative treatment for some STDs.
New Mexico	Yes	Yes	NM's Crime Victims Reparations Commission compensates victims for the following expenses: medical, funeral, counseling, replacement of eyeglasses or medically necessary devices, loss of wages, rehabilitation and miscellaneous (i.e., cost of making home or auto accessible, job training).
New York	Yes	Yes	NY's Crime Victim's Board compensates victims for the following expenses: medical, loss of wages, funeral, rehabilitation, replacement of essential personal property, counseling, crime scene cleanup, attorney's fees, miscellaneous (including transportation expenses, cost of temporary lodging). For victims of sexual assault, the forensic program covers testing and preventative treatment for some STDs.
North Carolina	Yes	Yes	NC's CVC compensates victims for the following expenses: medical, counseling, loss of wages, funeral, replacement, crime scene cleanup, and miscellaneous (including travel costs necessary to obtain medical services). For victims of sexual assault, CVC covers STD screening and treatment and pregnancy testing.
North Dakota	Yes	Yes	ND's CVC compensates victims for the following expenses: medical (including STD, HIV/AIDS, post-coital treatment), counseling, loss of wages, replacement services loss, and funeral.
Ohio	Yes	Yes	OH's CVC compensates victims for the following expenses: medical, counseling, rehabilitation, loss of wages, replacement, crime scene cleanup, and funeral. The forensic program informs victims of sexual assault of available services for STDs.
Oklahoma	Yes	Yes	OK's CVC compensates victims for the following expenses: medical, loss of wages, replacement, counseling, funeral, and crime scene cleanup.
Oregon	Yes	Yes	OR's CVC compensates victims for the following expenses: medical, counseling, replacement of eyeglasses and other medically necessary devices, funeral, loss of wages, rehabilitation, and miscellaneous (i.e., mileage expenses). The Sexual Assault Victims Emergency Medical Response Fund (SAVE) provides funding to pay for sexual assault medical exams, forensic exams, and preventive treatment for STDs.
Pennsylvania	Yes	Yes	PA's Office of Victims compensates victims for the following expenses: medical (including pregnancy and

State	Qualified Immigrants ¹	Non- Qualified Immigrants ²	Types/Means of Coverage
			STD testing), counseling, medically necessary devices, and miscellaneous (i.e., temporary or permanent relocation).
Rhode Island	Yes	Yes	RI's CVC compensates victims for the following expenses: medical, counseling, funeral, attorney's fees.
South Carolina	Yes	Yes	SC's CVC compensates victims for the following expenses: medical, counseling, loss of wages, rehabilitation, and funeral. For victims of sexual assault, the forensic program provides treatment for certain STDs.
South Dakota	Yes	Yes	SD's CVC compensates victims for the following expenses: medical, counseling, loss of wages, funerals, replacement, crime scene cleanup, rehabilitation, and miscellaneous (i.e., travel to attend treatment).
Tennessee	Yes	Yes	TN's CVC compensates victims for the following expenses: medical, funeral, counseling, crime scene cleanup, replacement costs, attorney's fees, and miscellaneous (traveling to and from the trial, relocation).
Texas	Yes	Yes	TX' CVC compensates victims for the following expenses: medical, counseling, rehabilitation, loss of wages, funeral, replacement, crime scene cleanup, and miscellaneous (i.e., relocation, travel to assist with investigation, prosecution or judicial process).
Utah	Yes	Yes	UT's Crime Victims Reparations compensates victims for the following expenses: funeral, counseling, attorney's fees, loss of wages, replacement, and medical. For victims of sexual assault, the forensic program provides testing and initial treatment for STDs.
Vermont	Yes	Yes	VT's CVC compensates victims for the following expenses: medical, counseling, loss of wages, funeral, replacement, crime scene cleanup, rehabilitation, and miscellaneous (i.e., moving expenses, travel for medical or counseling and food and lodging to attend court hearings and funerals). For victims of sexual assault, the forensic program provides HIV testing and counseling.
Virginia	Yes	Yes	VA's CVC compensates victims for the following expenses: medical (including prenatal care resulting from rape), loss of wages, counseling, funeral, crime scene cleanup, replacement, and miscellaneous (i.e., moving expenses).
Washington	Yes	Yes	WA's CVC compensates victims for the following expenses: medical, counseling, loss of wages, funeral, rehabilitation, and miscellaneous (i.e., modification home and vehicle to accommodate permanent injuries). For victims of sexual assault, the forensic program offers post-coital treatment.
West Virginia	Yes	Yes	WV's CVC compensates victims for the following expenses: medical, counseling, loss of wages, funeral, rehabilitation, replacement, and miscellaneous (i.e., mileage to the medical treatment facility). For victims of sexual assault, STD and HIV testing and treatment are covered, and post-coital treatment is offered under the forensic program.

State	Qualified Immigrants ¹	Non- Qualified Immigrants ²	Types/Means of Coverage
Wisconsin	Yes	Yes	WI's CVC compensates victims for the following expenses: medical, counseling, loss of wages, replacement, funeral, attorney's fees, and crimes scene cleanup.
Wyoming	Yes	Yes	WY's Division of Victim Services compensates victims for the following expenses: medical (including STD and pregnancy testing), counseling, funeral, loss of wages, replacement, relocation, and miscellaneous.
Territories			
Guam	Yes	Yes	GU's Criminal Injuries Compensation Commission compensates victims for the following expenses: actually and reasonably incurred as a result of the injury or death of the victim, loss of wages, pain and suffering, medical expenses (including STD and AIDS screening and treatment, prenatal care, and post coital treatment).
Puerto Rico	Yes	Yes	PR's CVC compensates victims for the following expenses: medical, counseling, funeral, and replacement.
Virgin Islands	Yes	Yes	VI's CVC compensates victims for the following expenses: loss of wages, medical (including exams for sexual assault and STDs), counseling, replacement, pain and suffering, attorney's fees, funeral, and miscellaneous (i.e., travel in extraordinary circumstances). For victims of sexual assault, the forensic program provides treatment for STDs.

State	Victim Compensation Laws	Process to Receive Compensation
Alabama	BACKGROUND	TO APPLY
	The Crime Victims Compensation Fund is funded by the Crime Victims Compensation Commission through various sources including grants, appropriations, gifts,	For an application form, a claimant can contact the following agencies or go online:
	donations, and other sources. Al. Code § 15-23-16.	Alabama Crime Victims Compensation Commission
		P.O. Box 1548
	Alabama provides compensation to victims	Montgomery, Alabama 36102-1548
	of any act resulting in personal injury or death for which punishment by fine,	Phone (334)290-4420
	imprisonment, or death may be imposed. Al. Code § 15-23-3(2).	Fax (334) 290-4455
	ELIGIBILITY	2. Victims' Service Officer in claimant's local District Attorney's Office
	To qualify for reimbursement, the victim's presence in the U.S. must be lawful. Every claimant must provide a valid government-issued photo identification to be eligible. Therefore,	3. Online at http://www.acvcc.state.al.us/downloads/application.pdf
	qualified immigrants are eligible, but non-qualified immigrants are not. However, claimants/victims who are certified by federal authorities as victims of human trafficking are eligible for compensation benefits regardless of immigration status. Al. Adm. Code 262-X-402(13) and (14). http://www.acvcc.state.al.us/downloads/app	The claimant must file an application within 1 year of the incident, unless there is a good reason for the delay. Applications should be filed with the Alabama Crime Victims Compensation Commission. Al. Code § 15-23-12(a)(1).
	lication.pdf.	The executive director of the Commission shall notify the claimant within 10 days of the Commission's action.
	The crime which caused the injury or death must be reported to a law enforcement officer within 72 hours after its occurrence, unless the	TO APPEAL
	commission finds there was good cause for the failure to report within that time. Al. Code § 15-23-12(a)(4). The victim or the surviving spouse, child,	The claimant may notify the executive director in writing (certified mail) of the intent to appeal within 30 days of the date of the notification letter.

State	Victim Compensation Laws	Process to Receive Compensation
	or representative of the victim of a violent crime may apply for compensation. Al. Code § 15-23-3(5). The claimant must not be the offender, or an accomplice of the offender, or the one who encouraged or in any way participated in the criminally injurious conduct. Al. Code § 15-23-12(a)(2).	The claimant is entitled to a formal hearing before the Commission, which shall be held within 60 days of the receipt of the intent-to-appeal notice from the claimant. The Commission may, without a hearing, settle a claim by stipulation, agreed settlement, consent order or default.
	The award must not unjustly benefit the offender or accomplice of the offender. Al. Code § 15-23-12(a)(3).	The Commission will make its decision within 10 days of the formal hearings and the applicant will be notified by mail. Adm. Code § 262-X-901
	COMPENSATION	
	An award may be reduced or denied if the applicant fails to cooperate with law enforcement, including appearing as a witness for the prosecution. Al. Code § 15-23-12(c); Al. Adm. Code, § 262-X-501.	
	Victims may be able to receive the following compensation benefits (up to a maximum of \$15,000):	
	 Medical; Psychiatric; Work loss due to the crime (\$400/week); Funeral expenses (not to exceed \$5,000) Alabama Code § 15-23-3(6); and Rehabilitation of the victim. Al. Code § 15-23-15. 	
	Testing and preventative treatment for sexually transmitted diseases, and testing for pregnancy are covered under the compensation program. Al. Adm. Code § 262-X-11.01(1)(c).	
	Alabama Crime Victims Compensation Commission ("ACVCC") Annual Report contains both the statutory provisions and the administrative code. http://www.acvcc.state.al.us/downloads/annualreport05.pdf	

State	Victim Compensation Laws	Process to Receive Compensation
Alaska	BACKGROUND	TO APPLY
	Alaska provides compensation to innocent victims of a violent crime that occurred in Alaska. http://www.state.ak.us/admin/vccb/ A victim of a crime may be compensated if the victim suffered injury or was killed by:	A person may obtain an application form by writing to the Violent Crimes Compensation Board at P.O. Box 111200, Juneau, AK, 99811-1200, by calling the board at (800) 764-3040, or by visiting the board's web site at http://www.state.ak.us/admin/vccb/ . The forms are also available at all law enforcement agencies in the state. 2 AAC 80.010.
	 attempting to prevent a crime, apprehend a criminal, or aiding a victim of a crime; murder; manslaughter; criminally negligent homicide; 	Applications must be completed and submitted to the Violent Crime Compensation Board. http://www.state.ak.us/admin/vccb/pdf/Application.pdf
	assault;kidnapping;sexual assault;	A request for compensation must be made within 2 years of the incident. AS 18.67.130.
	 robbery; threats to do bodily harm; driving while under the influence of alcohol, inhalant or a controlled substance or another crime while 	Upon receipt of the application, the Board administrator will investigate the claim.
	operating a vehicle, boat, or airplane; and arson in the first degree. Dependents or representatives of a victim are also covered. AS 18.67.101.	Upon completion of investigation, the administrator will present the claim to the board at its next meeting. The board will grant an award, deny the claim, order a hearing, or request further investigation or information, and will notify the claimant or the claimant's attorney of its decision.
	ELIGIBILITY	2 AAC 80.015.
	• Alaska provides assistance to crime victims regardless of residency or citizenship. 2 AAC 80.050(b)(1). Note that the application requests the applicant's social security number, and states that the claim "cannot be processed without this information." However, the Administrator of the Victim Compensation Group indicated that Alaska provides compensation to anyone who is a victim regardless if person is a U.S. citizen or not.	The Board may order that compensation be paid directly to the service provider. AS 18.67.110.
	The incident must have been reported to the police within 5 days of its	

State	Victim Compensation Laws	Process to Receive Compensation
	occurrence (if that is not reasonable, the incident must be reported within 5 days of the time when a report could have been reasonably made). The applicant must cooperate with law enforcement and prosecution officials of the offender. AS 18.67.130.	
	An application for compensation can be made by the victim, or in the case of death, by the victim's dependents or a representative of the victim. 2 AAC 80.110.	
	COMPENSATION	
	Total compensation is not to exceed \$40,000 per victim per incident.	
	 Total compensation awarded as a result of the death may not exceed \$80,000 in the case of a victim with more than one dependent eligible to receive compensation. Total compensation awarded as a result 	
	of the deaths may not exceed \$80,000 in the case of two or more victims in the same incident who jointly have a dependent eligible for compensation. AS 18.67.130(c).	
	 Expenses actually and reasonably incurred as a result of the crime. Loss of earning power as a result of total or partial incapacity of the victim 	
	 and employment related rehabilitation costs. Financial loss to the dependents of a deceased victim. 	
	 Any other reasonable loss resulting from personal injury or death. Funeral and burial (up to \$7,000). Reasonable attorney's fees (up to 25% of the first \$1,000 compensation, 15% of the next \$9,000, and 7.5% of the 	
	 amount awarded over \$10,000. Emergency compensation (up to \$1,500). Mental health counseling sessions (\$2,600 or 26 sessions for primary victims, or \$600 or 6 sessions for secondary victims. 	

State	Victim Compensation Laws	Process to Receive Compensation
	AS 18.67.050, 18.67.110, 18.67.120; http://www.state.ak.us/admin/vccb/pdf/App lication.pdf; http://www.state.ak.us/admin/vccb/2002/po licy.htm	
Arizona	BACKGROUND	TO APPLY
	Arizona maintains a Victim Compensation and Assistance Fund, which is administered by the Arizona Criminal Justice Commission. A. R. S. § 41-2407. The Commission has issued regulations and procedures, and awards are made by local CVC Boards in each county, which meet every 60 days. Ariz. Admin. Code § R10-4-105 & -106.	The person seeking compensation must complete an application and submit it to the CVC Board in the county where the crime occurred within 2 years of discovery of the crime unless good cause is shown. A standard application provided by the Commission is used by each board. A board is required to render a decision within 60 days of receipt of the application unless good cause exists. Ariz. Admin. Code § R10-4-106.
	ELIGIBILITY	
	 There are no eligibility restrictions based on immigration status. The crime must have been reported to law enforcement within 72 hours after it occurred or the applicant will be required to show good cause why the crime was not reported. 	A board may conduct hearings on any application in its discretion. TO APPEAL If the board denies a claim, the applicant may request a hearing, and a hearing or review of the decision may be granted on specific
	Application for compensation may be made by a victim or a "derivative victim," who may be a relative, a household member in a substantially similar relationship as a relative, a non-family member who witnessed a violent crime, or person whose presence is required for the successful treatment of the victim.	grounds, including irregularity in the administrative proceedings, newly discovered evidence that could not with reasonable diligence have been discovered and produced at the board meeting, lack of justification for the decision, errors in the rejection or admission of evidence, or other errors of law. Ariz. Admin. Code § R10-4-106.
	The Board may deny claims for a variety of reasons, including recoupment of economic losses from other sources, the victim's own negligence, lack of victim cooperation or failure to assist prosecution or otherwise provide information about the crime, or	See the following link for more information (including application forms): http://azcjc.gov/victim/VictComp.asp

State	Victim Compensation Laws	Process to Receive Compensation
	insufficient funds. Ariz. Admin. Code § R10-4-106.	
	A claimant may not be an offender or anyone who encouraged or participated in criminally injurious conduct. A claimant may not be a person serving or who has escaped from any sentence of imprisonment, or a person who has been convicted of a federal crime and is delinquent in paying any fine or other monetary penalty. A person engaged in unlawful activity at the time of the crime or who contributed to their own injury is not eligible. Absent special circumstances, individuals in custody, or who have been adjudicated a habitual felony or violent offender or are found guilty of a forcible felony offense are not eligible. Records are confidential and not subject to public disclosure. Ariz. Admin. Code § R10-4-106.	
	COMPENSATION	
	Compensation may pay for: medical expenses; mental health counseling; work loss; and funeral expenses (up to \$5,000) Total award is up to \$20,000.	
	Payments for work loss of victims (and parents of victims who are minors) include compensatory payments for attending court proceedings, up to 40 hours per month at the federal minimum wage rate.	
	Emergency compensation awards of up to \$500 may be made if an award is likely and serious hardship would result if the payment is not provided. Ariz. Admin.	
	Code § R10-4-106 & -108.	
	A "medical expense" must be related to physical injury resulting from the crime to be compensated. Compensation may be	

State	Victim Compensation Laws	Process to Receive Compensation
	paid for direct injury suffered, but not subsequent costs associated with a "medical condition" (e.g., compensation is available for emergency treatment after a stabbing but not subsequent treatment for internal adhesions; similarly, STD testing as part of an emergency room admission following a sexual assault may be covered, but not subsequent tests after discharge). Medical costs may also include expenses resulting from damage to a dental or prosthetic device.	
Arkansas	BACKGROUND	TO APPLY
	The Arkansas Legislature created the "Arkansas Crime Victims Reparations Act" in 1987. The legislation provides a method of compensating and assisting victims that have suffered personal injury or death as the result of a violent crime, including DWI and hit and run incidents.	A claim form for crime victim compensation may be obtained from the prosecuting attorney's office, law enforcement agency or the Arkansas Crime Victims Reparations Program, or from: http://www.ag.state.ar.us/outreach/cvictims/app.pdf.
	 ELIGIBILITY There are no eligibility restrictions based on immigration status. The incident must be reported to the proper authorities within 72 hours (minors excluded) and documentation of the report must be maintained. Claimants include the victim, a dependent of a homicide victim, or an authorized person acting on behalf of the victim. The following qualify as a "victim in Arkansas:" An Arkansas resident suffering personal injury or death as the result of a criminal act occurring in 	 incident (minors excluded and may be waived for good cause) and must be completed in its entirety and accompanied by the following: at least one itemized statement of expenses related to the crime (for example, itemized medical bills including hospital charges, counseling fees, ambulance fees, and prescription costs). documentation of the crime was reported on time. http://www.ag.state.ar.us/citserv/cv/CVRB Application.pdf Arkansas Crime Victims Reparations Program Office of the Attorney General 323 Center Street, Suite 1100 Little Rock, Arkansas 72201 By phone: 501-682-1020 or 1-800-448-3014
	Arkansas; • An Arkansas resident suffering personal injury or death as an act of	For more information, go to:

State	Victim Compensation Laws	Process to Receive Compensation
	terrorism committed outside of the United States; a child of an eligible victim; an immediate family member of a deceased victim, a sexual assault victim, or a child victim; a person who resided in the same permanent household as a deceased victim; or a person who discovers the body of a homicide victim. Arkansas Code 16-90-703(11)(A).	http://www.ag.state.ar.us/outreach/cvictims/outreach4.htm
	In order to be eligible for compensation, the following requirements must be met: • Victimization must have occurred in Arkansas; • The crime must be reported to the proper authorities within 72 hours (may be waived for good cause); • Victim must have suffered personal injury or death due to criminal act of another person; • Victim/claimant must cooperate with the investigation and/or prosecution; • Victim must not have been covered by a collateral source (e.g. insurance or other payment of costs); • Victim/claimant must not have been convicted of a criminally injurious felony; • Victim's conduct must not have contributed to the victimization; • Victim must not have been involved in illegal activity at the time of the incident; • Victim must not have been incarcerated at the time of the incident; • If a motor vehicle was involved, compensation is available if the incident involved one of the following: • Alcohol or drugs (violation of Omnibus DWI) • Intent; or • Hit and Run (Leaving the scene of an accident involving serious injury or death)	
	State officials will review all eligibility criteria and a decision will be made accordingly. It is important to note that the Application for CVC requires that a social	

State	Victim Compensation Laws	Process to Receive Compensation
	security number be provided. State officials will attempt to obtain a social security number, but the screening process will continue even if it is determined that the victim does not have one.	
	COMPENSATION	
	 Medical expenses, including rehabilitation and dental, are paid at 75% of balance submitted; but providers may accept this as payment in full; Repair and/or replacement, such as eyeglasses, dentures or hearing aids; Mental health expenses are paid up to \$3,500 for out-patient treatment and \$3,500 for in-patient; Work loss; Loss of support for dependents of a homicide victim; Funeral expenses are paid up to \$5,000; Crime scene clean-up expenses are paid up to \$3,000; Miscellaneous expenses, including purchase and installation of locks and windows following sexual assault or domestic violence in victim's primary residence, travel and lodging expenses resulting from a criminal justice proceeding related to the victimization, and an application for guardianship of 	
	minors following the death of a victim. http://www.ag.state.ar.us/citserv/cv/CV RB_Application.pdf	
	Overall maximum is \$10,000 per victim, but this can be raised to \$25,000 if the victim suffered catastrophic injury that resulted in total and permanent disability. Arkansas Code 16-90-716.	
	http://www.arlegalservices.org/Data/Docu mentLibrary/Documents/1088519571.55/do c_FSCrimeReparations.pdf	
	Expenses that are not covered by the Program include:	
	Pain and Suffering;Property damage or loss; andAttorney's fees.	

State	Victim Compensation Laws	Process to Receive Compensation
	http://www.arlegalservices.org/Data/DocumentLibrary/Documents/1088519571.55/docFSCrimeReparations.pdf A.C.A. §5-65-101 et. seq.; A.C.A. §27-53-101.	
California	ELIGIBILITY	TO APPLY
	 There are no eligibility restrictions based on immigration status. There is no specific reporting requirement, but state officials indicate that the crime must be reported within a reasonable period of time. 	The victim must complete an application and file it with the California Victim Compensation & Government Claims Board. A local Victim Witness Assistance Center may help with the application process. Unless the Board grants an extension, the application must be filed within 1 year from the date of the crime; the date the victim turned eighteen (18); or the date the victim knew that the crime caused an
	Victims of certain types of crimes may receive compensation from the state if: (i) the crime occurred in California, whether the victim is a resident of California or not, or (ii) whether or not the crime occurred in California, if the victim is a resident of California. The types of crimes include drunk driving, domestic violence, and any crime that results in death or personal	injury or death. Cal. Gov't Code §13953. An application will be denied if the Board finds that the victim knowingly and willfully participated in the commission of the crime that resulted in the pecuniary loss.
	injury, including sexual assault. Compensation may be received by the victim of the crime, a derivative victim (which is an individual who sustains pecuniary loss as a result of the injury or death to the victim) or a survivor if the crime results in a death. A derivative victim may receive compensation whether or not the derivative victim is a resident of California if the derivative victim meets	An application will also be denied if the Board finds that the victim fails to reasonably cooperate with law enforcement in the apprehension and conviction of the criminal. The Board will consider the victim's age, physical condition, psychological state, cultural or linguistic barriers, health and safety concerns (including a reasonable fear of retaliation) when determining the degree of cooperation of which a victim is capable.
	any of the following: (i) at the time of the crime was the parent, grandparent, sibling, spouse, child or grandchild of the victim; (ii) at the time of the crime was living in the household of the victim; (iii) at the time of the crime was a person who previously lived in the household of the victim for a period of not less than 2 years in a relationship substantially similar to that under (i); (iv) is another family member of the victim, including the victim's fiancé or fiancée and who witnessed the crime; or (v) is the primary caretaker of a minor victim	The applicant must verify the content of the application under penalty of perjury and the Board may require the submission of additional information. The applicant has 30 days from the date of receipt of a request for additional information to supply the information or appeal the request. The Board will independently verify the information contained in the application by contacting hospitals, physicians and law enforcement. The victim must cooperate with the Board as it seeks to verify the information or risk the

State	Victim Compensation Laws	Process to Receive Compensation
	but was not the primary caretaker at the time of the crime.	application being rejected.
	To be compensated, the injury or death must be the direct result of a crime. Injury can include physical injury, emotional injury coupled with a threat of physical injury, or other forms of emotional injury resulting from specified crimes. The injury or death must have resulted or may result in financial loss within the scope of compensation. See Cal. Gov't Code §13955.	A representative of the victim may complete the application. A representative may include an attorney, a legal guardian, immediate family member, parent, or relative caregiver who is not the perpetrator of the crime if the victim is a minor or incompetent adult, a victim assistance advocate, or an immediate family member who is not the perpetrator of the crime with written authorization from the victim.
	COMPENSATION	An applicant may request and receive an emergency award if the Board determines that such an award is necessary to avoid or mitigate substantial hardship that may result from delaying compensation until the application
	Compensation is provided for: (i) medical and medical-related expenses; (ii) mental health counseling; (iii) expenses of nonmedical remedial care and treatment rendered in accordance with a religious	can be completely processed. Emergency awards must be dispersed within 30 days of the application. Denial of an emergency award is not appealable.
	method of healing recognized by state law; (iv) loss of income or loss of support; (v) job retraining; (vi) expenses for installing or increasing residential security; (vii)	TO APPEAL
	expenses for retrofitting or renovating a victim's residence or vehicle, or both, to make them accessible by a victim who is permanently disabled as a direct result of the crime; (viii) relocation expenses; and (viii) funeral/burial expenses and crime scene cleanup expenses.	An applicant can appeal if a claim is recommended for denial, or if any part of the claim is recommended for denial. An appeal must be filed within 45 days of the date the Board mailed the notice to deny the claim and/or expense. In some cases, if new information is provided, the denial may be reconsidered immediately. Otherwise, most appeals are scheduled for a hearing before a
	An attorney may receive compensation from the Board in the amount of 10% of the amount of the award, or \$500, whichever is less, for each victim, and may not otherwise charge for providing services in connection with obtaining compensation for a victim.	Hearing Officer. This hearing will give the applicant the opportunity to present information supporting the claim. Hearings are not held to contest the denial of an emergency award.
	The total award on behalf of each victim may not exceed \$35,000 although this amount may be increased to \$70,000 if federal funds are available.	If the applicant does not agree with the outcome of the Board's final decision, a Petition for a Writ of Mandate may be filed in the Superior Court.
	Medical expenses to be reimbursed may include STD, AIDS, and post coital screening/treatment. Pre-natal care can be	For more information, contact Victim Compensation & Government Claims Board

State	Victim Compensation Laws	Process to Receive Compensation
	reimbursed if the expenses are related to the	PO Box 3036
	crime and there is no other source of reimbursement.	Sacramento, CA 95812-3036
		Or see the following link: http://www.boc.ca.gov/default.htm
Colorado	ELIGIBILITY	The CVC Board in the judicial district in
Colorado		which the crime took place. The three board
		members are appointed by the district attorney.
	 There are no eligibility restrictions based on immigration status. The law enforcement agency must have been notified within 72 hours after the crime occurred. 	TO APPLY The victim (or applicant) must file a claim for
	The following persons may be eligible to receive compensation: • any person who suffers property	compensation for injury or death within 1 year from the date of the crime. The victim must file a claim for compensation for property damage within 6 months of the crime.
	damage, economic loss, injury or death as a result of an intentional or criminally negligent act committed in Colorado; • any person who attempts to assist a victim who suffered property damage, economic loss, injury or death as a result of an intentional or criminally negligent act	Victims are required to apply for Victim Compensation in the district in which the crime occurred by completing an application and submitting receipts or bills directly related to the crime. The Board may require additional information of the applicant.
	 committed in Colorado; or any person who is a relative of a victim who suffered property damage, economic loss, injury or death as a result of an intentional or criminally negligent act committed in Colorado. 	The processing time is different for each district. It generally takes 30-45 days to be notified of the Board's decision. The Board reviews the claims from victims for compensation and makes compensation awards from the victims' assistance fund.
	If the crime occurred outside the state of Colorado, compensation is available if: (1) the person is a resident of Colorado and the state in which the crime occurred does not have a CVC program for which the person would be eligible, or (2) the person is a	If the applicant makes any important, false statements to the Board, then she will be ineligible to receive compensation under this program.
	resident of the state of Colorado and is injured or killed by an act of international terrorism committed outside of the United	TO APPEAL
	States.	If the Board denies the victim's claim for

State	Victim Compensation Laws	Process to Receive Compensation
	The victim must cooperate with law enforcement officials. Colorado Statute 24-4.1-101.	compensation, the victim may ask the Board to reconsider its decision. The victim should contact the Victim Compensation program within 30 days from the date of receiving notice of the denial. Colorado Statute 24-4.1.
	COMPENSATION	For more information, contact:
	A victim may recover the following for injury or death: • reasonable medical and hospital expenses and expenses incurred from dentures, eyeglasses, hearing aids, or other prosthetic or medically necessary devices; • loss of earnings; • outpatient care; • homemaker and home health services; • burial expenses; • loss of support to dependents; and • mental health counseling. A victim may recover the following for property damage: • repair or replacement of property damaged as a result of the crime or payment of the deductible amount on a residential insurance policy; and • any modification to the victim's residence that is necessary to ensure victim safety. A relative of a victim, even though not a dependent of the victim, is eligible for compensation for reasonable medical or burial expenses if: (1) the relative files e a claim with the CVC Board and (2) the relative paid for the medical and/or burial expenses. The Board can order an emergency award for compensation even if the final decision has not been made, if the victim shows that immediate payment is necessary. The amount of the emergency award will not exceed \$1,000.	Office for Victims Programs 700 Kipling Street, Suite 1000 Denver, CO 80215-5865 303-239-5719 888-282-1080

State	Victim Compensation Laws	Process to Receive Compensation
	 The following will not be compensated: pain and suffering or property damage other than residential property damage; damage to the victim (or the dependents of a victim) exceeding \$20,000; or damages of less than \$25. 	
Connecticut	BACKGROUND The Connecticut Office of Victim Services manages a fund to help crime victims recover lost wages and some out-of-pocket expenses associated with a violent crime.	The Office of Victim Services reviews the applications and may order the payment of compensation. TO APPLY
	ELIGIBILITY	The applicant should file a claim for compensation within 2 years after the date of the personal injury or death.
	 There are no eligibility restrictions based on immigration status. The crime must be reported to the police within 5 days of its occurrence. If the crime could not have been reasonably reported in such period, then it should be reported within 5 days of the time when a report could have reasonably been made. Any individual who suffers bodily injury or death resulting from a crime which occurs: within Connecticut, regardless of the residency of the applicant; outside of Connecticut but within the United States, if the victim at the time of the injury or death, was a resident of Connecticut and the state in which the crime occurred does not have a program for compensation for which the victim is eligible; or outside of the US, if the applicant is a victim of international terrorism and was a resident of the Connecticut at the 	 If an applicant fails to make a claim within 2 years of the crime, a waiver of the time limit can be requested if: the victim failed to make the application because of physical, emotional, or psychological injuries caused by the personal injury or death (in which case they may file the application within 6 years of the crime); or the applicant is a minor (in which case they may file the application within 2 years of attaining the age of majority (18)). The applicant should file an Application for Compensation with the Office of Victim Services (OVS). An OVS examiner will work with the applicant to collect the necessary information. For an applicant to file a claim, go to: www.jud.ct.gov/crimevictim or call the Office of Victim Services.

State	Victim Compensation Laws	Process to Receive Compensation
	time of injury or death.	For more information, contact:
	COMPENSATION	
	COMPENSATION	Connecticut Judicial Branch
	A mindim man man and large Conf.	31 Cooke Street, Plainville, Ct 06062
	A victim may recover damages for the following:	Office Of Victim Services
	expenses incurred as a result of the	Telephone (860) 747-4501 Or
	personal injury or death of the victim, including medical and dental costs related to the crime; counseling for victims of sexual assault and child abuse; counseling for relatives of victims of sexual assault and child abuse; medical costs for injuries to a guide or assistance dog of a blind or disabled crime victim; loss of earning power including overtime and self-employment income, to cover the salary lost due to the crime related absence; financial loss to the spouse or dependents of a deceased victim; funeral costs up to \$4,000; and financial loss to the relatives or dependents of a deceased victim for attendance at court proceedings with	Toll Free 1-888-286-7347
	respect to the criminal case of the person charged with committing the crime that resulted in the death of the victim. No compensation will be awarded for losses sustained for crimes against property or for noneconomic losses such as pain and suffering.	
	No compensation will be awarded for the first \$100 of injury sustained by the victim.	
	A maximum of \$15,000 will be awarded except that the dependents of a homicide victim can receive a maximum of \$25,000.	
	The Division of Criminal Justice is responsible for paying for the	
	examination costs of a victim of sexual	

State	Victim Compensation Laws	Process to Receive Compensation
	assault, when the examination is performed to gather evidence. This includes the costs of testing for pregnancy and sexually transmitted diseases and prophylactic treatment for sexually transmitted diseases.	
	The Division of Scientific Services within the Department of Public Safety is responsible for paying for a toxicology screening of a victim of sexual assault.	
	The spouse or dependants of a deceased victim are also eligible to receive a 0-1% loan of up to \$100,000, if the family qualifies for compensation as a result of murder or manslaughter of the victim. The loan funds may be used to pay for essential living expenses directly resulting from the loss of income provided by the deceased victim or to cover preexisting financial obligations. Repayment begins five years from the date of the loan. http://www.jud.state.ct.us/crimevictim/#Program	
Delaware	BACKGROUND The Violent Crime Compensation Board provides compensation for innocent victims (or their survivors) who have been physically or emotionally injured as a result of a crime.	The Delaware Violent Crimes Compensation Board has the authority to award compensation for crime victims. The Board consists of 5 members who are appointed by the Governor. The Board is responsible for reviewing and investigating the applications for compensation.
	ELIGIBILITY	TO APPLY
	 There are no eligibility restrictions based on immigration status. The crime must be reported to law enforcement within 72 hours. 	An application for compensation must be filed with the Board within 1 year of the crime. The applicants shall submit an application to the Board. All claims filed with the Board
	A person who was injured or killed by the act of another person during the	must be written and should accurately describe the crime and circumstances which brought about the injury, damage or death. It should

State	Victim Compensation Laws	Process to Receive Compensation
	commission of a violent crime such as murder, rape, unlawful sexual intercourse, unlawful sexual penetration or unlawful sexual contact, manslaughter, assault, kidnapping, arson, burglary, riot, robbery, unlawful use of explosives or unlawful use	also state the time and place the injury occurred, state the names of the people involved, and contain the amount claimed by the applicant.
	of firearms, stalking, or endangering the welfare of a child. The victim must agree to cooperate with law enforcement agencies in the	The Board will initiate an investigation of the claim within 30 days of the filing of the claim. After the investigation, the Board will make a decision on whether or not to issue compensation and will specify the amount of the award.
	apprehension and conviction of the criminal.	TO APPEAL
	The crime must have taken place within the state of Delaware or the victim must have been a resident of Delaware at the time of the crime (if the state in which the crime took place does not have a compensation program).	If the applicant is dissatisfied with the Board's decision, they must request a hearing before the Board within 15 days of the Board's original decision.
	COMPENSATION	The Board may require the injured person filing a claim to submit to a physical or mental examination.
	The victim may recover the following financial losses:	
	 medical expenses, including psychiatric care, dental care and mental health counseling; nonmedical remedial care and 	
	treatment associated with a religious	For more information, contact:
	method of healing; hospital expenses;	Violent Crimes Compensation Program
	 loss of past or future earnings, including reimbursement for vacation, 	240 N. James Street, Suite 203
	sick and compensatory time;	Newport, DE 19804
	 income loss to the custodian of a child victim while providing care to the victim; 	302-995-8383
	 change of locks; 	Delaware Helpline
	 replacement of items seized as evidence; 	1-800-464-4357 (in state)
	• crime scene clean-up expenses not to exceed \$1,000;	1-800-273-9500 (out of state)
	 temporary housing not to exceed \$1,500; 	
	• moving expenses not to exceed \$1,000; and	
	 essential personal safety property not to exceed \$1,500. 	

State	Victim Compensation Laws	Process to Receive Compensation
	The relatives of a deceased victim may recover the following losses:	
	 funeral and burial expenses; loss of support to the dependents of the victim; and mental health counseling. 	
	No compensation will be made for a claim of less than \$25.	
	No compensation will be made for property damage.	
	Awards may be paid in a lump sum or in periodic payments.	
	Total amount of compensation awarded to a victim (or in the case of the death of the victim to the relatives) will not exceed \$25,000 unless the victim is permanently and totally disabled in which they may receive up to \$50,000.	
	A victim can be compensated for reasonable actual expenses due to the injury.	
	Any amounts received through an insurance policy will be deducted.	
	Reimbursement will be made regardless of whether the alleged perpetrator of the criminal act is prosecuted.	
	If the victim dies due to the violent crime, any person who legally or voluntarily assumes the obligation to pay the medical or burial expenses will also be eligible to file a claim with the Board.	
	Title 11, Section 90 of the Delaware Code § 9001-9020.	

State	Victim Compensation Laws	Process to Receive Compensation
District of	ELIGIBILITY	TO APPLY
Columbia	There are no eligibility restrictions based on immigration status. A police report must have been filed within 7 days of the crime. In cases of sexual assault, seeking medical treatment is sufficient. In cases of domestic violence, requesting a civil Restraining Order is sufficient. Victims of crime, and secondary victims (such as people related to the victim and others) may receive compensation from the Crime Victim's Compensation Program (CVCP) if the crime occurred in DC, the victim is a resident of DC, or if a DC resident suffered personal injury as a result of a terrorist act or act of mass violence	Applications for compensation are available at: • The Crime Victim's Compensation Office located in Suite 203 of DC Superior Court Building A, at 515 5th Street, NW (between E and F Streets). • http://mpdc.dc.gov/mpdc/frames.asp?doc=/mpdc/lib/mpdc/serv/victims/pdf/victimscomp.pdf&group=1523 • DC Metropolitan Police Department and Capitol/Park Police Stations • DC Area Hospital Emergency Rooms • The Victim/Witness Assistance unit of the US Attorney's Office This form must be completed and mailed to, and further information may be sought from:
	committed outside the U.S. The types of crimes include arson, assault, negligent homicide, sexual abuse, kidnapping, murder, robbery, carjacking, cruelty to children, stalking, burglary, unauthorized use of explosives, reckless driving, driving under the influence of alcohol or drugs, and terrorist acts. (D.C. Code §§ 4-501-4-508)	Crime Victim's Compensation Office Superior Court Building A 515 5th Street, NW, Suite 203 Washington, DC 20001 (202) 879-4216 http://mpdc.dc.gov/mpdc/cwp/view,a,1241,q,539157,mpdcNav_GID,1523,mpdcNav,l.asp
	People eligible for compensation include victims of violent crime, their family or household members, guardians, dependents or survivors, and people who legally assume the obligation or voluntarily pay for a victim's expenses. Persons injured while attempting to assist a crime victim, prevent the commission of a crime, or apprehend a person suspected of committing a crime are also eligible.	The form does ask for a Social Security number, but it will not be asked for if it is not filled in. The Crime Victim's Compensation Office does not review immigration status.
	Eligibility requirements include: A claim for compensation must be filed within 1 year after the crime or one year after learning of the	

State	Victim Compensation Laws	Process to Receive Compensation
	 CVCP; The victim must have been injured in the District of Columbia or as a result of a terrorist act committed outside of the United States; The claimant must have reasonably provided information to and cooperated with requesting law enforcement agencies; The claimant cannot have participated in, consented to, or provoked the crime; and The award cannot unjustly enrich the offender. 	
	COMPENSATION	
	Compensation is provided for:	
	 Medical expenses, including ambulance, hospital, surgical, medical, nursing, dental, optometric, ophthalmologic, chiropractic, podiatric, in-patient mental health and pregnancy-related care. As per the Crime Victim's Compensation Office, testing and treatment for STDs is not covered; Mental health counseling: up to \$3,000 for adults, \$6,000 for children (also for secondary victims); Physical or occupational therapy, or rehabilitation; Lost wages: not to exceed 52 weeks or \$10,000; Loss of support to dependents (where victim is deceased and social security is denied): up to \$2,500 per dependent, not to exceed \$7,500 per victimization; Funerals: up to \$6,000; 	
	 Crime scene cleanup: not to exceed \$1,000; Replacement of clothing held as evidence by law enforcement: not to exceed \$100 (does not apply where victim is deceased); 	
	Temporary emergency food and housing (made necessary as a result of the crime): not to exceed	

State	Victim Compensation Laws	Process to Receive Compensation
	 120 days or \$400 for food costs and \$3,000 for housing costs; Moving expenses: (necessary as a result of the crime, where the health and safety of the victim are jeopardized) up to \$1,500, not to exceed 120 days; Transportation costs: to participate in the investigation or prosecution of the case, or to receive medical treatment or some other service necessary as a result of the crime \$100 for local; and \$500 for necessary out of state travel to receive services; Replacement of doors, windows, locks or other items to secure the victim's home: up to \$1000; Reimbursement for rental of an automobile while the victim's car is being held as evidence by law enforcement: up to \$2000; Attorney's fees: to assist in the appeal of a determination only; not to exceed \$500 or 10 percent of award, whichever is less; and Emergency award: not to exceed \$1,000. Only the services described above are compensable. Pain and suffering and property damaged or stolen as a result of 	
	the crime are not compensable under the CVCP. Also, other benefits available to the victim, such as health, life, auto, or property insurance, Medicaid, Medicare, annual and sick leave programs offered by employers are deducted from the amounts payable by the CVCP. For more information on Medicaid and other programs, <i>See</i> Pre-Natal Care for Qualified and Non-Qualified Aliens Chart.	
Florida	BACKGROUND	TO APPLY
	The Florida Crimes Compensation Act provides compensation to victims of crime as well as people who attempt to prevent a crime (intervenors).	The person seeking compensation must complete an application and submit it to the Division of Victim Services within 1 year of the crime date or, upon good cause shown, within 2 years. Minors must submit within 1 year after reaching majority, or 2 years upon

State	Victim Compensation Laws	Process to Receive Compensation
	 There are no eligibility restrictions based on immigration status. The crime must have been reported to law enforcement within 72 hours after it occurred or the applicant will be required to show good cause as to why the crime was not reported. 	good cause shown. The application must include a law enforcement report documenting proof of crime, documentation of crime-related expenses, and as necessary, third-party payments (e.g., insurance), lost work time, and doctor's statements certifying disability. There is no application fee, and assistance is available for completing the application.
	Compensation is available to those who suffer personal physical injury, death, or, where force is used, psychiatric or psychological injury. Application for benefits may be made by victims, guardians, surviving relatives, and any other person who is dependent for principal support upon a deceased victim or intervenor. The victim must cooperate fully with law enforcement, and a criminal background check will be conducted on all victims and all claimants. (F. S. A. § 960.01- 960.28)	If the Crime Victim Services Office denies a claim, an applicant may request a hearing within 60 days after notice of the denial. The claim is then referred to a hearing officer designated by Florida's Attorney General. See the following link for more information: http://myfloridalegal.com/victims
	,	Office of the Attorney General
	COMPENSATION	Division of Victim Services
		The Capitol, PL-01
	Benefits include:	Tallahassee, FL 32399
	• wage loss;	(850)414-3300
	 medical expenses; disability allowance; mental health counseling; funeral/burial expenses (up to \$5000); property loss reimbursement (up to \$500 for elderly and disabled adults); necessary prescriptions and prosthetic devices; relocation assistance for victims of domestic violence (up to \$1,500 for one claim and a lifetime maximum of \$3,000); and minor travel expenses for medical treatment. 	1-800-226-6667 (Toll-free victim information and referral line)
	Benefits are limited to \$10,000 for treatment and \$25,000 for compensable costs, but if there is catastrophic injury, costs may be covered up to \$50,000. For an injury to be covered, it should be discussed	

State	Victim Compensation Laws	Process to Receive Compensation
	in the law enforcement report of the crime. Additional medical documentation of crime-related injury and expenses will also be considered. Covered medical expenses include testing for sexually transmitted diseases after sexual assault.	
	Wage loss and disability claims are calculated using state worker compensation schedules.	
	Emergency funding up to \$1,000 may also be available if an award is likely to be made and the claimant receives Social Security or undue hardship will result.	
	Benefits are awarded subject to actual need and are a "last resort" after all other sources; payments will be reduced by other payments received by the victim or claimant as a result of the injury or death.	
	Anyone who aided the crime, engaged in unlawful activity at the time of the crime or contributed to their own injury is not eligible for compensation. Absent special circumstances, an individual in custody, a habitual felon, a violent offender or one found guilty of a forcible felony offense is not eligible. Records are confidential and not subject to public disclosure.	
Georgia	ELIGIBILITY	TO APPLY
	 According to the staff at the Georgia Crime Victims Compensation Board, there are no restrictions based on immigration 	Georgia Crime Victims Compensation Board decides on compensation.
	 status. The crime must be reported to proper government authorities (<i>i.e.</i> law enforcement, child protective 	Applications are available online at http://www.ganet.org/cjcc/victimscomp.htmll
	services, the courts, etc.) within 72 hours. The 72 hours may be waived for good cause shown.	The claim shall be verified and contain:
	Innocent victims who have been physically	 a description of the date, nature and circumstances of the crime; a complete financial statement of the

State	Victim Compensation Laws	Process to Receive Compensation
	 injured in a violent crime in Georgia are eligible for victim compensation. This includes: a victim; a dependent spouse or child of a victim; any person who goes to the aid of 	 amounts requested for compensation; a statement indicating the extent of any disability resulting from the injury incurred (if appropriate); an authorization permitting the board to verify the contents of the application; and such other information as requested by the board.
	 any person who goes to the aid of another and suffers physical injury or death as a direct result of reasonably acting (i) to prevent the commission of a crime, (ii) to lawfully apprehend a person reasonably suspected of having committed a crime, or (iii) to aid the victim of a crime or any person who is injured or killed while aiding or attempting to aid a law enforcement officer in the prevention of a crime or apprehension of a criminal at the officer's request; any person who is a victim of family violence; and any person (other than a direct service provider) who assumes the cost of an eligible expense of a victim, regardless of such person's relationship to the victim or whether such person is a dependent of the victim. A victim will not be denied compensation based the victim's familial relationship with the person who is criminally responsible for the crime. 	Ga. Code § 17-15-5 Each claim will be assigned to an investigator who will investigate the application. The examination will include, but will not be limited to, an examination of law enforcement, court, and official records and reports concerning the crime and an examination of medical, financial and hospital reports relating to the injury or losses claimed in the application. All claims arising from the death of an individual as a result of a crime will be considered together by a single investigator. All claims will be investigated, even if the alleged criminal has been taken into custody, prosecuted or convicted of any crime based upon the same incident or whether the alleged criminal has been acquitted or found not guilty of the crime in question.
	Victims may be legal residents or nonresidents of Georgia. A surviving spouse, parent, or child who is legally dependent for his or her principal support upon a deceased victim is entitled to file a claim if the deceased victim would have been so entitled, regardless of the residence or nationality of the surviving spouse, parent, or child. Ga. Code § 17-15-7 To obtain compensation: The claim must be filed within 1 year of the crime; and applications received 2 years after the	 a crime was committed the crime directly resulted in the victim's physical injury, financial hardship as a result of the victim's physical injury, or the victims death police records must show that the crime was promptly reported to the proper authorities. In no case may an award be made where the police records show that such report was made more than 72 hours after the occurrence of such crime unless the board, for good cause shown, finds the delay to have been justified

State	Victim Compensation Laws	Process to Receive Compensation
	crime cannot be considered for compensation.	the applicant has pursued restitution rights against any person who committed the crime unless the board or director
	Those not eligible include:	determines that such action would not be feasible.
	 victims of property crime; victims who consent, provoke, or incite the crime committed against them or is an accomplice of the person who committed the crime; victims who were participating in a criminal act; 	The board, upon finding that any claimant or award recipient has not fully cooperated with all law enforcement agencies, may deny, reduce, or withdraw any award. Ga. Code § 17-15-8.
	 victims injured while confined in any federal, state, county, or municipal jail, prison, or other correctional facility; and victim of a crime which occurred prior to July 1, 1989 	The investigator will file a written report with the director with a recommendation and the investigator's reasons for the recommendation. The director will render a decision on the application and will provide the applicant with a copy of the report if requested. Ga. Code §
	COMPENSATION	17-15-6.
	Compensation is available for:	TO APPEAL
	 Assault/Battery; Homicide; Child Abuse; Sexual Assault; Domestic/Family Violence; DUI Crash Victims; 	To appeal, an applicant may make an application in writing to the director for review of the decision within 30 days after receipt of the report of the decision.
	 Vehicular Homicide; Hit and Run; and Serious Injury by Vehicle. 	Upon receipt of an application for review the director forwards all relevant documents and information to the board. The board reviews
	Total award amount can not exceed \$25,000 and the categorical caps are as follows:	the records and will either uphold or reverse the decision of the director. The board may order a hearing prior to a decision. At the hearing, any relevant evidence not legally
	 Medical Expenses: \$15,000 (crimes occurring on or after 07/01/02); Medical Expenses: \$10,000 (crimes occurring between 05/13/02 - 06/30/02); Medical Expenses: \$5,000.00 (crimes 	privileged is admissible. The board will render a decision within 90 days after completion of the investigation. If the director receives no application for review within 30 days of rendering a decision, the director's decision becomes final.
	 occurring prior to 05/13/02); Counseling Bills: \$3,000 (crimes occurring on or after 05/13/02); Counseling Bills: \$2,500 (crimes occurring prior to 05/13/02); 	Ga. Code § 17-15-6
	 Funeral Expenses: \$3,000; Lost Wages/Support: \$10,000 (crimes occurring on or after 05/13/02); 	

State	Victim Compensation Laws	Process to Receive Compensation
	 Lost Wages/Support: \$5,000 (crimes occurring prior to 05/13/02); Crime Scene Clean-up: \$1,500 (crimes occurring on or after 05/13/02); victims of domestic violence may also be eligible for loss of support; a parent of a child victim may be eligible for lost wages, to compensate for medical time spent away from work with the child; and A criminal history will be provided and analyzed on all victims 18 years and older. 	
	According to the staff at the Georgia Crime Victims Compensation Board, medical expenses to be reimbursed include STD, AIDS, and post-coital screening/treatment, if the expenses are related to the crime, if they are not otherwise paid for through the state's forensic exam coverage and there is no other source of reimbursement.	
	Victims/applicants are required to exhaust funds from other sources such as health insurance, car insurance, social security, annual/sick leave pay, disability insurance, worker's compensation, unemployment compensation or funds from other government agencies.	
Hawaii	BACKGROUND The Hawaiian victim compensation statute addresses a wide range of crimes, including murder, manslaughter, negligent homicide, negligent injury, assault, kidnapping, sexual assault, abuse of family or household member, and terrorism. Hi. Rev. Stat. § 351-32.	County administrative units generally handle reimbursement to hospitals for forensic examinations and related services. Most of the time, the victim will not receive a bill. If the medical provider has difficulty obtaining reimbursement, the CVCC frequently does provide payment. The CVCC witness agreed that the statute is not clear on this point. TO APPLY
	There are no eligibility restrictions based on immigration status. The statute does not discuss immigration status, nor do any of	If a claimant requires reimbursement, s/he must fill out an application form, which may be obtained directly from the CVCC or from its website. Following review of that application, compensation may be awarded for all expenses incurred in connection with the crime. An application must be filed within 18

State	Victim Compensation Laws	Process to Receive Compensation
	the applicable definitions address this issue. "Resident" is defined broadly to include "every" individual who "intends to permanently reside in this State" or who "has a permanent abode in State." Hi. Rev. Stat. § 351-2. A CVCC representative confirmed that immigration status is not a consideration.	months of the incident unless there is good cause for delay. Hi. Rev. Stat. § 351-62(a). See Hi. A.D.C. § 23-605-2. "Good cause" usually requires "mental, physical, or legal impairment"—that is, an actual inability to file a report and application. Failure to understand the law, negligence, and incarceration do not qualify as good cause. Hi. A.D.C. § 23-605-2.
	The crime must be reported within 72 hours and an application must be filed within 18 months of the incident unless there is good cause for delay. Hi. Rev. Stat. § 351-62(a). See Hi. A.D.C. § 23-605-2. Hawaii provides compensation for any "private citizen" who is the victim of a violent crime, including sexual assault, that	Information on the CVCC process (including application forms) is available at 1-800-587-1143 or www.hawaii.gov/cvcc . The CVCC can also provide information on different crisis and treatment facilities and county medical providers. The Oahu Sex Assault Treatment Center, 1-808-524-7273, also provides information.
	occurs in Hawaii or for "state residents"	
	who are crime victims elsewhere. Compensation is also provided for other	For more information, contact
	individuals who are dependents or who	1136 Union Mall
	expend money as a result of the crime. Hi. Rev. Stat. § 351-31.	Room 600
	Kev. Stat. § 331 31.	Honolulu HI 96813 Ph: 808 587-1143
	COMPENSATION	Fax: 808 587-1146
		cvcc@hawaii.rr.com
	Compensation may be ordered for any reasonable expenses incurred during the period of injury or death of the victim; medical expenses related to the crime; loss of earning power because of the crime; monetary loss to a deceased victim's dependents; pain and suffering of the victim; and "any other pecuniary loss directly resulting from the injury or death of the victim that the commission determines to be reasonable and proper." Hi. Rev. Stat. § 351-33.	evec@nawan.rr.com
	The Crime Victims' Compensation Commission (CVCC) may require a treatment plan. Hi. A.C. § 23-605-8. But, in general, coverage is very extensive. See id. § 23-605-9 (noting coverage for prescription glasses, nontraditional medical treatments, modifications to homes or vehicles, ambulance services and plastic	

State	Victim Compensation Laws	Process to Receive Compensation
	surgery). According to the CVCC, many medical procedures and services related to sexual assault are covered directly (such that the victim will never receive a bill), but neither the statute nor the Administrative Code provide detail on this issue, as, in many cases, individual counties and localities handle these services.	
	The Administrative Code relating to the CVCC provides for such items as prescription drugs, emergency room treatment, and "other appropriate medical care." Hi. A.D.C. § 23-605-9. The CVCC confirmed that pregnancy testing, HIV prophylactic treatment, and STD examinations are included. The CVCC also stressed that Hawaii takes a very broad view of what is covered depending on the needs of the individuals in question.	
Idaho	ELIGIBILITY	TO APPLY
	 There are no eligibility restrictions based on immigration status. The crime resulting in the injury or death of the victim must be reported to a law enforcement officer within 72 hours after its occurrence, unless the Idaho Industrial Commission (IIC) finds there was good cause for not reporting the crime within that time period. Compensation is available to: A "victim," meaning a person who is injured or dies as a result of (a) a crime committed against him or her; (b) trying, in good faith, to prevent a crime; or (c) trying, in good faith, to apprehend a person that he or she reasonably believes to have committed a crime; or A spouse or dependent child of a deceased victim; or A parent, guardian or sibling of a victim who is a minor. Idaho Code § 	Claims are received by the Idaho Industrial Commission (IIC). Complete a Crime Victim's Application for Compensation Form, which is available at: The IIC offices; Law enforcement agencies; Prosecuting attorney offices; Hospitals; Victim advocate groups; and On the website for the IIC at www.IIC.idaho.gov/cv/crimevictims.htm. Together with the application for benefits, the claimant should provide copies of the police investigative report and any other information requested by the IIC. If the claimant does not provide all required information, benefits could be denied or reduced.

State	Victim Compensation Laws	Process to Receive Compensation
	72-1003.	The IIC will process the claims as follows:
	A person does not have to be a resident of Idaho, a U.S. citizen or a qualified immigrant to receive benefits under the Crime Victims Compensation Act. **This chart refers to victims and others entitled to benefits under the Idaho Crime Victims Compensation Program as "claimants."	When the IIC receives the complaint and all requested information, it makes a determination of the claimant's eligibility and sends notice to the claimant of the determination. The claimant is required to help the IIC make eligibility determinations. Idaho Administrative Code 17.05.01.011.02 The IIC will appoint an employee – the
	 To be eligible for compensation: The claimant must file a claim for compensation with the IIC within 1 year after the crime occurred. Idaho Code § 72-1016. Note that, although the offender does 	Crime Victims Supervisor (CVS) – to review the claim. The CVS may enter awards granting benefits in full or in part or denying benefits. Idaho Administrative Code 17.05.01.011.04.
	not have to be convicted in order for the claimant to receive benefits, there must be "sufficient evidence" to show that a crime was committed. Idaho Code § 72-1018. The claimant must fully cooperate with all law enforcement authorities and the prosecutors in their efforts to investigate the crime and apprehend and prosecute the person who committed the crime. If not, benefits will be reduced or denied, as	 Claimants have 20 days to petition the IIC for reconsideration or any award or order or 45 days to request a hearing with the IIC. Idaho Administrative Code 17.05.01.011.05. To receive benefits, a claimant needs to send bills to the IIC. Bills will be paid directly to the service provider or to the claimant if the claimant has already paid the bill. Idaho Administrative Code 17.05.01.011.06
	determined by the IIC. Idaho Code § 72-1016(4). • The crime must occur in Idaho, unless the victim is a resident of Idaho and the crime occurred in a state that does not have a CVC program. Idaho Code §	A claimant may request the IIC to reconsider and review its benefit determinations. The IIC may decide on its own to review and reconsider benefit determinations. (Idaho Code § 72-1021)
	 72-1003(4). The IIC may require victims to submit additional information or be examined (without cost to the victim) by a doctor 	There is no appeal from a final determination of the IIC. (Idaho Code § 72-1022)
	in order to receive benefits. If requested information is not submitted, benefits may be denied. Idaho Code § 72-1014.	A claimant has the right to inspect the records of the IIC. (Idaho Code § 72-1007)
	Victims are not eligible to receive	For more information, contact
	compensation if:A victim who is in jail or in any other	Crime Victims Compensation Program
	institution that provides for the	Industrial Commission
	"maintenance" of the victim. Idaho Code § 72-1016(6).	P.O. Box 83720
	A victim of a car accident, unless the	Boise Id 83720-0041
	car was used to cause the injury or death of the victim. Idaho Code § 72-	(208) 334-6080 Or (800) 950-2110

State	Victim Compensation Laws	Process to Receive Compensation
	1003(4)(d).	
	Claims may be denied or benefits reduced if: A victim contributed to his or her own	http://www2.state.id.us/iic/forms/cv/cvcpapp.pdf
	 injury or death, A victim who was engaged in a crime (including drunk driving). Idaho Code § 72-1016(7). Any claimant who is an offender or accomplice of an offender if they would "unjustly benefit" the offender or accomplice. Idaho Code § 72-1016(2). 	
	COMPENSATION	
	Funds for treatment expenses to the victim will only be provided after all other sources of payment have been exhausted. Compensation may be paid up to a maximum of \$25,000 for the victim and dependents of a deceased victim, with no more than \$20,000 (of the \$25,000 maximum payable) payable for lost wages. Idaho Code § 72-1019 and Idaho Administrative Code 17.05.011.10. Benefits may include the following:	
	 Reasonable medical expenses, including doctor and hospital visits, medicine and other approved treatment; Pre-natal care and delivery of the child is covered if a victim of a sexual assault becomes pregnant as a result of that assault. (Per IIC); Counseling and mental health services, up to a maximum of \$2,500 for the victim and – for the spouse, parent, grandparent, child, grandchild or sibling of a victim who is killed or sexually assaulted – up to \$500 per person or \$1,500 per family; Wage losses resulting from the victim's (or dependent's) inability to work for more than one week as a result of injuries – up to a maximum of \$150 per week for a victim who survives a crime and was employable but not employed at the time of the crime and up to \$150 per week for dependents of a deceased victim – 	

State	Victim Compensation Laws	Process to Receive Compensation
	missed work and until the victim or dependent has a "reasonable prospect" of being regularly employed again. These lost wage benefits are limited to \$20,000, and the amount paid for lost wages, together with medical and other expenses paid under § 72-1019(2) and funeral, burial or cremation expenses paid under § 72-1019(4), may not exceed \$25,000; Funeral, burial or cremation expenses, up to a maximum of \$5,000; Compensation will not be paid for pain and suffering or property damage; and Claimants may be compensated for necessary travel expenses incurred in connection with obtaining benefits. Idaho Code § 72-1019.	
	Any claimant may receive reduced benefits if government funds are insufficient to fully pay all claims. Idaho Code § 72-1008. Claimant's benefits will be denied or reduced where the benefits are covered by other sources, including: (a) from the offender; (b) the U.S. government or any of its agencies; (c) any other state; (d) social security, Medicare or Medicaid; (e) worker's compensation; (e) employer wage continuation programs; or (f) insurance proceeds. Idaho Code §§ 72-1003(2) and 72-1016(5).	
	If a claimant receives compensation from the offender or any other source, benefits paid by IIC are to be repaid from such compensation. Idaho Code § 72-1023.	
	A claimant's attorney's fees may be paid in addition to the maximum benefits payable as described above. Attorney's fees compensation will be limited to 5% of the total amount paid to claimant. Idaho Code § 72-1006.	
Illinois	BACKGROUND	TO APPLY
	Illinois' CVC act covers virtually all violent crimes, including, homicide, kidnapping, battery, and sexual assault. It does not cover crimes related to operation of motor vehicles, unless the perpetrator was	Under the law, crime victims must file an application under oath within 2 years of the crime.

State	Victim Compensation Laws	Process to Receive Compensation
	 intoxicated. 740 Ill. Stat. § 45/2. ELIGIBILITY There are no eligibility restrictions based on immigration status. An Illinois court has ruled that proof of 	For services provided under SASETA, if the victim is not eligible to receive the services under the Illinois Public Aid Code or through insurance, the provider must furnish services without charge. The provider will be reimbursed by the state of Illinois. 410 Ill. Stat. § 70/7. Note, however, that some victims can receive bills when reimbursement has not been received promptly by the medical
	citizenship or legal alien status is not required. However, it is possible that, if an Illinois resident makes a claim for injuries occurring elsewhere, citizenship could be relevant. The Illinois courts have ruled on Hernandez v. Fahner. • In most cases, the crime must have been reported within 72 hours of the	Information, including application forms for the crime victims' compensation program, is available at www.ag.state.il.us . In addition, Illinois Coalition Against Sexual Assault (ICASA) can provide information on a variety of related issues. Information may be obtained from ICASA at 1-217-753-4117 or at their website, http://www.icasa.org . The
	crime, and the victim must cooperate with law enforcement personnel. However, sex crimes have a 7-day reporting period. In addition, the statute specifically provides that an applicant will be considered to have complied with the law if s/he has obtained an order of protection, obtained a no contact order, or "presented himself or herself to a hospital for sexual assault evidence collection and medical care." 740 Ill. Stat. 45/6.1.	their website, http://www.icasa.org . The website includes a list of crisis centers. For additional information, contact: Crime Victim Services Division Office of the Attorney General 100 West Randolph Street, 13th Floor Chicago, IL 60601 312-814-2581
	Any Illinois resident injured or killed elsewhere may also seek compensation. Certain dependents, family members, and others who assisted the victim may also seek compensation. 740 Ill. Stat. § 45/2(d).	312-814-4231 (fax) 1-800-228-3368 (voice/TTY)
	COMPENSATION	
	Compensation may be awarded for a variety of health care expenditures including counseling and all "appropriate medical expenses" and hospital expenses, including prosthetics and eyeglasses damaged as a result of the crime.	
	In addition, compensation may be awarded for a wide range of expenditures and lost	

State	Victim Compensation Laws	Process to Receive Compensation
	income. These include replacement costs for clothing and bedding used as evidence, costs for temporary lodging (including first month's rent and security deposit), replacements for locks or windows necessary or damaged as a result of the crime, crime scene clean-up, loss of earnings, loss of future earnings, funeral and burial expenses, and expenses incurred in obtaining services to replace those the injured or deceased person would have performed but for the crime. 740 Ill. Stat. § 45/2.	
	In addition to the crime victims' compensation program, the Sexual Assault Survivors Emergency Treatment Act (SASETA) specifically addresses the need for medical care following sexual assault. Under SASETA, victims can obtain medical examinations and tests; information on STDs; tests for STDs; "appropriate medication," including HIV prophylaxis, and counseling. 410 Ill. Stat. § 70.	
Indiana	ELIGIBILITY	TO APPEAL
	There are no eligibility restrictions based on immigration status. A state official confirmed that immigrants may receive compensation for crimes committed against them.	The procedures for coverage vary considerably depending on the particular services sought. For example, "suturing and care of wounds"
	The crime must have been reported to the police within 48 hours unless there was a good reason why the crime could not be reported in that time. The victim or survivors must be	directly related to sex crimes are covered without charge to the victim and without specific reporting and cooperation requirements. Ind. Code § 5-2-6.1-39(b), § 16-21-8-5.
	cooperative in the investigation and prosecution of the crime. http://www.in.gov/attorneygeneral/legal/victim/victim_advocacy.html	In contrast, so called "additional forensic services," which include pregnancy testing, STD testing, etc., requires the victim to report the crime within 96 hours and to cooperate with law enforcement unless there are
	Residents of Indiana may be compensated for violent crimes that occur anywhere (unless the jurisdiction where the crime occurred has a similar statute), and a nonresident of Indiana may be compensated for violent crimes that occur in Indiana.	compelling reasons that would excuse these requirements. Ind. Code § 16-21-8-5. The law specifically provides that a hospital may bill directly an alleged victim who does not fulfill these requirements. Ind. Code § 5-2-6.1-39. If these conditions are met, however, the

State	Victim Compensation Laws	Process to Receive Compensation
	Certain dependents, family members, and others who rendered aid may also seek compensation. Ind. Code § 5-2-6.1-12.	victim should never receive a bill for such services.
	Victims may be able to receive compensation resulting from criminal acts of felonies and certain misdemeanors resulting in bodily injury or death except for various crimes related to the operation of a motor vehicle in which the perpetrator was not intoxicated. Ind. Code § 5-2-6.1-8.	If a victim does receive a bill for services for which a provider is not directly reimbursed or if a victim wishes to apply for compensation for other expenditures, claimants must file an application for assistance with the Indiana Criminal Justice Institute's Division of Violent Crime within 180 days of the crime. While an extension may be granted for good cause, there is a firm two-year limit on such extensions.
	With the exception of forensic evidence collection from sex crime victims, there must be minimum of \$100 in out-of-pocket expenses. http://www.in.gov/attorneygeneral/legal/vic	Ind. Code § 5-2-6.1-16. In addition, compensation may not be awarded unless the law enforcement records regarding the crime are available and any investigation is substantially complete. Ind Code. § 5-2-6.1-17.
	tim/victim advocacy.html	
	COMPENSATION	Information on the application process is available at www.in.gov .
	Compensation may be awarded for "out of pocket" losses related to the crime as well as for:	
	 reasonable expenses for necessary medical, chiropractic, hospital, dental, psychological, optometric, psychiatric, and ambulance services and prescription drugs and prosthetic devices; loss of income; reasonable emergency shelter care expenses; childcare expenses (up to \$1,000) to replace childcare the victim would have supplied; loss of financial support to dependents; funeral or burial expenses; and mental health care (up to \$2,000) for the immediate family of a crime victim. Ind. Code § 5-2-6.1-21. 	
	In most cases, claimant must spend \$100 before compensation may be awarded. Ind. Code § 5-2-6.1-21.	

State	Victim Compensation Laws	Process to Receive Compensation
	In addition, victims of sexual crimes may be able to receive direct coverage for:	
	 counseling; pregnancy and STD testing immediately after the crime: drug and alcohol testing; pregnancy testing up to 30 days after the crime; and syphilis testing up to 90 days after the crime. 	
	Inpatient treatment and HIV prophylactic medication are not covered, and reimbursement for such services must be sought through the crime victims' compensation process.	
	Ind. A.C. § 1-2-3, Ind. Stat. § 16-18-2-1.8.	
Iowa	ELIGIBILITY	TO APPLY
	 There are no eligibility restrictions based on immigration status. To be eligible for compensation, the victim must report the crime to local law enforcement within 72 hours, unless there is an explanation as to why that was not possible. This reporting requirement is not applicable to minors or dependent adults who are subject to unlawful sexual conduct or a forcible felony if the crime is committed by an individual responsible for the victim's care and the crime is reported to an employee of the department of human services. The victim is expected to cooperate with reasonable requests by the appropriate law enforcement agencies in the investigation and prosecution of the crime. 	A victim must file an application with the Iowa Department of Justice within 2 years of the date of the crime or show good cause for why it took longer than 2 years to file. TO APPEAL The original claims determinations are made by the crime victim program investigator at the Iowa Department of Justice. If a claim is denied, the alleged victim is provided written notice of the denial and has the opportunity to appeal. The first level appeal is determined by the director of the crime victim program, and the final appeal is decided by the Crime Victim Assistance Board. A victim aggrieved by the denial or disposition of his/her claim may appeal to the district court within 30 days of receipt of the Board's decision.
	Victims of violent crime may receive compensation from the State of Iowa. Under Iowa's program, the following victims may be eligible for assistance: • victims who have been physically or	Iowa Attorney General Crime Victim Assistance Division Lucas Building, Ground Floor
	emotionally injured in a violent crime in Iowa;	Des Moines, Iowa 50319

State	Victim Compensation Laws	Process to Receive Compensation
	 victims of a drunk driving, hit and run, reckless driving, vehicular homicide or injury when a car is used as a weapon; survivors of a homicide victim; a victim's spouse, children, parents, siblings and persons residing in the victim's household at the time of the crime; Iowans injured by violent crime in a state without a compensation program; or Iowans injured by an act of terrorism in a foreign country. The Iowa Code, Title XVI, subtitle 3, § 915.80 et seq. 	Phone: (515)281-5044 Toll Free: (800) 373-5044 Fax: (515) 281-8199 http://www.state.ia.us/government/ag/CVAD/index.html
	COMPENSATION	
	 Compensation is available for: medical care related to the victim's injuries (up to \$15,000); medical expenses for crime-related care for survivors of a homicide victim (up to \$3,000 per survivor); crime-related mental health counseling to the victim (up to \$3,000) and to the victim's family members and those residing in the victim's home (up to \$1,000 per secondary victim); grief counseling for survivors of homicide victims (up to \$3,000); wages lost by the victim due to crime injuries (up to \$6,000); lost wages for homicide survivors (up to \$6,000); loss of support of dependents of deceased victims or victims who cannot work for more than 60 days (up to \$2,000 per person); funeral and burial costs for homicide victims (up to \$7,500); residential crime scene clean-up (up to \$1,000); and replacing clothing and bedding held as evidence by law enforcement (up to \$100). 	
	The compensation described above will be reduced by any amount received (or to be received) as the result of an injury or death:	

State	Victim Compensation Laws	Process to Receive Compensation
	(1) from or on behalf of the person who committed the crime or who was otherwise responsible for damages resulting from the crime; (2) from an insurance payment or program, including but not limited to workers compensation or unemployment compensation; and (3) from public funds.	
	Emergency compensation, up to \$500, is available if the victim would otherwise suffer undue hardship.	
	Compensation is not available when the bodily injury or death was caused by: (1) the consent, provocation or incitement by the victim; or (2) the victim assisting, attempting or committing a criminal act.	
	Prenatal care, including delivery, may be included as medical expenses paid for by the victim crime program as long as they otherwise meet the program's criteria.	
	Medical expenses related to STD, HIV/AIDS and hepatitis screening and treatment, pregnancy testing, and post coital treatment are paid for through the forensic program.	
Kansas	BACKGROUND	TO APPLY
	Victims of violent crimes including drunk driving, hit and run, and intentionally inflicted injuries from motor vehicles may receive compensation from the state if the crime occurred in Kansas and the victim suffered bodily injury, death, or resulted in mental health treatment due to trauma. (Kan. Stat. Ann. §74-7305)	The claim must be filed with Crime Victims Compensation Board within 2 years of the incident, and the victim/claimant must show economic hardship without the award. The Board may consider various factors for deciding undue financial hardship. (Kan. Stat. Ann. §74-7305(d).)
	ELIGIBILITY	Crime Victims Compensation Board 120 SW 10th Avenue, 2nd Floor
	There are no eligibility restrictions based on immigration status.	Topeka, KS 66612 (785) 296-2359

State	Victim Compensation Laws	Process to Receive Compensation
	The victim must report the incident to the law enforcement agency where the crime occurred within 72 hours of the incident unless the victim can show good cause for failing to report the incident within this time. The victim/claimant cannot be an accomplice and/or committed crime in connection with the incident and must cooperate with law enforcement agency.	See the following link for more information: http://www.accesskansas.org/ksag/Crime/victi ms_comp_program.htm
	As listed on the application form, some of the crimes include domestic violence, assault, arson, kidnapping, murder/homicide, sexual assault/rape, stalking, DUI, child physical abuse. However, victims of other criminal injurious conduct may be eligible.	
	To be compensated, economic loss must exceed \$100, except in sexual assault cases. Victims of sexual assault do not need to show economic loss to be eligible for Victims Compensation. Loss of personal property is not included, except for clothing/bedding seized as evidence.	
	COMPENSATION	
	Compensation is provided for loss of earnings/wages, out-of-pocket medical expenses incurred as a direct result of the incident, and funeral, burial, and cremation expenses if death was the result. The maximum amount of coverage is \$25,000. Funeral expenses are limited to \$5,000.	
	Other allowable expenses include moving expenses if a law enforcement officer recommends move for safety reasons, and mileage expenses for medically necessary travel. (Kan. Admin. Regs. §20-2-9)	
	If the victim dies, dependent or legal representative may apply on behalf of the victim.	

State	Victim Compensation Laws	Process to Receive Compensation
	A tentative award (i.e., emergency award) may be given when it appears the claimant will suffer economic hardship without the award. Any tentative award is deducted from final award. (Kan. Stat. Ann. §74-7314)	
	If the victim/claimant is represented by an attorney, reasonable attorney's fees determined by the Compensation Board may be paid. Attorney's fees are in addition to the award, and may be paid whether or not compensation is awarded. (Kan. Stat. Ann. §74-7311)	
	For victims of sexual assault, medical treatments, such as testing and preventive treatment (prophylaxis) for sexually transmitted diseases, and testing for pregnancy are available and costs for these treatments may be paid by the Crime Victims Compensation Board. For victims of sexual assault, you do not have to show economic loss to be eligible for victims compensation.	
Kentucky	BACKGROUND	TO APPLY
	Victims who suffer bodily or psychological injury or death from a crime, including drunk driving, may receive compensation from the state if the crime occurred in Kentucky. Kentucky does not enumerate specific crimes.	The victim must apply with the Crime Victims' Compensation Board for compensation. The claim must be filed within 5 years of the crime. The claimant must show financial hardship to
	ELIGIBILITY	be eligible for compensation. In determining financial hardship, the Compensation Board will not include:
	There are no eligibility restrictions based on immigration status.	 a home and whatever real estate it is located on; personal property consisting of clothing and strictly personal effects, except
	The victim must have reported the crime within 48 hours or show good cause as to the delay. The victim must cooperate with law enforcement agencies.	jewelry; tools and equipment necessary for claimant's trade, occupation or business; household furniture, appliances and equipment, except antiques;

State	Victim Compensation Laws	Process to Receive Compensation
	Anyone who is a victim of a criminally injurious conduct is eligible for compensation if other eligibility requirements are met. Victims of hate crimes are also eligible. (Ky. Rev. Stat.	 family automobiles; and savings or valuables or additional property in an amount equal to the claimant's annual income. (107 Ky. Admin. Regs. 1:010)
	Ann. §346.055) However, victims who	Crime Victims Compensation Board
	were in a correctional facility or in an institution run by the Cabinet for Health	130 Brighton Park Blvd.
	and Family Services of Kentucky at the time of the crime are not eligible.	Frankfort, KY 40601
	time of the crime are not engine.	Phone: (502) 573-7986 ext 228
	In addition, the victim does not have to be a	Fax: (502) 573-4817
	resident of Kentucky to be eligible for compensation as long as the victim suffered losses as a direct result of the crime in Kentucky. (Ky. Rev. Stat. Ann. §346.025)	See the following link for more information:
	If a victim dies, a surviving spouse, parent, or child of the victim is also eligible for compensation. (Ky. Rev. Stat. Ann. §346.050)	http://www.cvcb.ky.gov/faq/
	COMPENSATION	
	Compensation is available up to \$25,000. Funeral expenses are limited to \$5,000. Compensation is provided for reasonable medical and hospital expenses, loss of earnings/wages up to \$150 per week if employed at the time of the crime, funeral expenses, benefits for dependents of the deceased victim, and psychological counseling for a maximum of 2 years.	
	Compensation does not cover stolen, lost, or damaged property, although replacement costs for eye glasses or corrective lens damaged during the crime are covered. (Ky. Rev. Stat. Ann. §346.130(3))	
	Emergency awards (not to exceed \$500) are allowed when it appears the award will probably be made and undue hardship will result if not awarded. This amount is to be later deducted from final award (Ky. Rev. Stat. Ann. §346.120)	

State	Victim Compensation Laws	Process to Receive Compensation
	If the victim/claimant is represented by an attorney, attorney's fees may be paid. Attorney's fees cannot be larger than 15% of award and is part of the award, not in addition to the award. (107 Ky. Admin. Regs. 1:025)	
	In Kentucky, basic treatment, laboratory testing, and evidence gathering services for victims of sexual assault are paid by the Crime Victims' Compensation Board. In addition to evidence gathering, post-assault treatment available to the victim includes preventive treatment (prophylaxis) for potential infections, such as hepatitis B and certain types of sexually transmitted infections (e.g., chlamydia, gonorrhea, trichomonas, and BV). Follow up treatment and testing are also available.	
	Hospital/Community Facility Procedural Guidelines for the Forensic & Medical Examination of Adult Sexual Assault Victims in Kentucky.	
Louisiana	BACKGROUND	TO APPLY
	An innocent victim of a violent crime in Louisiana may be entitled to compensation if the crime: involves the use of force or the threat of the use of force; results in personal injury, including physical and/or emotional harm, death or catastrophic property loss.	The application must be filed within 1 year of the crime unless there is a good reason why the application was not submitted within this time period. Applications are available from all Louisiana sheriffs' offices. The victim reparations coordinators provide assistance to victims who
	• There are no eligibility restrictions	ask for help in filling out application forms. Victims may also get an application directly from the Crime Victim's Reparations Office by calling 1-888-6VICTIM (in-state only).
	To be eligible for compensation, the crime must be reported to a law enforcement agency within 72 hours after the incident unless there is a good reason why the crime was not reported within this time period. The victim and/or claimant must cooperate fully with law enforcement officials in the investigation and prosecution of the case.	Each type of claim form used by the board should identify the documents that must be submitted by the victim/claimant to support and verify a claimed expense. When applications lack documentation necessary for a decision or award in total or in part, and adequate effort has been made to acquire that information, the application will be placed on an agenda and the decision and award will be based on the information available. Should the formerly

State	Victim Compensation Laws	Process to Receive Compensation
	Victims, dependents, representatives of victims, and those who seek to prevent crimes can be compensated.	sought information become available, a supplemental application can be filed. Awards to eligible victims or claimants for expenses incurred but not yet paid may be made payable directly to the providers.
	 A victim is: any person who suffers personal injury, death, or catastrophic property loss as a result of a crime committed in Louisiana; a resident of Louisiana who is a victim of an act of terrorism occurring outside the U.S.; a Louisiana resident who suffers personal injury or death as a result of a crime occurred outside of Louisiana; or if the crime occurs outside of Louisiana; or if the crime occurs outside of Louisiana resident" and show that 1) the state where the crime occurred does not have an eligible crime victims reparations program; and 2) the crime would have been compensable had it occurred in Louisiana, in order to be compensated by the state of Louisiana. Louisiana Admi. Code § 22:XIII.103 Other claimants include a dependent of a 	Crime Victims Reparations Program Louisiana Admi. Code § 22:XIII.303 http://www.state.la.us/osr/lac/22v01/22v01.pdf #nameddest=cvrboard
	deceased victim; a legal representative of a victim; or a person who helps another and is killed or injured in the good faith effort to prevent a crime, to apprehend a person reasonably suspected of having engaged in such a crime, or to aid a peace officer.	
	In the event of death, a person who assumes the obligation or voluntarily pays the medical or the funeral or burial expenses incurred as a direct result of the crime can also be compensated. Louisiana Admi. Code § 22:XIII.103	
	A Louisiana resident is a person who maintained a permanent place to live in this state at the time the crime was committed. Louisiana Admi. Code § 22:XIII.103	

State	Victim Compensation Laws	Process to Receive Compensation
	 Not eligible if: the victim was convicted of a felony within 5 years before the incident that leads to the claim; there is good cause to believe that the victim engaged in an ongoing criminal activity within 5 years of the incident that leads to the claim; or the victim was engaging in an illegal activity at the time of the incident that leads to the claim. Louisiana Admi. Code § 22:XIII. 301.A.1.a 	
	Award will be reduced if: the victim was not wearing a seat belt and injured or killed by a person driving while intoxicated (DWI). The total maximum award allowed under current policy may be reduced by 50 percent. Louisiana Admi. Code § 22:XIII. 301.A.1.b COMPENSATION	
	 There is a \$10,000 cap for awards for all victims except those who suffered total and permanent injuries; for those applications the award can be up to \$25,000. Attorney's fees: a maximum of \$50/hour for a total of 5 hours of \$250. Funeral expenses: up to \$3,500. Lost wages/earnings: up to \$10,000 (up to \$320/week take home pay, or 80% of the gross income up to \$400/week). Loss of support: up to \$10,000. Ambulance: up to \$300 for regular ambulance transport; up to 500 for air medical transport. Medical expenses: treatment must be "usual and customary," and up to \$10,000. Travel expenses: only when required medical care is not locally available. Mental health counseling: limited to 6 months from the date of the first visit or after the first 26 qualified 	

State	Victim Compensation Laws	Process to Receive Compensation
	sessions/groups (whichever comes first). Catastrophic property loss: up to \$10,000. Vehicular incidents: eligible expenses include those resulting from death or personal injury if they are incurred as a result of DWI or hit and run offenses, fleeing felon incidents, or injuries intentionally inflicted with a motor vehicle, boat or aircraft. Child care expense: up to \$1,500 for each eligible child care claim. Crime scene evidence: reasonable replacement costs for clothing; bedding; or property seized as evidence or become unusable as a result of criminal investigation or lab test. Louisiana Admi. Code § 22:XIII.503 http://www.state.la.us/osr/lac/22v01/22v01.pdf# nameddest=cvrboard Louisiana R.S. 15:535	
Maine	BACKGROUND	TO APPLY
	 The following victims of a violent crime are eligible for financial assistance: victims of violent crimes (including Operating Under the Influence) occurring in Maine dependents and family members of homicide victims any person responsible for the funeral expenses of a homicide victim Maine statute, Title 5, Chapter 316-A, § 3360-B. 	Applications are available from the Victims Compensation Board, Office of the Attorney General, 6 State House Station, Augusta, Maine 04330-0006 (207) 624-7882 or 1 (800) 903-7882. A victim's compensation application can also be obtained by contacting the Victim Witness Program in the office of your local District Attorney or one of a number of statewide victim services programs.
	There are no eligibility restrictions based on immigration status. The crime must have been reported to	When all information and documentation necessary to support a victim's claims have been submitted, the case is reviewed by the Board at its next monthly meeting. Most claims can be verified by staff and are approved by the Board.
	The crime must have been reported to the police within 5 days unless the victim is a minor or there is good cause for delay. To qualify for benefits, applicants must	TO APPEAL If the Board issues a denial, a claimant can request a hearing before the Board. If the case is denied after hearing, the claimant may appeal to Superior Court.
	To qualify for benefits, applicants must satisfy the following requirements: The crime must be one of the following types:	http://www.maine.gov/ag/faq.php?pods=138 Maine statute, Title 5, Chapter 316-A, §§ 3360-F, 3360-G.

State	Victim Compensation Laws	Process to Receive Compensation
	 an offense against the person; a sexual assault; a kidnapping and/or criminal restraint; a robbery; a drunk driving incident; or sexual exploitation of a minor. The claimant must cooperate with the reasonable requests of law enforcement officials in the investigation and prosecution of the crime. Unless the crime is a sexual assault, the victim must have suffered some bodily injury or a psychological injury resulting from a threat of bodily injury from the crime. Compensation may only be paid to innocent victims; it may not be paid to any person who violated a criminal law that contributed to or caused the injury. The crime need not result in a successful prosecution. However, to make an award, the Board must find by a preponderance of the evidence that a compensable crime in fact did occur. An application must be filed by the victim with the Compensation Board within 3 years of the crime or 60 days of the discovery of the injury or compensable loss, whichever is later, unless there is good cause for failing to file. Maine statute, Title 5, Chapter 316-A, §§ 3360.3, 3360-B. 	
	COMPENSATION	
	The Board may award up to \$15,000 for actual medical and medically-related expenses or losses incurred as a direct result of crime-related injuries. To the extent insurance or other funds do not cover crime related expenses, the claimant may be reimbursed for:	
	 Medical and dental charges (including equipment, supplies and medications) limited to 75% of actual charges. Counseling expenses (for victims, for family and household members of 	

State	Victim Compensation Laws	Process to Receive Compensation
	homicide victims and child sexual assault victims, and for family and household members of the victim who witness the crime). • Funeral/burial costs up to \$4,500, costs of a marker up to \$500. • Lost wages (for victims only). • Loss of financial support (for dependents of homicide victims). • Crime scene cleaning costs (biomatter). • Costs to repair or replace locks or other security devices. • Replacement costs of eyeglasses, dentures and other prosthetic devices. Maine statute, Title 5, Chapter 316-A, §§ 3360.3, 3360-E. Property losses, compensation for pain and suffering, and other losses (not medically related) are not covered. http://www.maine.gov/ag/faq.php?pods=13 8	
Maryland	BACKGROUND	TO APPLY
	Victims of certain types of crimes may receive compensation from the state if: (1) the crime occurred in Maryland; or (2) the victim is a Maryland resident and the criminal act occurred in a state that does not have a CVC program. The types of crimes include drunk driving, domestic violence, and any crime that results in death or personal injury, including sexual assault. ELIGIBILITY There are no eligibility restrictions based on immigration status. The victim must report the crime within 48 hours of the occurrence and reasonably cooperate with law enforcement. Md. Code Ann.,	The victim must complete an application and file it with the Criminal Injuries Compensation Board. The victim must report the crime within 48 hours of the occurrence and reasonably cooperate with law enforcement. Md. Code Ann., Criminal Procedure § 11-810. The application must (absent good cause) be filed within 180 days from: the date of the crime or the death of the victim. Md. Code Ann., Criminal Procedure § 11-809. As of October 1, 2006, the time limit to file an application will be extended to 3 years. Although an application must generally be filed within 180 days (or 3 years as of October 1, 2006), there is no time limit on how long benefits can be received.
	Criminal Procedure § 11-810.	See the following link for more information:

Victim Compensation Laws	Process to Receive Compensation
A claimant may be the direct victim of the crime, or a survivor if the crime results in a death. Md. Code Ann., Criminal Procedure § 11-808.	http://www.boc.ca.gov/default.htm
COMPENSATION	
Compensation is provided for medical care; expenses for eyeglasses and other corrective lenses; mental health counseling; funeral expenses; repairing, replacing, or cleaning property; disability; and loss of income. Md. Code Ann., Criminal Procedure § 11-810.	
Medical Assistance benefits will also be available if the assault results in a need for emergency medical care, and if income and residency requirements are met.	
ELIGIBILITY	TO APPLY
 There are no eligibility restrictions based on immigration status. The victim must report the crime within 5 days of the occurrence and 	The victim must complete an application and file it with the Victim Compensation and Assistance Division of the Office of the Attorney General.
enforcement. Mass. Gen. Laws ch. 258C, § 2; 940 Mass. Code Regs. 14.05.	The application must (absent good cause) be filed within 3 years from the date of the crime. Mass. Gen. Laws ch. 258C, § 5; 940 Mass. Code Regs. 14.05.
Victims of certain types of crimes may receive compensation from the state if: (1) the crime occurred in Massachusetts; or (2) the victim is a Massachusetts resident and	There is no time limit on how long benefits can be received.
the crime occurred in a state that does not have a CVC program. The types of crimes include drunk driving, domestic violence, and any crime that results in death or personal injury, including sexual assault.	See the following link for more information: http://www.ago.state.ma.us/sp.cfm?pageid=10 37
A claimant may be the direct victim of the crime, a survivor if the crime results in a death, a person who assumes homemaker	or contact Office of Attorney General Tom Reilly
	A claimant may be the direct victim of the crime, or a survivor if the crime results in a death. Md. Code Ann., Criminal Procedure § 11-808. COMPENSATION Compensation is provided for medical care; expenses for eyeglasses and other corrective lenses; mental health counseling; funeral expenses; repairing, replacing, or cleaning property; disability; and loss of income. Md. Code Ann., Criminal Procedure § 11-810. Medical Assistance benefits will also be available if the assault results in a need for emergency medical care, and if income and residency requirements are met. ELIGIBILITY • There are no eligibility restrictions based on immigration status. • The victim must report the crime within 5 days of the occurrence and reasonably cooperate with law enforcement. Mass. Gen. Laws ch. 258C, § 2; 940 Mass. Code Regs. 14.05. Victims of certain types of crimes may receive compensation from the state if: (1) the crime occurred in Massachusetts; or (2) the victim is a Massachusetts resident and the crime occurred in a state that does not have a CVC program. The types of crimes include drunk driving, domestic violence, and any crime that results in death or personal injury, including sexual assault. A claimant may be the direct victim of the crime, a survivor if the crime results in a

State	Victim Compensation Laws	Process to Receive Compensation
	and persons who actually incur burial	Victim Compensation and Assistance Division
	expenses directly related to the victim. 940 Mass. Code Regs. 14.04.	One Ashburton Place
	Massi Code Regist 1 no n	Boston, MA 02108
	COMPENSATION	(617) 727-2200
		TTY: (617) 727-4765
	Compensation is provided for:	http://www.ago.state.ma.us
	 funeral and burial expenses; medical expenses (including limited transportation expenses, pregnancy testing, STD/AIDS screening and/or treatment, and prenatal care); mental health counseling; lost wages; homemaker services (including childcare); loss of financial support; and attorney's fees. 940 Mass. Code Regs. 14.06. 	
	Compensation is limited to \$25,000 per crime. Mass. Gen. Laws ch. 258C, § 3.	
Michigan	ELIGIBILITY	TO APPLY
	 There are no eligibility restrictions based on immigration status. Mich. Comp. Laws § 18.351, Sec. 1(c). A police report of the crime must 	The victim must complete an application and file it with the Crime Victim Services Commission. Mich. Comp. Laws § 18.353, Sec. 3(j).
	generally be made within 48 hours. The victim must reasonably cooperate with law enforcement. Mich. Comp. Laws § 18.360.	Absent good cause, the application must be filed within 1 year from: the date of the crime; the date the victim turned eighteen (18); or the date after discovery by a law enforcement agency that injuries previously determined to
	The types of crimes include: any felony or serious misdemeanor involving assault and battery (including domestic violence), breaking and entering, child abuse, indecent	be accidental, of unknown origin, or resulting from natural causes, were incurred as a result of a crime. Mich. Comp. Laws §18.355.
	exposure, stalking, aiming or discharging a firearm, leaving the scene of an accident resulting in personal injury, drunk driving, and any crime that results in death or	See the following link for more information:
	personal injury.	http://www.michigan.gov/mdch/0,1607,7-132- 2940_3184,00.html
	Victims of certain types of crimes may	

State	Victim Compensation Laws	Process to Receive Compensation
State	receive compensation from the state if: (1) the crime occurred or was attempted in Michigan; (2) the crime occurred to a Michigan resident outside of Michigan and that jurisdiction does not have a crime victim reparations law covering the resident's injury or death; or (3) a Michigan resident was injured in another country by a crime involving an act of international terrorism. Mich. Comp. Laws § 18.351, Sec. 1(c). A victim is a person who suffers direct or threatened physical, financial, or emotional harm as a result of the crime, or a survivor if the crime results in death. 1985 Mich. Pub. Act 87; Mich. Comp. Laws § 18.354, Sec. 4. COMPENSATION Compensation is provided for unreimbursable medical and medical-related expenses, mental health counseling costs, lost earnings or support, funeral costs, expense of replacement services for childcare or housekeeping, rehabilitation, travel costs for non-local travel, and a portion of attorney's fees. Mich. Comp. Laws §18.361. Medical expenses to be reimbursed include hospital bills, doctor bills, laboratory fees, ambulance charges and other related costs. If a claim for compensation appears likely and undue hardship will result if immediate payment is not made, an emergency award up to \$500 may be provided. Mich. Comp. Laws §18.359.	For more information, contact Crime Victim Services Commission 320 South Walnut Lansing, Michigan 48913 (517) 373-7373 http://michigan.gov/documents/Crimevictimcompensation_9679_7.pdf
Minnesota	BACKGROUND	TO APPLY
	Victims of certain types of crimes may	The victim must complete an application and file it with the Crime Victims Reparations

State	Victim Compensation Laws	Process to Receive Compensation
	receive compensation from the state if: (1) the crime occurred or was attempted in Minnesota; (2) if the crime occurred to a Minnesota resident outside of Minnesota and that jurisdiction does not have a crime victim reparations law covering the resident's injury or death; or (3) if the person is a Minnesota resident who is injured in another country by a crime involving an act of international terrorism. Minn. Stat. § 611A.52, Subd. 6(a); Minn. Stat. § 611A.53, Subd. 1b.	Board. Minn. Stat. §§ 611A.51 to 611A.67. An application for compensation filed within 3 years of the occurrence of the crime. Minn. Stat. § 611A.53, Subd. 2(e). Absent good cause, the application must be filed: (1) within 3 years from the victim's injury or death; or (2) if the claimant was unable to file the claim, within 3 years from the time when the victim's injury or death was reasonably discoverable.
	The types of crimes include: homicide, assault, child abuse, sexual assault, robbery, kidnapping, domestic abuse, stalking, criminal vehicular operation and drunk driving, and any crime that results in death or bodily harm. ELIGIBILITY	The following do not render a claimant unable to file a claim: (1) lack of knowledge of the existence of the Minnesota Crime Victims Reparations Act; (2) the failure of law enforcement to provide information to a potential claimant; (3) incompetency of the claimant if the claimant's affairs were handled by a guardian, guardian <i>ad litem</i> , conservator,
	 There are no eligibility restrictions based on immigration status. Minn. Stat. § 611A.53, Subd. 1b. A police report of the crime must generally be made within 30 days. The victim must reasonably cooperate with 	authorized agent, or parent; or (4) the fact that the claimant is not the age of majority. Minn. Stat. § 611A.53, Subd. 2(e). For help completing a form or to request an application call: 651-201-7300 or 1-888-622-8799
	A victim is a person who suffers personal injury or death as a direct result of a crime, a good faith effort to prevent a crime, or a good faith effort to apprehend a person suspected of engaging in a crime. Minn. Stat. 611A.52, Subd. 10. Persons entitled to compensation include the victim, his or her dependents, the victim's estate, persons paying certain of the victim's expenses, and the guardian, guardian <i>ad litem</i> , conservator or authorized agent of any of these persons. Minn. Stat. § 611A.53, Subd. 1.	Mail, fax or email completed forms to: Minnesota Crime Victims Reparations Board 445 Minnesota Street, Suite 2300 St. Paul, MN 55101-1515 Fax: 651-296-5787 email: dps.justiceprograms@state.mn.us See the following link for more information: http://www.ojp.state.mn.us/MCCVS/Financial Help/Reparations.htm#Apply
	Compensation is provided for unreimbursable medical and medical-related	

State	Victim Compensation Laws	Process to Receive Compensation
	expenses, mental health counseling costs, lost earnings or support, funeral costs, expense of replacement services for childcare, rehabilitation, crime-scene cleanup costs, travel costs for immediate family to attend funerals, costs related to the return of an abducted child. Minn. Stat. § 611A.52, Subd. 8(a).	
	Medical expenses to be reimbursed include necessary medical, chiropractic, hospital, rehabilitative, and dental products, services or accommodations, including ambulance services, drugs, appliances, and prosthetic devices and other related costs. Minn. Stat. § 611A.52, Subd. 8(a).	
	Emergency grant money is available to victims through local programs for expenses such as transportation to medical and court facilities, home security devices, essential personal property and crime scene cleanup. Minn. Stat. § 611A.675, Subd. 1.	
Mississippi	BACKGROUND	TO APPLY
	The Division of Victim Compensation provides financial assistance to victims of violent crime and their family members. The Program reduces the financial burden of crime by reimbursing victims for their crime related expenses not covered by any other source of benefits (insurance, Medicaid, Medicare, disability benefits, Workers' Compensation, etc.). Compensation may be awarded to the victim, the dependents of a deceased victim or a person authorized to act on behalf of the victim and/or surviving dependent. Benefits are awarded for medical care, rehabilitation, counseling services, work loss, loss of support for dependents of homicide victims and funeral expenses. http://www.ago.state.ms.us/divisions/crime_victim/cvcinfo.php	 Fill out a compensation application form, have it notarized and return the form, along with bills and receipts. Compensation Application Forms are available at http://www.ago.state.ms.us/divisions/crimevictim/CompensationApplication.pdf Applications are also available from the district attorney's office, domestic violence shelters, rape crisis centers, survivor of homicide agencies and MADD. Completed application form along with all bills and receipts are to be returned to Office of the Attorney General Crime Prevention & Victim Services Crime Victim Compensation Division
	ELIGIBILITY	Post Office Box 220 Jackson, MS 39205-0220

State	Victim Compensation Laws	Process to Receive Compensation
	There are no eligibility restrictions	1-800-829-6766 or 601-359-6766
	based on immigration status.	601-576-4445 (Fax)
	 The victim must report the crime to law enforcement officials within 72 hours after the crime or show good cause for not reporting. The victim or claimant must fully cooperate with law enforcement investigation and prosecution. 	http://www.ago.state.ms.us/contact/ After receiving an application and related documentation, including a complete offense report, the Division of Victim Compensation reviews the information to see if the crime, the victim and/or claimant are eligible for compensation. This process involves verifying
	 Application must be filed within 24 months after the date of the crime. In cases of child sexual abuse, the application must be filed within 24 months after the crime was reported. The victim must not have contributed, provoked or in any way caused the injury or death; in such cases, benefits may be denied or reduced. All other available sources of payment such as insurance, Medicaid, Medicare, disability benefits and Workers' Compensation must pay first. http://www.ago.state.ms.us/divisions/crime-victim/cycinfo.php 	all the information presented in the application. Law enforcement officers, prosecutors, physicians, counselors, hospitals, and employers may be contacted for additional information. A decision about whether the victim or claimant is eligible is usually made within 90 days. A staff member is then assigned to the case to review expenses incurred as a result of the crime and determine eligibility of reimbursement or payment. Payment of awards may be made directly to the service providers or to the victim/claimant. The victim or claimant is notified in writing of the decision to award or deny the claim. Claimants who are denied compensation may appeal.
	• Individual must be the victim of a violent crime who has suffered personal injury, death or extreme psychological trauma as a result of the crime. Types of crimes include: assault, homicide, sexual assault, child sexual abuse, child physical abuse,	http://www.ago.state.ms.us/divisions/crime_victim/cvcinfo.php TO APPEAL
	 domestic violence and DUI crashes. Dependents of a deceased victim. Persons authorized to act on behalf of the victim or dependents of a deceased victim. Family members of the victim who incur mental health expenses. Persons who have assumed responsibility for funeral expenses. A Mississippi resident who is a victim of a violent crime in a foreign country which does not provide crime victim compensation. http://www.ago.state.ms.us/divisions/crime victim/cvcinfo.php 	The victim or claimant may ask the Division of Victim Compensation to reconsider its decision if he/she disagrees with the Division's decision. The victim or claimant must notify the Division of Victim Compensation of the reason for their dissatisfaction and provide additional information in the reconsideration process. If the outcome of the reconsideration process is not satisfactory, the victim or claimant may request a contested hearing before a hearing officer. If the victim or claimant does not agree with the outcome of the contested hearing, an appeal may be made to circuit court.
	Who is not eligible: By law, certain persons may not meet	http://www.ago.state.ms.us/divisions/crime_vi ctim/cvcinfo.php

State	Victim Compensation Laws	Process to Receive Compensation
	 eligibility requirements for compensation: A victim who is engaged in illegal conduct. The offender and/or the accomplice to the offender. Anyone injured in a motor vehicle accident unless the vehicle was used as a weapon or the offense includes driving under the influence (DUI). Anyone incarcerated in a penal institution when the crime occurred. A victim or claimant who, after filing an application with the Program, is convicted of any felony involving the Controlled Substances Act, the use or possession of a weapon, personal injury or attempted personal injury and the conviction becomes known to the program. http://www.ago.state.ms.us/divisions/crime victim/cvcinfo.php 	
	COMPENSATION	
	 Reasonable and necessary medical and rehabilitation expenses, not to exceed \$10,000. Funeral expenses, not to exceed \$4,500, include: transportation costs to make and/or attend funeral services that are at least 45 miles from the claimant's residence, not to exceed \$500 per claim. Mental health counseling for the victim and victim's family members, not to exceed \$3,500 per claim. Lost wages for work missed by the victim during recovery of injuries, maximum of \$600 per week up to 52 weeks; not to exceed \$15,000. Lost wages for work missed by the claimant in order to assist the victim during recovery of injuries, maximum of \$600 per week up to 52 weeks; not to exceed \$15,000. Lost wages for the victim or claimant to attend court proceedings, maximum of \$600 for one week per claim. Lost wages for the claimant to arrange 	
	• Lost wages for the claimant to arrange and attend funeral services, maximum of \$600 for one week per claim.	

State	Victim Compensation Laws	Process to Receive Compensation
	Loss of support for dependents of the deceased victim, maximum of \$600 per week up to 52 weeks; not to exceed \$15,000. Transportation costs to obtain medical and mental health services that are at least 45 miles from the victim's residence, not to exceed \$500. Overall maximum award for expenses incurred is \$15,000. Additional financial assistance is provided by the CVC Division's Victim Assistance Program. The Victim Assistance Fund was established to address and to respond to the unmet financial needs of crime victims. It provides assistance with: 1) immedi ate safety needs such as replace ment of broken locks or broken doors/w indows; 2) court related transport ation costs; and 3) crime scene cleanup of a homicid e or other violent crime that occurre d in a residen ce or vehicle.	

State	Victim Compensation Laws	Process to Receive Compensation
	For additional information about these services, please call their office at 601.359.4144 or 800.829.6766 http://www.ago.state.ms.us/divisions/crime_victim/cvcinfo.php	
	 Ineligible expenses: Stolen or damaged property. Pain and suffering. Attorney's fees. Expenses paid by an insurance plan, public funds, the offender or other sources. http://www.ago.state.ms.us/divisions/crime-victim/cvcinfo.php 	
Missouri	BACKGROUND	TO APPLY
	The Crime Victims' Compensation Program provides financial assistance to victims who have suffered physical harm as a result of violent crime. In the case of death, the Program helps the victims' dependents. The Crime Victims' Compensation Program is designed to assist victims of violent crimes through a period of financial hardship as a payor of last resort. If a victim has exhausted other sources of compensation, such as health insurance, and has no other source of reimbursement, the Program can help pay for medical costs, wage loss, psychological counseling, funeral expenses and support for dependent survivors up to \$25,000.	For a claim application or other information: PO Box 3001 Jefferson City, MO 65102 573-526-6006 1-800-347-6881 www.dolir.mo.gov/wc/cv help.htm After receiving the proper claim forms, the Crime Victims' Compensation Unit conducts an investigation. Witnesses, law enforcement officers, physicians, hospitals and employers may be contacted for report and verification. The Unit then makes a decision on the claim and the claimant is notified of the decision.
	 There are no eligibility restrictions based on immigration status. http://www.dolir.mo.gov/wc/forms/cv-14-ai.pdf; accessed August 14, 2006 The incident must be reported to the proper law enforcement agency within 48 hours, unless the victim was a minor or there is good cause shown for reporting late. 	TO APPEAL If a claim is denied, or if the settlement offer is unacceptable, a dissatisfied claimant may request the Crime Victims' Unit to set the case before an Administrative Law Judge.

State	Victim Compensation Laws	Process to Receive Compensation
	Those eligible to make a claim are: 1. The victim; 2. In the case of a sexual assault victim: a. A relative of the victim requiring counseling in order to better assist the victim in his recovery; and 3. In the case of the death of the victim as a direct result of the crime: a. A dependent of the victim; b. Any member of the family who legally assumes the obligation, or who pays the medical or burial expenses incurred as a direct result; or c. A survivor of the victim requiring counseling as a direct result of the death of the victim. § 595.020, RSMo.	
	 In addition, the following conditions must be met: The victim must cooperate with law enforcement officials in the investigation and prosecution. The injury or death must have occurred in Missouri, except when the victim is a Missouri resident who suffers personal injury or death in a state that does not have crime victims' compensation, or when a Missouri resident is injured by an act of terrorism which was committed outside of the United States; A claim must be filed within 2 years of the crime, unless the victim is a minor; then the claim must be filed within 2 years of discovering the crime. http://www.dolir.mo.gov/wc/forms/cv-14-ai.pdf; accessed August 14, 2006 	
	COMPENSATION Costs incurred by a victim or claimant eligible for compensation are medical and drug costs, counseling expenses, lost wages, funeral costs and loss of earnings or support. A claimant must suffer at least \$50 "out-of-pocket" loss. Out-of-pocket loss means unreimbursed or unreimbursable expenses or indebtedness reasonably incurred for medical care or other services such as burial or funeral expenses. §	

State	Victim Compensation Laws	Process to Receive Compensation
	595.030, RSMo.	
	The Fund is a payor of last resort. This means that all other sources of payment must be used before compensation is made from the Fund. Health insurance, funds from Medicaid or Medicare and any other sources of payment available to the victim are deducted from the total expense that may be eligible for reimbursement under the crime victim law. However, if a claimant has a health insurance policy but still has out of pocket expenses because of deductibles or co-payments, those out-of-pocket costs may be eligible for reimbursement. Program guidelines: http://www.dolir.mo.gov/wc/cv_guidelines.htm	
Montana	ELIGIBILITY	TO APPLY
	 There are no eligibility restrictions based on immigration status. A state official confirmed that immigration status is not taken into consideration when determining whether a person is eligible for victim's compensation benefits. To qualify for compensation benefits, the victim must report the crime within 72 hours or show good cause for a delay in reporting and must cooperate with law enforcement and prosecuting attorneys. (Mont. Code Ann. § 53-9-125(3)). In addition, victims must fully 	Applications may be obtained from Crime Victim Compensation Program, Office of Victim Services, Department of Justice, 1712 9th Avenue, P.O. Box 201410, Helena, MT 59620-1410 (phone 406.444.3653 or 800.498.6455). Claim forms are also available from law enforcement, city or county attorneys, hospitals, and victim advocate programs. The victim must file a claim with the Crime Victim Compensation Program within 1 year of the date the crime was committed or show good cause for delay. (Mont. Code Ann. § 53-
	report and cooperate with law enforcement officials and prosecuting attorneys to be eligible for benefits. (Mont. Code Ann. § 53-9-125(4)). To be eligible for compensation, the	9-125(1)). Once a claim has been submitted, it may take 2 to 3 months for the Crime Victim Compensation Program to make an eligibility determination.
	 applicant must be: A "victim"—defined as a person who suffers bodily injury or death as a result of criminally injurious conduct. (referred to as the Primary Victim) A dependent of deceased victim (referred to as the Secondary Victim) A person who engaged in a good faith 	Copies of all crime-related medical bills must be sent to the Crime Victim Compensation as soon as possible. The Crime Victim Compensation Program is a program of last resort, so victims must first submit medical expenses to any other program for which they

State	Victim Compensation Laws	Process to Receive Compensation
	effort to prevent a crime or apprehend a person reasonably suspected of engaging in criminally injurious activity. (Mont. Code Ann. § 53-9-103) The victim may be either a non-resident who is injured in Montana or a Montana resident who is injured either	are eligible, such as health insurance, Medicaid, Workers' Compensation, etc. See http://www.doj.mt.gov/victims/victimcompensation.asp for additional information.
	in Montana or in a state which does not	TO APPEAL
	provide compensation for non- residents	A claimant who disputes the Office's
	A victim may receive compensation benefits for any criminally injurious conduct, which is defined as conduct that results in bodily injury or death and is punishable by fine, imprisonment, death, or would be so punishable except that the perpetrator lacked capacity to commit crime (i.e. a person who is found not guilty by reason of insanity). (Mont. Code Ann. § 53-9-103(3)). Compensation may be reduced or denied if: Any offender or accomplice of the offender or any claimant if award would unjustly benefit the offender or accomplice. (Mont. Code Ann. § 53-9-125(2)). Persons injured while in prison. (Mont. Code Ann. § 53-9-125(6)). Compensation may be denied or reduced for any person who contributed to the death or injury for which the claim is made. (Mont. Code Ann. § 53-9-125(7)).	determination may appeal to the district court for the county in which the claimant resides or Lewis and Clark County for review. (Mont. Code Ann. § 53-9-131).
	 the applicant is a victim of a traffic accident not related to drunk driving. 	
	COMPENSATION	
	Montana's Crime Victims Compensation Act provides assistance with expenses (not to exceed \$25,000) including:	
	 Payments for medical expenses including physician and hospital services, medicine, and ambulance costs; 	
	• Benefits for mental health counseling are capped at \$2,000 or 1 year, whichever comes first (although the	
	victim may request an extension);Benefits for chiropractic services can	
	 be paid for up to 30 visits Funeral expenses may not exceed \$3,500 and will be paid only if all other 	

State	Victim Compensation Laws	Process to Receive Compensation
	collateral sources fail to cover the expense; If a victim is employed at the time the crime occurs and is physically unable to work as the result of a physical injury related to the crime, a portion of the lost wages can also be reimbursed. To receive wage loss benefits, the victim must provide a letter from his or her primary care physician stating that the victim is physically unable to work and setting forth the length of time that the victim will miss work. Wage loss claims are paid every 2 weeks. (Mont. Code Ann. § 53-9-128); If a victim has no prospect of being employed in the normal labor market and was employable but not employed at the time of injury may, at the discretion of the office, receive up to \$100 per week. Payments continue until the victim is reasonably employable again; Dependants of a victim who is killed are entitled to receive, in a gross single amount, weekly benefits amounting to 66 2/3% of the wages received at the time of the injurious conduct causing death. This payment is subject to a cap set at one-half the state's average weekly wage; and Dependants of a victim who was killed and unemployed at the time may, at the discretion of the office, receive a sum not to exceed \$100 per week. Parents, brothers, or sisters of a victim who is killed are entitled to receive reimbursement for mental health treatment received as a result of the victim's death. (Mont. Code Ann. § 53-9-128).	
	Forensic Rape Examination Payment Program covers the cost of:	
	 complete sexual assault examination emergency room facility charges doctor/nurse examiner charges STD prophylaxis toxicology, lab, testing, pharmaceuticals, and supplies. 	
	The 2005 Montana Legislature's House Bill	

State	Victim Compensation Laws	Process to Receive Compensation
	577 (amending Mont. Code Ann. §§ 2-15-2014 and 46-15-411).	
	Parents, brothers, sisters of a minor who is the victim of sexual assault and who are not entitled to receiving services under title 41 chapter 3 are entitled to reimbursement for mental health treatment as a result of that criminally injurious conduct. Total payments are not to exceed \$2,000 or 12 months. (Mont. Code Ann. § 53-9-128(9)(b)).	
	Compensation benefits do not include: Property damage; Pain and suffering; Non-medical expenses; In-patient psychiatric care; or Chemical dependency counseling. The CVC Program either will make payment directly to the service provider or will reimburse the victim for payments made.	
Nebraska	Nebraska's Crime Victims Reparations ("CVR") Program assists victims of crime who suffer bodily harm and have incurred a financial loss as a direct result of a criminal	An applicant must file a claim with the CVR program within 2 years of the date of the crime. Neb. Rev. Stat § 81-1821).
	act, provided the loss exceeds ten percent of the victim's net financial resources. ELIGIBILITY	To apply for compensation, a victim must submit (1) a completed, notarized compensation application, (2) a completed Financial Resources Form, and (3) itemized
	There are no eligibility restrictions based on immigration status.	copies of all medical bills relating to the incident to the Nebraska Crime Victim's Reparations Program, P.O. Box 94946, Lincoln, Nebraska 68509-4946 (402.471.2828 or 402.471.2194).
	• To qualify for compensation, the victim must report the crime to a law enforcement agency within three (3) days of the crime and cooperate with criminal justice officials in the investigation of the crime and the prosecution of the offender. Neb. Rev.	Forms and additional information are available at http://www.ncc.state.ne.us/services_programs/crime_victim_reparations.htm The claimant must also provide the CVR an
	Stat § 81-1821. A person may be eligible to receive	itemized list of medical bills relating to the incident or an itemized copy of the funeral bill and death certificate.

State Victim Compensation Laws	Process to Receive Compensation
compensation benefits if the applicant is:	To request compensation for lost wages, a victim must submit (1) copies of three payroll stubs covering the period prior to the crime; (2) a statement from her employer, verifying hours of work missed and hourly wages; and (3) a copy of the doctor's release stating the exact date the victim could return to work. After the CVR Program receives the required information, it completes an investigation and presents the claim to a Hearing Officer. The Hearing Officer shall rule within 180 days after receipt of all required information. A copy of the Hearing Officer's decision will be mailed to the victim. TO APPEAL A decision may be appealed by submitting a written request for a hearing to the CVR program within 30 days of the decision. A claimant may appeal a decision by a hearing officer within 30 days of the initial decision. The appeal is heard by the committee and shall commence within 120 days of the request for rehearing.

State	Victim Compensation Laws	Process to Receive Compensation
	Compensation is not available for expenses paid by collateral sources, including: • A private or group insurance plans; • Public funds; • The offender; or • Other sources.	
	 Victims may not be compensated for: Pain and suffering; Loss of property; Expenses not directly related to the crime; or Expenses paid by private or group insurance plans, public funds, the offender, or other sources. 	
Nevada	ELIGIBILITY	TO APPLY
	Immigrants who are not lawfully entitled to reside in the U.S. are not eligible to receive victims compensation benefits. (N.R.S. § 217.220(b)). A social security number is required to receive compensation.	Applications for compensation must be filed within one (1) year from the date of the crime, unless there is good reason why the application could not be filed within this timeframe. In addition, minors may apply until they reach the age of 21 years. http://hearings.state.nv.us/Victims.htm
	In addition, victims must file a criminal police report within 5 days following the crime unless there is an explanation as to why the victim was unable to notify authorities. Victims must also cooperate with law enforcement officials during their investigation and prosecution of the crime. http://hearings.state.nv.us/Victims.htm The application must be made within 1 year of the date of the personal injury or death unless the time limit is waived based on good cause shown. The incident must have been reported to the police within 5 days of the time when a report could have been reasonably filed. (N.R.S. § 217.210).	Applications for compensation resulting from sexual assault crimes must be made within 60 days of after the date of the assault. The sexual assault must be reported to the police within three (3) days of the assault or, if a report could not have been reported within that period, within 3 days after the time when a report could reasonably have been made. A compensation officer will obtain and review the police report, interview the applicant, accumulate medical bills and medical reports, as well as insurance, employment and financial information. The applicant will be notified in writing within 60 days of the interview if he/she is eligible for assistance.
	 The following individuals are eligible to receive compensation benefits: A victim who has suffered personal injury or any person responsible for the maintenance of a victim who has suffered a pecuniary loss (N.R.S. 217.160.); 	The application will be reviewed by a Compensation officer, a Hearing Officer, an Appeals Officer, and finally the Victims Compensation Board, if applicable.
	 Any dependents of a deceased victim; A minor who is a member of a household or immediate family of a 	The application process can take 8-10 weeks. Payments will not be authorized until all required information is received.

State	Victim Compensation Laws	Process to Receive Compensation
	victim of a battery which constitutes domestic violence pursuant to N.R.S 33.018 who is in need of psychological assessment, evaluation, or counseling arising out of trauma suffered as a result of the battery; • A member of the victim's household or immediate family needing psychological counseling resulting from trauma suffered as a result of the crime of	For more information, contact the county board of commissioners where the crime occurred or the Victims of Crimes office, 2200 South Rancho Drive Suite 130, Las Vegas, Nevada 89102. Tel: (702)486-2740 Fax: (702)486-2825
	murder; andAn awardee of the Governor's certificate	TO APPEAL
	for meritorious citizen's service to a victim. The following individuals are not eligible to receive compensation benefits: Those who were injured in motor vehicle, boat, or airplane accident unless such vehicles were deliberately used to injure the victim or the vehicle was used in some other crime. Persons who were not citizens of the United States or legally permitted to reside in the United States at the time of injury. (N.R.S 217.220(b)) Person injured or killed while serving sentence of imprisonment in prison or jail including juvenile detention. (N.R.S. 217.220) A victim who is a relative of the offender who at the time of injury or death was living with the offender in a continuing relationship may be awarded compensation only if the offender would not profit by the compensation of the victim. (N.R.S.	TO APPEAL Applicants may make a written request for reconsideration with the Hearings Division located at 555 East Washington Avenue, Suite 3200, Las Vegas, NV 89101, or 1050 E. Williams, Carson City, NV 89701 within 15 days of the decision.
	 217.220) Compensation may be denied if the compensation officer determines that the victim will not suffer serious financial hardship, however, the following may not be considered: (1) 	
	the value of the victim's home; (2) value of the victim's motor vehicle; (3) Any savings or investments up to and equaling the victim's annual salary. • Co-conspirators, codefendants, accomplices, or adult passenger of the offender whose crime resulted in the victims injuries. (N.R.S. 217.220.1(c)). • Those who fail to cooperate with law	

State	Victim Compensation Laws	Process to Receive Compensation
	enforcement agencies but not limited solely to prosecution of the offender. http://hearings.state.nv.us/Victims.htm	
	COMPENSATION	
	The program has a monetary case cap of \$50,000 per victim. The following benefits may be available to victims of criminal acts: • Medical expense payment and psychological counseling; • Counseling and medical treatment of victims of sexual assault (N.R.S. 217.290); • Counseling expenses (not to exceed \$3,500); • Funeral costs (not to exceed \$3,500); • Lost wages (not to exceed \$300 per week for 52 weeks); and • Replacement or repair of lost or damaged property which is essential to physical or mental health of the victim (including eye-glasses, dentures, prosthetics). Victims may not be compensated for: • Property loss or repair; • Legal fees; • Phone bills; • Meals; • Living expenses; or • Pain and suffering. http://hearings.state.nv.us/Victims.htm Costs incurred by a hospital for initial emergency care for a victim of a sexual offense must not be charged directly to the victim, but must be charged to the county in whose jurisdiction the offense was committed (not to exceed \$1,000). N.R.S. 449.244.1(b). To qualify for this benefit	
	the application for treatment must be made within 60 days of the sexual assault and reported to the police within 3 days of the occurrence or the time when a report could be reasonably made. (N.R.S. 217.340.)	
New Hampshire	ELIGIBILITY	TO APPLY
	There are no eligibility restrictions	A victims' assistance commission is

Jurisdictionally Sound Civil Protection Orders

State	Victim Compensation Laws	Process to Receive Compensation
	In order to be eligible to receive benefits, the victim must have reported the crime to law enforcement	established to review and award victims' claims for compensation. Members of the commission are nominated by the attorney general. (RSA 21-M:8-g.I)
	authorities within 5 days, unless there is a reasonable explanation for not doing so.	The claimant, guardian ad litem or child advocate, or parent shall file a claim for compensation within one (1) year of the crime, unless good cause is shown. (RSA 21-M:8-
	The following individuals are eligible to receive compensation benefits:	h.II.)
	 Any person who sustains personal injury as a result of a felony or misdemeanor; Any person who sustains personal injury caused by a person driving under the influence of alcohol or controlled substances; 	The commission shall review claims from victims for compensation and make compensation awards from the victims' assistance fund and from private donations and contributions (RSA 21-M:8-g.III)
	• Any person who is a victim of sexual abuse and is under the age of 18 at the time the claim is filed. (RSA 21-M:8-h.I(a))	The commission may consider the finding of innocence or guilt of the alleged offender in determining the eligibility of the claimant. In determining eligibility and the amount of compensation to be awarded, the commission
	In the case of a child victim, the claimant, guardian ad litem, advocate or parent may claim compensation in the victim's stead. (RSA 21-M:8-h.I(b))	shall consider the contributory fault of the victim in causing his injury. (RSA 21-M:8-h.IV.)
	Failure to apprehend the offender, or failure of the state to convict the offender, by itself, does not disqualify the claimant for compensation, if there is reasonable evidence to sustain the claim that a crime had been committed, which resulted in injury to the victim. (RSA 21-M:8-h.III)	The accused shall receive no benefit as a result of compensation, if compensation is paid to members of the accused's immediate family, or persons who reside with or who have maintained a continuous relationship with the accused. (RSA 21-M:8-h.IV.)
	The Victims' Assistance Commission may consider the finding of innocence or guilt of the alleged offender, as well as the contributory fault of the victim in causing his injury, in determining the eligibility of the claimant. (RSA 21-M:8-h.IV)	
	COMPENSATION	
	There is a \$10,000 ceiling on recovery per claimant per incident. The claimant may be reimbursed for reasonable out-of-pocket	

State	Victim Compensation Laws	Process to Receive Compensation
	 expenses, including: Medical expenses; Funeral expenses; Counseling expenses; and Lost wages directly resulting from the crime. (RSA 21-M:8-h.V.) Reimbursable expenses incurred has to be at least \$100. (RSA 21-M:8-h.V.) 	
	If expenses paid through the victims' assistance program fund are later covered by insurance settlements, civil suit settlements, restitution, or through any other source, the claimant shall reimburse the fund for the amount of expenses recovered. (RSA 21-M:8-h.V.)	
New Jersey	 There are no eligibility restrictions based on immigration status. The crime must be reported to the police within three (3) months after it occurs, or within three (3) months from the time it was known, or from the time there was reason to believe, that a crime occurred. (N.J.A.C. 13:75-1.5(b)) The following persons are eligible for compensation benefits: A victim of a crime who has sustained personal injury, mental trauma or death; A surviving spouse, parent/guardian, child or other relative dependent for support upon a victim of a crime who 	 TO APPLY VCCB applications are available: At every law enforcement agency and medical institution in New Jersey; Online at http://www.state.nj.us/victims/files/VCCB_Forms_Final.pdf); From the 21 county prosecutors' offices through their respective Victim/Witness Coordinator. The Coordinators will assist crime victims in filling out the form; or From the VCCB by calling 973-648-2107 or 877-NJ-VCCB1 (877-658-2221) for assistance. The claim must be filed within two years from the date of the personal injury or death, or after two years if the Board determines that good cause existed for the delayed filing. (N.J.A.C.
	died as a direct result of such crime (N.J.A.C. 13:75-1.6(b)); or • A person injured while trying to prevent a crime or while assisting a police officer in making an arrest. In addition, victims must meet the following conditions: • For incidents prior to June 26, 1995, the victim must have suffered at least \$100 in out-of-pocket medical expenses	To obtain benefits, the victim must file a completed claim form and comply with Board regulations which are explained in the instructions. The victim will be asked to submit information to support the application. Where possible and to speed up processing, it is helpful to submit a copy of a police report and related bills, receipts and insurance statements together with the application.

State	Victim Compensation Laws	Process to Receive Compensation
State	and/or two weeks continuous loss of earnings or support. (N.J.A.C. 13:75-1.7(a)); • For incidents occurring on or after June 26, 1995, there are no minimum loss requirements (N.J.A.C. 13:75-1.7(a).2); • The victim must cooperate fully with the police and prosecutor's office (N.J.A.C. 13:75-1.6(c)4.vii); however, eligibility is not dependent upon conviction or prosecution of the offender; • Failure to cooperate with the Board investigator or failure to inform the Board of a change of address will result in a denial of compensation; • If there are any Victims of Crime Compensation Board assessments imposed on the victim by the courts for prior convictions, the victim must pay them in full before the victim can receive any compensation. (N.J.A.C. 13:75-1.7(k)); and • The crime must occur in New Jersey, although the victim does not need to be a New Jersey resident (N.J.A.C. 13:75-1.6(g)1), or the victim must be a New Jersey resident who became a victim in another state or jurisdiction that does not have a CVC program (N.J.A.C. 13:75-1.6(g)2) or has a program that has not provided full compensation for the crime-related losses (N.J.A.C. 13:75-1.6(g)3). The following individuals are not eligible to receive benefits: • A victim whose behavior contributed to the crime and injuries suffered (N.J.A.C. 13:75-1.7(a)3) • A victim whose sengaged in illegal activity at the time of the crime (N.J.A.C. 13:75-1.6(d)) • An offender or an accomplice of the offender (N.J.A.C. 13:75-1.6(d))	The claim will be processed in the chronological order in which it is received by the Board. Upon receipt of the application, the claim is opened, given a claim number, an acknowledgment of receipt is sent to the applicant, and if needed, additional information is requested. All requests for emergency assistance and counseling are reviewed immediately. After a police report is received, the Board's eligibility investigators will review all the circumstances surrounding the incident, including, but not limited to, direct discussion with police and prosecutorial personnel, securing trial related information from the courts, and speaking with witnesses. The investigator will provide the Board's commissioners with a recommendation either that the claim is eligible for compensation or to deny compensation because there has been a failure to comply with one of the statute's provisions. Once determined eligible for compensation, the claim enters the compensation phase. The Board's investigator will verify losses by communicating directly with providers of medical services, securing insurance benefit statements, and gathering loss of earnings and disability payment information. The victim is required to show a minimum loss of at least \$100 unreimbursed medical expenses or two continuous weeks loss of earnings or support. For incidents occurring on or after June 26, 1995, the minimum loss requirement no longer applies If additional information comes to the Board's attention which requires the Board to change its determination of eligibility, the victim will be notified and given an opportunity to respond to the Board's new decision.
		denying eligibility or may recommend an amount of compensation with which the victim disagrees. The victim will have twenty (20) days to advise the Board in writing whether the recommendation is accepted. The victim is entitled to a hearing before the Board. At the hearing the victim will be given an opportunity to submit supporting proofs

A victim of a motor vehicle or boating

to submit supporting proofs.

State	Victim Compensation Laws	Process to Receive Compensation
	incident where the victim knew, or had reason to believe, the vehicle or vessel was being operated by the offender while under the influence of alcohol or narcotics. (N.J.A.C. 13:75-1.7(i))	(check http://www.state.nj.us/victims/pages/hearings.h tm for hearing dates)
	A victim who is a non-resident of New Jersey and the crime incurred in a location other than New Jersey.	The Board does not require that the victim appear at formal hearings with an attorney. The victim does have the right, however, to be represented before the Board at all stages of
	New Jersey "Resident" is defined as "a person who is living in the State voluntarily and not for a temporary purpose, that is,	proceedings by a New Jersey licensed attorney. At the hearing the victim will be called upon to
	with no intention of presently removing therefrom."	respond to questions from the Board's legal counsel and the Board's commissioners. The
	(Medicaid Only Manual. N.J.A.C. 10:71-3.5.(a). p.20)	victim will have the opportunity to make a statement and question witnesses. There may be issues and questions for which legal advice
	The Board may order the payment of compensation for personal injury or death which resulted from the commission or attempt to commit any of the following offenses: • Aggravated assault; • Threats to do bodily harm; • Lewd, indecent or obscene acts;	would be beneficial. If the victim decides to obtain an attorney, the Board must be notified within twenty (20) days of the hearing date. The attorney must also send a letter to the Board's Legal Department confirming that the attorney is representing the victim.
	 Indecent acts with children; Kidnapping; Murder; Manslaughter; Aggravated sexual assault, sexual assault, aggravated criminal sexual 	The Board does not assign or provide attorneys, but will be able to refer for assistance. For further information, contact the Board's Victim Counseling Service at 201-648-2535.
	 contact, criminal sexual contact; Any other crime involving violence including domestic violence; Burglary (personal property loss or damage will not be compensated) (N.J.A.C. 13:75-1.7(f)); Tampering with a cosmetic, drug or food product; 	For additional information, contact the State of New Jersey Victims of Crime Compensation Board (VCCB) For claim information, 50 Park Place Newark, New Jersey 07102 1-877-658-2221 or www.njvictims.org.
	Driving a vehicle, commercial or private, or boat while under the	TO APPEAL
	 influence of alcohol or narcotics; and Theft of an automobile, eluding a law enforcement officer or unlawful taking of a motor vehicle where injuries to the victim occur in the course of operating the automobile. (N.J.A.C. 13:75-1.7(f) citing N.J.S.A. 	If, after the hearing, the victim does not agree with the Board's determination, the decision can be appealed directly to the Appellate Division of the Superior Court within forty-five (45) days from the date the Board's order is received.
	52:4B-11) COMPENSATION	The following information has been summarized from

State	Victim Compensation Laws	Process to Receive Compensation
State	to a maximum of \$25,000 per claim (\$10,000 for crimes before December 5, 1982) (N.J.A.C. 13:75-1.7(g))and may include the following: • Medically related expenses (including chiropractic/physical therapy. N.J.A.C. 13:75-1.7(j)); • Loss of earnings in personal injury cases (N.J.A.C. 13:75-1.7(b)2); • Loss of support from the victim for dependents in homicide cases (N.J.A.C. 13:75-1.7(b)3); • Loss of support from the victim for dependents in homicide cases (N.J.A.C. 13:75-1.7(b)3); • Loss of earnings for surviving spouse whose earning capacity has been reduced in case of victim/spouse's death; • Loss of support from the offender in domestic violence cases; • Limited transportation costs; • Mental health counseling for victim and immediate family members; • Limited domestic service, child care, day care and after school care costs; • Funeral allowances of up to \$5,000 (N.J.A.C. 13:75-1.7(e)5); • Loss of prescription eyeglasses; • Crime Scene Cleanup of up to \$1,500 (N.J.A.C. 13:75-1.7(o)(6); • Relocation expenses of up to \$2,500 (N.J.A.C. 13:75-1.7(m)3); and • Emergency financial assistance of up to \$1,500, if the victim is employed and unable to work and face undue hardship as a result of crime-related injuries. (N.J.A.C. 13:75-1.25(c)). For crimes committed after June 26, 1995, if the victim is at least 60 years old or determined to be disabled and meet financial guidelines, the victim may be eligible for reimbursement for up to \$200 in stolen cash resulting from the assault and robbery. (N.J.A.C. 13:75-1.25(e)) The Board will pay legal fees only if it awards compensation. Attorneys are limited to receiving fees that are set by statute and by the Board.	Process to Receive Compensation

State	Victim Compensation Laws	Process to Receive Compensation
	Victims of sexual assault receive the following healthcare services during the forensic examination:	
	 routine medical screening; medications for prophylaxis of some sexually transmitted infections; and pregnancy tests. 	
	Victims requiring emergency health care services beyond the scope of the forensic examination may be charged according to hospital policy for any services provided and can seek compensation.	
	The following information has been summarized from http://www.state.nj.us/victims/admincode/admincode.htm ; accessed July 2006	
New Mexico	BACKGROUND	TO APPLY
	Generally, a victim of certain crimes (listed below) may receive compensation from the New Mexico Crime Victims Reparation Commission (the "Commission") if the person who committed the crime is within	To apply for compensation, an application must be completed and submitted to the Commission.
	the criminal jurisdiction of the State. ELIGIBILITY	An application must be filed within 2 years after the date of the injury or death. N.M. Stat. Ann. § 31-22-14.A (2006) and NMAC § 10.40.2.8 (2006).
	There is no eligibility requirement relating to immigration status.	Applications should be submitted to:
	In order to be eligible for compensation	Crime Victims Reparation Commission
	benefits, a victim must report the crime to the police within 30 days of its	8100 Mountain Road NE, Suite 106
	occurrence. However, if the person was a victim of domestic violence or	Albuquerque, NM 87110
	sexual assault, the crime must be reported within 180 days of its occurrence. In the case of a crime against a child, compensation may still	For assistance, a victim may contact their local District Attorney's Office.
	be awarded if the crime was reported within 30 days of its occurrence to the Children, Youth and Families Department, a domestic violence or sexual assault service provider, a teacher, or a health care provider. In	An applicant must provide all documentation that is necessary to verify reimbursable expenses. Such documentation may include invoices, receipts, and canceled checks. See

State	Victim Compensation Laws	Process to Receive Compensation
	the latter case, a police report must be filed before payment is approved. The victim must fully cooperate with law enforcement. See N.M. Stat. Ann. § 31-22-14.A (2006) and NMAC § 10.40.2.8 (2006).	NMAC § 10.40.2.10.C (2006). For more information, see http://www.state.nm.us/cvrc/
	Compensation may be paid to the victim, one or more of the victim's dependents (in the case of the victim's death), or to any person who voluntarily pays the funeral or medical expenses of the victim. See N.M. Stat. Ann. § 31-22-7.A (2006).	For a claim application, see http://www.state.nm.us/cvrc/brochure/broc7.html ml
	The crimes for which compensation can be received include: • arson resulting in bodily injury; • aggravated arson; • aggravated assault or aggravated battery; • dangerous use of explosives; • negligent use of a deadly weapon; • murder; • voluntary and involuntary manslaughter; • kidnapping; • criminal sexual penetration; • criminal sexual contact of a minor; • vehicular homicide or certain bodily injury caused by a vehicle; • child abandonment or abuse; • aggravated indecent exposure; and • aggravated stalking. See N.M. Stat. Ann. § 31-22-8.A (2006).	
	COMPENSATION	
	The maximum amount that can be awarded on any one application is \$20,000 (except as discussed below). Compensation may be paid for:	
	 medical, dental, or hospital expenses incurred as a result of the victim's injury or death; funeral (not to exceed \$3,500); counseling; replacement or repair cost (including eyeglasses or medically necessary 	

State	Victim Compensation Laws	Process to Receive Compensation
	devices); • loss of the victim's earning power; • any other monetary loss resulting from the victim's injury or death that the Commission determines is reasonable and proper; and • expenses relating to rehabilitation services provided to a victim of child abuse or neglect.	
	An additional \$30,000 may be awarded for extraordinary pecuniary losses if the victim's personal injury is catastrophic and causes permanent and total disability. The extraordinary losses that may be compensated include:	
	 loss of wages; cost of home health care; cost of making home or automobile accessible; cost of training in the use of special application; or job training. See N.M. Stat. Ann. § 31-22-14 (2006). 	
	In making its decision regarding whether to award compensation, the Commission will consider the behavior of the victim. The Commission may reduce or deny an award under certain circumstances, including if the victim:	
	 knowingly or willing was involved in the commission of the crime; provoked or incited the crime; engaged in illegal drug use; engaged in gang-related crime or activity; knowingly or willingly rode in a vehicle operated by a person under the influence of alcohol or a controlled substance; 	
	 was intoxicated or operated a vehicle while legally intoxicated; failed to wear a seat belt; falsified the application; failed to have automobile insurance; or engaged in a physical altercation. See N.M. Stat. Ann. § 31-22-10 (2006); N.M. Stat. Ann. § 31-22-20 (2006); NMAC § 10.40.2.11 (2006). 	

State	Victim Compensation Laws	Process to Receive Compensation
	Expenses incurred must first be submitted to other available sources, including insurance, local indigent programs, Medicare, and Medicaid for payment. For example, certain counties may provide compensation for certain types of expenses. Expenses not covered will be considered for payment by the Commission.	
	The Commission can appoint an impartial licensed physician to examine a person making an application for reparation. The fees for such examination will be paid by the Commission. See N.M. Stat. Ann. § 31-22-6.A (2006).	
	Based on information provided through SANE, Sexual Assault Nurse Examiners, a victim may receive five free mental health sessions through the Behavioral Health Services Division of the Department of Health. Counseling also is available through Rape Crisis Centers. NMAC § 7.7.2.38 (2006).	
New York	BACKGROUND	TO APPLY
	Innocent victims of crime may receive financial assistance under certain circumstances from the Board. ELIGIBILITY	To apply for compensation, an application must be submitted to the Board within 1 year after the occurrence or discovery of the crime or not later than 1 year from the death of the victim. The Board may waive these deadlines for claims involving sex offenses or family offenses. In those cases, a police report must be filed within a reasonable time frame
	There is no eligibility restrictions based on immigration status.	considering all circumstances.
	In addition, the crime must have been reported to a criminal justice agency within 1 week of its occurrence.	Applications should be submitted to: Crime Victims Board
	A person is eligible to apply if he or she: • Sustained personal physical injury as a	New York State 845 Central Avenue
	result of the crime; • Was unlawfully imprisoned in the first	Albany, NY 12206

State	Victim Compensation Laws	Process to Receive Compensation
	degree; • Was kidnapped in the first or second degree; • Is 60 years or older, disabled and has suffered a loss or damage to essential personal property; • Is the surviving spouse, parent, grandparent, stepparent, child, stepchild or person dependent upon the victim if the victim died as a direct result of the crime; • Paid or incurred the burial expenses of an innocent victim who died as a result of the crime; • Is a child victim of or witness to a crime (under 18 years old) or his/her parent, guardian or sibling; or • Is the victim of a stalking offense. If the victim is criminally responsible for the crime upon which his or her claim is based or if the victim was an accomplice, he or she will not be eligible to receive an award. For more information, see NY CLS Exec § 624 (2006) http://www.cvb.state.ny.us/services.htm	If available or applicable, the following documents should be attached to the application: • correspondence with insurance companies or benefit plan that indicates whether the loss will be covered; • medical bills; • police reports; • insurance cards; • receipts for essential personal property; and • death certificate or funeral contract. For a person under the age of 18 or a person who is incompetent, the claim application may be filed on their behalf by a relative, guardian, conservator, committee, or attorney. For more information, see NY CLS Exec § 625 (2006). For a claim application, see http://www.cvb.state.ny.us/app_forms.htm
	COMPENSATION	
	 Generally, compensation benefits include: Medical expenses or other related services not covered by other resources; Lost earnings or support up to \$600 per week, up to a maximum of \$30,000; Burial expenses (up to \$6,000) or, in the case of the death of a police office or firefighter who dies from injuries sustained in the line of duty, the Board will pay reasonable expenses related to costs incurred upon their death; Occupational rehabilitation expenses; Counseling for the victim and certain family members; 	

State	Victim Compensation Laws	Process to Receive Compensation
	 Repair or replacement cost of essential personal property up to \$500 (up to \$100 cash) or up to \$5000 for a good Samaritan's property losses; Transportation expenses for court appearances; Cost of residing or using the services of a domestic violence shelter; Crime scene related expenses up to \$2,500; and Attorney's fees for representation before the Board, up to \$1,000. 	
	Emergency awards, not exceeding \$1,500, may be awarded in instances where an award will probably be made and where undue hardship will result to the claimant does not receive immediate payment. The amount of such awards will be deducted from the final award made to the claimant. However, if the amount of the emergency awards exceeds the final award, or if no final award is made, the claimant must repay the Board accordingly. See NY CLS Exec § 630 (2006).	
	For more information, see http://www.cvb.state.ny.us/index.html	
	Victims of sexual assault must be offered testing for HIV, hepatitis B, and hepatitis C when they are provided health care and the evidentiary exam is performed. Victims may receive a three-day supply of HIV prophylaxis and medication to prevent sexually transmissible infections, including chlamydia and gonorrhea. NY CLS Pub Health § 2805-p (2006).	
	To receive reimbursement for expenses related to follow-up or post-exposure HIV prophylaxis, a victim can file a claim with the New York State Crime Victims Board (the "Board").	
	For more information, see:	

State	Victim Compensation Laws	Process to Receive Compensation
	http://www.health.state.ny.us/professionals/ protocols_and_guidelines/sexual_assault/do cs/adult_protocol.pdf	
	http://www.cvb.state.ny.us/FRE.htm	
North Carolina	BACKGROUND	TO APPLY
Caronna	The compensation available to victims of crimes other than sexual assault is called Crime Victims Compensation. There are two types of compensation funds available to sexual assault survivors: Crime Victims Compensation and Rape Victims Assistance.	The victim or legal representative may request an application for Crime Victims Compensation from the North Carolina Dept. of Crime Control & Public Safety, Division of Victims Compensation Services.
	Law enforcement agency investigating a crime committed against a victim must provide the victim with the following information:	In order to receive Crime Victims Compensation, the victim (or a legal representative) must file an application for compensation within two (2) years of the assault. Any economic losses must have been
	 (1) The availability of medical services, if needed. (2) The availability of crime victims' compensation benefits and the address and telephone number of the agency responsible for providing these funds. NC Crime Victims Rights' Act § 15A-831. 	incurred within one (1) year of the assault, except for children under age ten who may be compensated for losses up to two years after the assault. In other words, children under age ten can continue to receive services (mental health therapy, medical services etc.) relative to the crime for up to two years after the incident while adults and children over age ten may only receive services for up to one year
	A crime victim has the right to receive restitution as ordered by the court. Article 81C of Chapter 15A of the General	after the incident.
	Statutes. ELIGIBILITY There are no eligibility restrictions based on immigration status. In order to receive Crime Victims Compensation, the victim must fully cooperate with the law enforcement	There is no application for Rape Victims Compensation and the victim does not need to have any direct interaction with the Division of Victims Compensation Services in order for this kind of reimbursement to be provided. Instead, health care providers are responsible for providing all necessary materials to the Division on the victim's behalf.
	investigation and also report the crime within a 72-hour period.	In order to receive Rape Victims Assistance:
	In order to receive Rape Victims Assistance, cooperation with law enforcement is not necessary. A police report in which the victim chooses not to press charges is sufficient to receive Rape Victims Assistance funds. However, the victim's name must be	 The bill must be submitted within six months of the date of service provided; The victim's name must be identified for the service provider to apply for such funds; The medical treatment covered must have been received within 90 days after the

State	Victim Compensation Laws	Process to Receive Compensation
State	identified for the service provider to apply for such funds. In addition, the assault must have been reported to law enforcement within five (5) days of the assault; and the forensic medical examination must have been performed within five (5) days of the assault. The following individuals are eligible to receive compensation benefits: The victim; The victim; The victim's family; or The service providers (e.g., hospitals). COMPENSATION Victims may receive up to a maximum of \$30,000 in compensation benefits. The following benefits may be covered under the program: Medical and mental health services; Lost wages; Funeral services; Replacement services; Replacement services; Travel costs necessary to obtain medical services. The Assistance Program for Victims of Rape and Sex Offenses provides	assault; and Itemized bills must be submitted by the medical staff to the Rape Victims Assistance Program (at the North Carolina Dept. of Crime Control & Public Safety, Division of Victims Compensation Services) within six (6) months after the date of service, along with the name of the law enforcement agency to which the crime was reported. See the following link for more information: http://www.nccrimecontrol.org
	reimbursement for expenses incurred by victims of sexual assault including: • Immediate and short-term medical expenses;	
	 Ambulance services from the place of the attack to a place where medical treatment is provided; Mental health services provided by a professional licensed or certified by the State to provide such services; and Counseling treatment following the attack. 	
	More specifically, rape victims can also receive coverage for STD screening and treatment, and pregnancy testing. (N.C.G.S.A. § 143b-480.2)	
	The Assistance Program for Victims of Rape and Sex Offenses pays for all eligible expenses in addition to a forensic examination (as outlined above) in an amount not to exceed the difference	

State	Victim Compensation Laws	Process to Receive Compensation
	between the full cost of the forensic medical examination and one thousand dollars (\$1,000). For instance, if the cost of the forensic medical examination is one thousand dollars (\$1,000) or more, then the Program will only pay for the forensic medical examination. (N.C.G.S.A. § 143b-480.2)	
	If a rape victim has expenses that total more than the one thousand dollar maximum provided by the Rape Victims Assistance Program, the victim can then apply to receive Crime Victims Compensation funds. If the application is approved, the victim's file is transferred from the Rape Victims Assistance Program to Crime Victims Compensation and the victim may receive additional benefits up to the \$30,000 maximum (\$31,000 including Rape Victims Assistance).	
North Dakota	ELIGIBILITY	TO APPLY
	There are no eligibility restrictions based on immigration status.	Absent good cause, an application must be filed within one year from the date of the crime or discovery of the crime.
	The crime must be reported to law enforcement within 72 hours; provided that, in the case of child abuse or sexual molestation of a child, the crime must be reported by age 21. The victim must also reasonably cooperate with law enforcement, and must not have been assisting in, or committing a criminal act that caused the victim's injuries. See N.D. Cent. Code §54-23.4-06	See N.D. Cent. Code §54-23.4-06 The victim must complete an application and file it with the Crime Victims Compensation Program. Victims' advocates, domestic violence/sexual assault programs, law enforcement personnel and medical providers provide victims with either applications or referrals to the Crime Victims' Compensation Program for an application.
	Victims of certain types of crimes may receive compensation from the state if the crime occurred in North Dakota. The types of crimes compensated under the program include: • Drunk driving; • Hit and run; and • Any violent crime that results in death or bodily injury, including domestic violence and sexual assault.	TO APPEAL If an application is denied by the Crime Victims Compensation Program, a victim has 30 days to request an informal review by the Attorney General's office. If that review is denied, a victim has the right to pursue either (1) a formal hearing with an administrative hearings officer or (2) an appeal to a district

State	Victim Compensation Laws	Process to Receive Compensation
	N.D. Cent. Code §54-23.4-01	court.
	Eligible claimants include the following:	For additional information:
	 Innocent victims who have been physically or emotionally injured in a violent crime in North Dakota or where a compensation program is not available; The victim does not need to be a resident of North Dakota; North Dakota residents injured by an act of terrorism in a foreign country; Dependents of a homicide victim; or Individuals who assume responsibility for funeral and/or medical expenses of a homicide victim. http://www.state.nd.us/docr/parole/victim_comp.htm 	http://www.state.nd.us/docr/parole/victim_home.htm or http://www.ndcrimevictims.org/compensation.htm
	"Victim" means a person who suffers bodily injury or death as a result of criminally injurious conduct, the good-faith effort to prevent criminally injurious conduct, or the good faith effort of any person to apprehend a person suspected of engaging in criminally injurious conduct. N.D. Cent. Code §54-23.4-01.8	
	COMPENSATION	
	Maximum compensation benefits must not exceed \$25,000. Compensation benefits include:	
	 Medical and medical-related expenses (including STD and pregnancy testing, post coital treatment, HIV/AIDS); Mental health counseling; Loss of income (not to exceed \$300/week); Replacement services loss (expenses incurred in obtaining services the victim would have performed if the victim had not been injured); Dependent's economic loss (loss of deceased's wages); and Funeral/burial expenses (not to exceed \$3,000). 	

State	Victim Compensation Laws	Process to Receive Compensation
	omp.htm N.D. Cent. Code §54-23.4-06.8.	
	Compensation is only provided if there is no other source of reimbursement.	
Ohio	BACKGROUND	TO APPLY
	Innocent victims may receive compensation under Ohio's Crime Victims Compensation Act to recover economic losses resulting from violent crimes. ELIGIBILITY	An application for compensation must be completed and filed with the Attorney General's office. An application can be filed: (a) if the victim was a minor, within 2 years of a minor victim's eighteenth birthday or within two years from the date a complaint,
	There are no eligibility restrictions based on immigration status. The land in the formula of the status of	indictment, or information is filed against the alleged offender, whichever is later; (b) if the victim was an adult, within two years after the occurrence of the crime. Ohio Revised Code § 2743.56.
	To be eligible for compensation, the crime must be reported to law enforcement officials within 72 hours from the time it occurs.	An assistant attorney general will issue a Finding of Fact and Decision within 120 days from receiving the claim. If the applicant does
	An applicant may be the direct victim of the crime, or a survivor if the crime results in a death.	not agree with the findings, the applicant may file a Request for Reconsideration within 30 days from the date of the Finding of Fact and Decision. The Attorney General has 60 days
	The applicant must be a resident of the U.S. or a resident of a foreign country of which the laws permit residents of Ohio to recover compensation as victims of offenses committed in that country; or	to issue a Final Decision. TO APPEAL
	The applicant has a permanent place of residence within Ohio at the time of the crime and falls into one of the following categories: • had a permanent place of employment within Ohio; • was a member of the regular armed forces of the US or of the US coast guard, the Ohio organized militia, US army reserve, naval reserve, or air force reserve;	If the applicant does not agree with the Final Decision, the applicant has 30 days to file an appeal for review before a three-commissioner panel of the Court of Claims of Ohio. Decisions by the panel may be appealed to the judge of the Court of Claims. However, the judge of the Court of Claims may only reverse the panel decision if the decision is contrary to law or not reasonable given the evidence in the claim.
	 was retired and receiving social security or other retirement income; was at least sixty years old; was temporarily in another state for purpose of receiving medical 	For additional information: http://www.ag.state.oh.us/victim/forms/cvc_co

State	Victim Compensation Laws	Process to Receive Compensation
	 treatment; was temporarily in another state for the purpose of performing employment-related duties required by an employer located within Ohio; or was temporarily in another state for the purpose of receiving occupational, vocational, or other job-related training or instruction required by an employer located within Ohio. 	mpensation application.pdf
	Crimes covered under the program include homicide, assault, menacing, stalking, sexual assault, domestic violence, and intimidation of an attorney, victim, or witness. Ohio Revised Code § 2930.01(A)(2).	
	However, a violent crime does not include conduct that arises out of the ownership, maintenance or use of a motor vehicle except if the person engaging in the conduct intended to cause injury or death, or if the injury or death occurred while the person engaging in the conduct was fleeing immediately after committing a felony. Ohio Revised Code § 2743.51	
	Law enforcement agencies are required to provide victims of violent crimes with information, including medical care, counseling, housing, emergency, compensation, and any other services that are available to a victim. Ohio Revised Code § 2930.04.	
	Each hospital in Ohio that offers emergency services is required to have on staff a physician, a physician assistant, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife available on call twenty-four hours each day for the examination of persons reported to any law enforcement agency to be victims of sexual offenses. Each victim shall be informed of available venereal disease, pregnancy, medical, and psychiatric services. Ohio Revised Code §2907.29.	

State	Victim Compensation Laws	Process to Receive Compensation
State	COMPENSATION The maximum amount of compensation that will be paid per victim per claim will be \$50,000. Claims may be submitted for reasonable charges incurred for reasonable needed products, services, and accommodations, including: Medical care; Counseling for family members of victims for specific crimes (up to \$2,500 each, maximum \$7,500 per claim); Rehabilitation; Wages lost; Replacement services; Crime scene clean-up/repair for safety (up to \$750); and Funeral expenses (up to \$7,500). Ohio Revised Code § 2743.51(F)(1). Compensation will not be paid on stolen, damaged, or lost property, or for pain and suffering due to violent crimes. However, if victim receives treatment for pain and suffering, the victim may receive compensation for the cost of treatment. Family members of a victim who died as a result of a violent crime may be reimbursed for wages lost and travel expenses in order to attend criminal justice proceedings (not to exceed \$500 for each family member of the victim and \$2,000 for all family members). Ohio Revised Code § 2743.51. http://www.ag.state.oh.us/victim/compensation.asp	Process to Receive Compensation
Oklahoma	BACKGROUND	TO APPLY
	Victims of criminal acts suffering physical or psychological injury or death within Oklahoma or who are residents of Oklahoma who become victims in states with no crime victims compensation program may apply for compensation for	The applicant must complete an application and file it with the Crime Victims Compensation Board within one year after the injury or death upon which the claim is based. The one year requirement may be waived by the Board if there is good cause for failure to file the claim within one year, but in no event

Jurisdictionally Sound Civil Protection Orders

State	Victim Compensation Laws	Process to Receive Compensation
	economic losses resulting from the crime. ELIGIBILITY	shall the filing be permitted after two years. If the victim is mentally handicapped or under eighteen years, the Board may use the date the criminal incident was disclosed to a responsible adult when determining whether or not the claim was filed in a timely manner.
	There are no eligibility restrictions based on immigration status.	Oklahoma Statutes § 142.10.
	To be eligible to receive compensation, the crime must be reported to a law enforcement agency within 72 hours of its occurrence. Persons who are eligible for compensation under the Crime Victims Compensation	A three-panel Board will hear and make determinations on all matters relating to claims for compensation of \$2,500 or more and may hear claims under \$2,500. Oklahoma Statutes § 142.5.
	Program are: Victims; Dependents of a victim who died because of the crime; and Persons authorized to act on behalf of the victim or the dependent of the	Applicants will be notified as to when their claim will be considered by the Board so they can attend if they choose to. Oklahoma Statutes § 142.5.
	victim. Oklahoma Statutes § 142.3.	Once the Board renders a decision, the applicant will be notified of the decision within 2-3 weeks.
	Crimes covered under the Crime Victims Compensation Program include misdemeanors or felonies occurring or attempted within Oklahoma or against a	TO APPEAL
	resident of Oklahoma within a state that does not have a comparable program that results in bodily injury or death to a victim which may be punishable by fine, imprisonment, or death, or if the crime is committed by a child, the child could be adjudicated as a delinquent.	Appeals may be made to the Board for a formal hearing if the applicant is not satisfied with the initial decision. If the applicant is dissatisfied with the formal decision, the applicant may file a petition in District Court.
	Crimes do not include those acts involving the negligent maintenance or use of a motor vehicle, unless:	http://www.dac.state.ok.us/victim/victimcomp.asp?A=5&B=4
	 The offender was under the influence of an intoxicating substance; The offender intended to injure or kill; or 	
	The act involved willful, malicious or felonious failure to stop after being involved in a personal injury accident. Oklahoma Statutes § 142.3.	

State	Victim Compensation Laws	Process to Receive Compensation
	COMPENSATION	
	Economic loss resulting in injury or death to victim, which may be claimed by the victim or another claimant, may not exceed \$20,000. Assistance is available for the following types of out-of-pocket expenses, among other things:	
	 Medical care (doctor exams, dental work, hospital treatment, hospital stay, artificial limbs, prescriptions, and eye glasses); Wage loss; Replacement services; Survivor benefits; Crisis counseling within 3 years of the crime not to exceed \$3,000 for each family member of a homicide victim; Individual counseling sessions for victims of a crime not to \$3,000; Individual mental health treatment will be considered for compensation not to exceed \$10,000; Reasonable funeral, cremation or burial expenses not to exceed \$6,000. Homicide crime scene cleanup; and Caregiver loss of support (not to exceed \$2,000). Property losses and Pain and Suffering is not covered under the program. 	
	http://www.dac.state.ok.us/victim/victimcomp.asp?A=5&B=4	
	Loss of support for a dependent of the deceased victim is computed based on a formula which calculates the net loss of support for dependents based upon an estimated date of retirement or an estimated date of adulthood for the dependent children.	
	Oklahoma Statutes § 142.13.	
	For additional information, contact the District Attorney's Council at (800) 745-6098.	
	http://www.ok.gov/dac/documents/VICTIM S%20COMP%20ACT%20JULY%201,%2	

Jurisdictionally Sound Civil Protection Orders

State	Victim Compensation Laws	Process to Receive Compensation
	<u>02005.pdf</u>	
Oregon	ELIGIBILITY	TO APPLY
	 There are no eligibility restrictions based on immigration status. In addition, per the Application for Crime Victim Compensation, refusal to submit social security numbers will not result in denial. Report the crime to the appropriate law enforcement officials within 72 hours. The reporting requirement may be waived with good cause. 	The victim must complete an application and file it with the Oregon Department of Justice Crime Victims Compensation Program. The victim must: • Be a victim of a compensable crime that occurred in Oregon. • Apply for compensation within six (6) months of the crime.* *May be waived with good cause.
		Further information may be found at:
	The victim of a sexual assault may obtain a medical assessment and complete and submit an application	Crime Victims' Compensation Program
	form to the Sexual Assault Victims	Department of Justice
	Emergency Medical Response Fund regardless of whether the victim	1162 Court St. NE
	reports the sexual assault to a law	Salem, Oregon 97301-4096
	enforcement agency.	Telephone (503) 378-5348
	Victims of crime may receive compensation from the state of Oregon if the crime occurred in Oregon. The types of crimes include robberies, child abuse, assaults, rapes, domestic violence, homicides and other intentional, knowing or reckless acts by a person resulting in physical and/or emotional injury and/or death of another person which would be punishable as a crime.	TDD (503) 378-5938
		FAX (503) 378-5738
		http://www.doj.state.or.us/crimev/comp.shtml
		The victim applying for SAVE benefits must complete and submit a completed application form to the victim's medical service provider. A copy of the form may be found at:
	In order to be eligible to receive compensation benefits under the program, a victim must:	http://www.doj.state.or.us/crimev/pdf/sa fundf inal.pdf.
	 Cooperate fully to apprehend and prosecute the assailant. Not have been involved in a wrongful act and/or did not provoke the assailant. 	To obtain payment from the SAVE Fund, the medical services provider must submit the form to the Oregon Department of Justice within one year. A provider who submits a bill may not bill the victim or the victim's insurance carrier for the medical assessment
	An "eligible victim" for the purposes of accessing the Sexual Assault Victims Emergency Medical Response Fund (SAVE	except to the extent that the SAVE Fund is unable to pay the bill due to lack of funds or declines to pay the bill.

State	Victim Compensation Laws	Process to Receive Compensation
	Fund) is a person who has self-identified or been identified by another as a victim of a sexual assault that occurred in Oregon and who receives a "complete medical	Further information may be found at:
	examination" within 84 hours of the assault or a "partial medical examination" within	Crime Victims' Compensation Program
	168 hours (seven days) of the sexual	Department of Justice
	assault.	1162 Court St. NE
		Salem, Oregon 97301-4096
	COMPENSATION	Telephone (503) 378-5348
		TDD (503) 378-5938
	Compensation is provided for:	FAX (503) 378-5738
	 Reasonable mental health counseling expenses. Reasonable medical and hospital expenses. Eyeglasses, hearing aids, dentures, and other medically necessary devices and expenses. Funeral expenses. Documented loss of support to dependents of homicide victims. Victim's documented loss of earnings. Grief counseling expenses for relatives of homicide victims. Rehabilitation expenses. Counseling expenses for children who witness domestic violence. Mileage expenses. In the case of child sex abuse, reasonable counseling expenses of the victim's family. 	http://www.doj.state.or.us/crimev/sex_aslt_vtm s_emrf.shtml
	Compensation is <u>not</u> provided for: Pain and suffering or property damage or loss. Nervous or mental shock due to property damage or loss.	
	An individual's benefits, such as sick leave, medical disability, social security, or restitution are considered resources that must be used before Crime Victim's compensation dollars.	
	Oregon Revised Statute Chapter 147.	
	The Sexual Assault Victims Emergency Medical Response Fund (SAVE Fund)	

State	Victim Compensation Laws	Process to Receive Compensation
	provides dollars to pay for sexual assault medical exams, forensic exams, and STD prophylaxis for any victim of a sexual assault that occurred within Oregon, regardless of ability to pay. There is no restriction based on Oregon residency or immigration status, and the Crime Victims Assistance Section does not review the immigration status of victims. In addition, the SAVE Fund application does not ask for social security numbers. Both qualified and non-qualified immigrants are eligible.	
	The SAVE Fund pays for any of or all the elements of a "Complete" Medical Assessment, which includes the collection of forensic evidence and must be conducted within 84 hours of the assault; and for any of or all the elements of a "Partial" Medical Assessment which does not include the collection of forensic evidence and must be conducted within 7 days of the assault.	
	Examples of services not covered by the SAVE Fund include: treatment of injuries, DNA testing, HIV testing, laboratory testing of blood for any purpose, and prescriptions filled off-site of the location of the medical examination.	
	For additional information, see Oregon Administrative Rules 137-084-0001 - 137-084-0030, temporary provisions relating to medical assessments for victims of sexual assaults compiled as a note preceding Oregon Revised Statute 147.0005, and http://www.doj.state.or.us/crimev/sex_aslt_vtms_emrf.shtml .	
Pennsylvania	ELIGIBILITY	TO APPLY
	 There are no eligibility restrictions based on immigration status. Victims must promptly report the crime to the proper authorities, and in no case may an award be made if the report was made more than 72 hours after the occurrence of the crime 	A victim shall provide a valid address and telephone number and any other required information to all agencies responsible for providing information and notice to the victim. The information shall not be disclosed to any person other than a law enforcement agency, corrections agency or prosecutor's office without the victim's prior consent. 18 P.S. §

State	Victim Compensation Laws	Process to Receive Compensation
	unless: (i) the victim was under the age of 18 and the alleged offender was a parent, a person responsible for the victim's welfare, a person residing in the same household or a paramour of the victim's parent; or (ii) the Office of Victims' Services finds that the delay was justified. Similarly, no award for compensation will be made unless the direct victim or claimant has fully cooperated with all law enforcement agencies and the Office of Victims' Services unless the Office of Victims' Services finds such non-compliance to have been justified. A delay in reporting a crime to the appropriate authorities my delay or prohibit a victim from receiving compensation benefits. 18 P.S. § 11.707(a).	A claim for compensation must be filed: (i) within two years of the discovery of the occurrence of the crime; (ii) within two years of the death of the direct victim as a result of the crime; or (iii) within two years of the discovery and identification of the body of a murder victim. The two-year limitation period may be extended for victims under the age of 18 until they reach 21 years of age. 18 P.S. § 11.702(b).
	Compensation benefits are available to:	
	 Victims of crimes committed in Pennsylvania (without regard to residency); Residents of Pennsylvania who are victims of acts that would be a crime under Pennsylvania law if they occurred in Pennsylvania or constitute acts of international terrorism. 	
	A "direct victim" is an individual that suffers "physical or mental injury, death or the loss of earnings."	
	The definition of a "victim" eligible for compensation under the Act includes, in addition to a direct victim:	
	 A parent or guardian of a child that is a direct victim (unless the parent or guardian is the alleged offender); A minor child who is a material witness to certain crimes, including rape, committed or attempted against a family member; and A family member (other than an alleged offender) of a homicide victim. 18 P.S. § 11.103. 	

State	Victim Compensation Laws	Process to Receive Compensation
	COMPENSATION	
	Compensation is limited to out-of-pocket loss and loss of earnings, not to exceed \$35,000 in total. 18 P.S. § 11.707(b).	
	Out-of-pocket losses include:	
	 Unreimbursed expenses for medical care and non-medical remedial care and treatment (including physical therapy, medications, ambulance, home health care, replacement services, child care medical equipment/supplies, or transportation costs to medical and counseling appointments or pharmacy visits) PA Code 411.103; Expenses for counseling, prostheses, wheelchairs and other enumerated devices required as a result of the crime; Expenses for temporary or permanent relocation; Expenses for physical examinations and materials used to obtain evidence; Other reasonable expenses deemed necessary as a direct result of the 	
	In addition, the compensation fund will cover the costs for STD and pregnancy testing directly relating to the crime.	
	http://www.pccd.state.pa.us/pccd/cwp/view.asp?A=1393&Q=572575	
	Awards made pursuant to the Act will not affect the claimant's or direct victim's eligibility under public assistance or any other Federal or state social benefit or assistance program. 18 P.S. § 11.707(c).	

Rhode Island ELIGIBILITY	TO APPLY
 The law does not specifically exclimmigrants from receiving compensation benefits. However, application for compensation requitant the applicant provide a social security number. An official fron Rhode Island's Victim Compensa office stated that an applicant's inability to provide a social securinumber will not, in and of itself, I an immigrant's ability to receive benefits. To be eligible to receive compens you must report the crime to law enforcement authorities within 10 from the occurrence of the crime. In any case in which a person is injure killed by any act of a person or person victim or a legal representative may at to the state's Victim Compensation of the state of Rhode Island; Within the physical confines of the state of Rhode Island; Within the maritime jurisdiction of state of Rhode Island; Outside the state of Rhode Island and he residence in the state at the time the offense occurred, and is not ento compensation of any kind from state in which the offense occurred. Outside the state of Rhode Island and he residence in the state of Rhode Island and he residence in the state of Rhode Island and he residence in the state of Rhode Island and he residence in the state of Rhode Island any victim who had his or her residence in the state of Rhode Island and he residence in the state of Rhode Island and he residence in the state of Rhode Island any victim who had his or her residence in the state of Rhode Island any victim who had his or her residence in the state of Rhode Island any victim who had his or her residence in the state of Rhode Island any victim who had his or her residence in the state of Rhode Island any victim who had his or her residence in the state of Rhode Island any victim who had his or her residence in the state of Rhode Island any victim who had his or her residence in the state of Rhode Island any victim who had his or her residence in the state of Rhode Island any victim who had his or her residence in the state of	of Rhode Island provides that actions for compensation under this chapter shall be commenced within three (3) years after the date of the personal injury or death, and no compensation shall be awarded for an injury or death resulting from a crime which was not reported to the appropriate law enforcement authority within ten (10) days of its occurrence; provided, that the office shall have the authority to allow a claim which was not reported pursuant to this section when the victim was below the age of eighteen (18) years of age or of unsound mind, or for good cause shown. In determining the amount of the judgment or order approving a settlement, the Office shall take into consideration the rates and amounts payable for injuries and death under other statutes of this state and of the United States, and the amount of revenue in the violent crimes indemnity account and the number and nature of claims pending against it. The Office shall make every effort to ensure that compensation awards are paid within six (6) months of the date of application. R.I. Gen. Laws § 12-25-21 (2006) For more information see: http://www.treasury.ri.gov/crimevictim/ http://www.treasury.ri.gov/documents/CVCP Regs_2009.pdf (2009)

State	Victim Compensation Laws	Process to Receive Compensation
	total amount in excess of twenty-five thousand dollars (\$ 25,000) plus any attorney's fees awarded upon appeal to the treasurer or to the superior court.	
	R.I. Gen. Laws §12-25-22.	
	Compensation benefits include:	
	 Expenses actually and reasonably incurred as a result of the personal injury or death of the victim; Pecuniary loss to the dependents of the deceased victim; Any other pecuniary loss resulting from the personal injury or death of the victim, the amount of which the Office finds upon the evidence to be reasonable and necessary; Supplemental award for compensation for additional medical expenses, including psychiatric care and mental health counseling, provided that the victim provides proper documentation that the additional medical expenses have been actually and reasonably incurred as a direct result of the personal injury; and Expenses related to psychiatric care and mental health counseling for a parent, spouse, minor sibling or minor child of a victim who dies as a direct result of a violent crime, provided. 	
	R.I. Gen. Laws §12-25-21.	
	The Office may award emergency compensation under this chapter for the burial expenses of a victim who dies as a direct result of a violent crime, not to exceed five thousand dollars (\$5,000). The award for emergency compensation shall be deducted from the final award. R.I. Gen. Laws § 12-25-21.1.	
	The treasurer may award attorney' fees, not to exceed fifteen percent (15%) of the total amount awarded to the plaintiff, or fifteen hundred dollars (\$1,500). R.I. Gen. Laws § 12-25-25.	

State	Victim Compensation Laws	Process to Receive Compensation
South	For more information see: http://www.treasury.ri.gov/crimevictim/ ELIGIBILITY	TO APPLY
Carolina	 There are no explicit eligibility restrictions based on immigration status. However, a state agency representative indicated that an application may not be processed if the office becomes aware of that the applicant is undocumented. The crime must promptly be reported to the proper authority and recorded in police records (a crime reported more than 48 hours after its occurrence is not 'promptly reported', absent a showing of special circumstances or causes which justify the delay). A victim, surviving spouse, or a parent or legally dependent child of a victim is entitled to file for benefits from the state's victim compensation fund if either: the offense was committed in South Carolina; or the victim was a resident of South Carolina when the crime was committed in either another state or outside the United States if the crime is terrorism; or the victim was a resident of South Carolina when the offense was committed in another state. South Carolina Code § 16-3-1210. No award may be made unless: (1) a crime was committed; (2) the crime directly resulted in physical or psychic trauma to the victim; (3) the crime was promptly reported to the proper authority and recorded in police records; and (3) the claimant or other award recipient has fully cooperated with 	South Carolina Code § 16-3-1230 provides that a: (1) A claim may be filed by a person eligible to receive an award, or, if the person is an incompetent or a minor, by his parent or legal guardian or other individual authorized to administer his affairs; (2) A claim must be filed by the claimant not later than one hundred eighty (180) days after the latest of the following four events: (a) the occurrence of the crime upon which the claim is based; (b) the death of the victim; (c) the discovery by the law enforcement agency that the occurrence was the result of crime; or (d) the manifestation of a mental or physical injury is diagnosed as a result of a crime committed against a minor. Upon good cause shown, the time for filing may be extended for a period not to exceed four (4) years after the occurrence or death. "Good cause" for the above purposes includes reliance upon advice of an official victim assistance specialist who either misinformed or neglected to inform a victim of rights and benefits of the Victim's Compensation Fund but does not mean simply ignorance of the law; and (3) Claims must be filed in the office of the Deputy Director by mail or in person. The Deputy Director shall accept for filing all claims submitted by persons eligible under this section and meeting the requirements as to the form of the claim contained in the regulations of the Board. For more information see:

State	Victim Compensation Laws	Process to Receive Compensation
	all law enforcement agencies and with the South Carolina Victim's Compensation Fund. § 16-3-1170	http://www.oepp.sc.gov/sova/compensation.ht ml
	COMPENSATION The aggregate of award to and on behalf of victims may not exceed \$15,000 unless extraordinary circumstances exist and in that case, the award may not exceed \$25,000. § 16-3-1180	South Carolina Code § 16-3-1520 provides that a victim is entitled to copy of initial incident report; assistance in applying for victim's compensation benefits; information on progress of case and that a law enforcement agency must provide a victim, free of charge, a copy of the initial incident report of his case. For more information see:
	An award may be made for: (§ 16-3-1180)	http://www.oepp.sc.gov/sova/compensation.ht ml
	 Medical services, including mental health counseling, required and rendered as a direct result of the injury on which the claim is based, as long as these services are rendered by a licensed professional. Payment for mental health counseling is limited to the number of sessions during a 180 day period beginning on the date of the first counseling session or 20 sessions, whichever is greater; § 16-3-1180 Reasonable and customary charges for other services required and rendered as a direct result of the injury upon which the claim is based, as long as the service is rendered by a professional or paraprofessional who holds a license or other appropriate documentation of training; § 16-3-1180 Loss of earning or support, provided that the claimant is deprived of that income for at least two consecutive weeks, the loss is not reimbursable, the amount may not exceed the average weekly wage in South Carolina for the preceding fiscal year (§ 42-1-50) (these conditions may be waived in severe hardship cases); Employment-oriented retraining or rehabilitative services incurred as a direct result of the injury; and Burial expenses not to exceed \$4,000. 	
	The Office may award emergency compensation pending a final decision on the case, provided that the amount of each	

State	Victim Compensation Laws	Process to Receive Compensation
	emergency award does not exceed five hundred dollars and a total amount of one thousand dollars. The award for emergency compensation must be deducted from the final award. § 16-3-1150	
	For more information see:	
	http://www.oepp.sc.gov/sova/compensation .html	
South Dakota	BACKGROUND	TO APPLY
	The South Dakota Victims' Compensation Program is implemented by S.D. Codified Law Chapter 23A-28B, including the creation of a Crime Victims' Compensation Commission. S.D. Codified Laws § 23A-28B-3. "The department or commission, as applicable may order payment of victims' compensation in accordance with the provisions of this chapter for reasonable economic losses incurred as a direct result of personal injury to or death of a victim, including any economic loss as defined in § 23A-28B-1. S.D. Codified Laws § 23A-28B-19. Sec. 23A-28B-1 defines economic loss as "medical and hospital expenses, loss of earnings, loss of future earnings, funeral and burial expenses," among others. http://legis.state.sd.us/statutes/DisplayStatut e.aspx?Statute=23a-28b&Type=Statute	Persons seeking compensation must complete the Crime Victims' Compensation Application Form, which are available from all local law enforcement agencies, the Department of Social Services, or the Office of the Attorney General. http://dss.sd.gov/victimservices/cvc/eligibility.asp S.D. Codified Laws 23A-28B-11. Compensation may not we awarded if: • the victim fails or refuses to cooperate fully with any appropriate law enforcement officer or agency or with the department in the administration of this chapter; or • the claim is not filed within 1 year of the injury (can be waived for good cause).
	There are no eligibility restrictions based on immigration status. Note that the Crime Victims' Compensation Application has a space for the victim's Social Security Number. A state agency representative confirmed that applicants will not be denied access to funding if they cannot provide a social security number.	S.D. Codified Laws § 23A-28B-25. See also S.D. Administrative Rules 67:55:01:07 and 67:55:01:08 The Compensation Program is funded by VOCA, in addition to receiving \$2.50 on every criminal conviction, including traffic violations. S.D. Codified Laws 23A-28B-42.
	Compensation may not be awarded if the crime is not reported to authorities within 5 days, unless that was not reasonable, in which case, it must have been reported within 5 days of the time	http://www.nacvcb.org/progdir/southdakota.html

State	Victim Compensation Laws	Process to Receive Compensation
	it became reasonable to report it.	
	Eligible Applicants to the Compensation Program include:	
	 innocent victims of a violent crime who suffered harm; family member of a deceased victim; person authorized to act on behalf of a victim or dependent; and parents or other family member under limited circumstances. S.D. Codified Laws 23A-28B-18. 	
	Acts eligible for compensation include injuries resulting from:	
	 a violent crime; trying to stop a person from committing a crime; trying to help a law enforcement officer; trying to help a victim of a crime; or witnessing a violent crime. http://dss.sd.gov/victimservices/cvc/eligibili ty.asp 	
	Crimes Covered under the Compensation Program include any conduct that results in personal injury or death and is punishable as a felony or misdemeanor. S.D. Codified Laws § 23A-28B-3.	
	COMPENSATION	
	Not to exceed \$15,000 and including: (S.D. Codified Laws § 23A-28B-21).	
	Medical Expenses physician and other health services hospital services home health services (limited to \$100 a month for up to 12 months) adult dental services chiropractic expenses (limited to 10 treatment sessions, not to exceed a total of \$500) payment for medical expenses	

State	Victim Compensation Laws	Process to Receive Compensation
	is limited to those medical services provided during the 12-month period immediately following the date the crime occurred; the Commission can extend it if good cause is shown.	
	 Mental Health Counseling (24 sessions for primary victim, 18 sessions for family member of homicides, 6 sessions for parents of juvenile victims and spouses of rape victims) Lost wages/support (up to 40 hours for parents caring for children) Funerals (\$6,500) Replacement services (Housekeeping and child care) Crime-scene cleanup/evidence (up to \$1,000 for homicide-scene cleanup and \$500 for clothing/personal items used for evidence Travel (mileage reimbursement of up to \$720 to attend treatment) Rehabilitation Emergency (\$1,000) (\$ 23A-28B-27). 	
	http://www.nacvcb.org/progdir/southdakota .html S.D. Codified Laws 23A-28B-21.	
	No attorney is needed and compensation cannot be paid for attorney's fees. http://dss.sd.gov/victimservices/cvc/eligibili	
	ty.asp	
Tennessee	BACKGROUND	TO APPLY
	An innocent victim of a violent crime committed in the State of Tennessee, may be eligible for compensation. The purpose of the program is to assist victims of crimes or, in the case of the victim's death, their dependent family members in paying out-of-pocket expenses incurred as the direct result of personal injuries sustained by a criminal offense. Tennessee Code 29-13-102 - 411. http://treasury.tn.gov/injury/ ELIGIBILITY	Before seeking compensation from the fund, the victim or their surviving dependents must seek any amounts that they are legally entitled to receive as a result of the injuries from any other public or private source including, but not limited to, insurance, Medicaid, Medicare, workers' compensation, etc. Should the amounts received from such other sources not cover all eligible losses and expenses, then the victim may apply for criminal injuries compensation. In order to receive compensation, the following conditions must be met:

State	Victim Compensation Laws	Process to Receive Compensation
	There are no eligibility restrictions based on immigration status. A state official from the Victim Compensation program confirmed that an immigrant's inability to provide a social security number on the application should not	A written claim for benefits must be filed within 1 year after the date of the criminal act, unless good cause can be established for not doing so.
	affect his or her eligibility to receive compensation benefits.	Tennessee Code 29-13-108.
	• In order to receive compensation benefits, the victim (or the victim's survivors) must report the crime to the proper authorities within 48 hours after the crime was committed, unless the victim was a minor, or unless good cause can be shown for reporting the crime late. In addition, the individual could not have contributed to his or her own victimization in any way and the	Victim Compensation 615-741-2734 Fax: 615-532-4979 Web site: http://treasury.tn.gov/injury/ Victim Assistance 615-741-8277 Fax: 615-532-2989 Web site: http://tennessee.gov/finance/rds/ocjp/
	victim must fully cooperate with law enforcement officials in their investigation and prosecution.	Sexual Assault Crisis Center – SACC is a private nonprofit agency funded by United Way for victims of sexual assault. There are
	A person may be eligible for benefits under the following circumstances:	eight centers in Tennessee providing services including crisis intervention, forensic nursing, criminal justice support and advocacy,
	A person who suffered bodily injury as an innocent victim of a criminal act occurring in a state or federal jurisdiction within the borders of Tennessee.	counseling and support groups. http://www.thesacc.org/pdfs/MainSACCInfo.p df
	A resident of Tennessee who was an innocent victim of terrorism or mass violence that occurred outside the territorial boundaries of the United States and the claimant is not eligible for compensation under Title VIII of the Federal Omnibus Diplomatic Security and Antiterrorism Act of 1986.	
	A resident of Tennessee who was an innocent victim of a crime that occurred in another state which does not have a compensation program.	
	Survivors of a homicide victim for medical and funeral expenses, and, in some cases, dependency, mental health counseling and crime scene cleanup. If there are no surviving dependents, the victim's estate may receive compensation for unreimbursed funeral	
	and burial expenses. • An innocent person who sustained bodily injury or death while attempting	

State	Victim Compensation Laws	Process to Receive Compensation
	to prevent a criminal act or in an attempt to apprehend a person or persons suspected of engaging in a criminal act. • A person who suffered bodily injury or death as a result of a motor vehicle or watercraft accident caused by a drunk driver or by a driver who intentionally inflicted injury. In some circumstances, a passenger in the vehicle or watercraft driven by the drunk driver may not be eligible for compensation. • A person who sustained serious bodily injury or death directly as a resul of a drivers failure to stop at the scene of an accident in violation of § 55-10-101 and the evidence shows that the operator of the motor vehicle knew or reasonably should have known that death or serious bodily injury had occurred. Tennessee Code 29-13-105.	
	COMPENSATION	
	The overall maximum benefit currently available under the Criminal Injury Compensation Program is \$30,000. Compensation is provided for: Medical services, including hospital services in an amount not to exceed 75% of the billed charges; Funeral and burial expenses (not to exceed \$6,000); Mental health counseling or treatment (not to exceed \$3,500); Permanent partial or total disability; Expenses incurred as a result of traveling to and from the trial of the defendants, appellate, post-conviction, or habeas corpus proceedings resulting from the trial (not to exceed \$1,250); Crime scene cleanup (not to exceed \$3,000); Death benefits to the dependent of the deceased victim; Relocation expenses;	
	 eyeglasses or hearing aids damaged during the crime); Attorney's fees may be awarded (shall not exceed the lesser of (1) 15% of the first \$2,500 of compensation awarded 	

State	Victim Compensation Laws	Process to Receive Compensation
	plus 10% of any compensation awarded over \$2,500 or (2) \$375 for claims resulting in death of victim or \$500 for all other claims. Tennessee Code 29-13-112; and • Emergency award (not to exceed \$500). Tennessee Code 29-13-114. Unless otherwise noted above, Tennessee Code 29-13-106 and Tennessee Code 29- 13-107.	
	Benefits are reduced by the amount of any other public or private insurance, workers' compensation benefits, or medical, health or disability benefits which may be available to the victim. Payment by the program is secondary to such other insurance or benefits, regardless of any contract or coverage provision to the contrary, as this is a fund of last resort. Tennessee Code 29-13-106(f)(1)	
	 Compensation will not be awarded for: Damage to Real or Personal Property; and Pain and Suffering EXCEPT for victims of sexual assault (not to exceed \$3,000). Tennessee Code 29-13-107. Tennessee Code 29-13-106. 	
	Note: Commentary found in a 2005 Crime Victims' Needs Analysis produced by the Tennessee Office of Criminal Justice programs stated that "illegal and undocumented immigrant children are ineligible for victim compensation. This information could not be confirmed by agency officials or through a review of the Tennessee Code. http://tennessee.gov/finance/rds/ocjp/documents/0609STOPIMPPLAN.pdf	
Texas	BACKGROUND	TO APPLY
	Victims of certain types of crimes may receive compensation from the state if: (1) the crime occurred in Texas and the victim is a Texas resident or a United States resident, (2) the crime occurred outside of Texas (in another state or county) that does not provide compensation and the victim is a Texas resident, or (3) the crime involves a Texas resident who becomes a victim of	The victim must complete an application and file it with the Office of the Attorney General, Crime Victims' Compensation Program, which is responsible for the administration of the Compensation to Victims of Crime Fund which receives funds from state offender assessments, state donations, and VOCA funds. Tex. Const. Art. 1, Sec. 31; Tex. Code

State	Victim Compensation Laws	Process to Receive Compensation
	international terrorism committed outside of the United States. <i>See</i> Tex. Code Crim. Proc. Art. 56.32(a)(11).	Crim. Proc. Art. 56.31.
	The types of crimes include, sex offenses, kidnapping, aggravated robbery, assaultive offenses, arson, homicide, drunk driving and other violent crimes in which the victim suffers physical or emotional harm or death. <i>See</i> Tex. Code Crim. Proc. Art. 56.32(a)(4).	The victim must reasonably cooperate with law enforcement. The application must be filed within 3 years from the date of the crime. The time period for filing may be extended for good cause, including the age of the victim or the physical or mental incapacity of the victim. Tex. Code Crim. Proc. Art. 56.37.
	ELIGIBILITY	TO APPEAL
	 There are no eligibility restrictions based on immigration status. Tex. Code Crim. Proc. Art. 56.32(a)(11)(A)(ii); 1 Tex. Admin. Code § 61.101(a)(10). A police report of the crime must generally be made within a reasonable period of time, but not so late as to interfere with or hamper the investigation and prosecution of the crime. Tex. Code Crim. Proc. Art. 56.46. 	The victim or claimant must notify the Crime Victims' Compensation Program of the reason for their dissatisfaction of the decision not later than the 40th day after the final decision. The claimant must provide additional information in this reconsideration process. If the outcome of the reconsideration process is not satisfactory, the victim or claimant may request a final ruling hearing from the Crime Victims' Compensation Program. If the victim or claimant does not agree with the outcome of the final ruling, an appeal may be made to district court. Tex. Code Crim. Proc. Art. 56.48.
	Persons eligible for compensation include:	
	 Victims of crime who suffer substantial threat of physical and/or emotional harm or death; Dependents of victims, authorized 	For more information:
	individuals acting on behalf of a victim, or persons who voluntarily pay certain expenses on behalf of a victim;	e-mail:crimevictims@oag.state.tx.us
	Immediate family or household members related by blood or marriage	Or write to:
	who require counseling; orA person who goes to the aid of a	Crime Victim Services Division - CVC Program
	victim.	Office of the Attorney General - MC011
	Tex. Code Crim. Proc. Art. 56.32(a)(2).	PO Box 12198
	COMPENSATION	Austin, TX 78711-2198
	Compensation is provided for:	Or Call: 1 (800) 983-9933 or (512) 936-1200 (in Austin)
	Un-reimbursable medical and medical- related expenses, including hospital,	Or Fax: 1 (512) 320-8270
	nursing, and physical therapy;	http://www.oag.state.tx.us/victims/about_comp

Jurisdictionally Sound Civil Protection Orders

State	Victim Compensation Laws	Process to Receive Compensation
	 Mental health counseling costs; Rehabilitation; Lost earnings or support; Funeral and burial costs, including related travel expenses for immediate family of a deceased victim; Bereavement leave costs for immediate family of a deceased victim (limited to 10 work days); Expense of replacement services for childcare or housekeeping; Travel costs for non-local travel to assist with the investigation, prosecution or judicial process, including attendance at a criminal's execution; Relocation costs for victims of sexual assault or domestic violence occurring in the victims place of residence; Replacement costs for the victim's clothing, bedding and other property seized as evidence or rendered unusable from the criminal investigation; Crime scene clean-up and a portion of attorney's fees. Tex. Code Crim. Proc. Art. 56.32(a)(9). 	.shtml
	Medical expenses to be reimbursed include hospitals, doctors, ambulance services, prescriptions, dental work, nursing homes, and medical appliances, such as wheelchairs and prosthetics. <i>See</i> Tex. Code Crim. Proc. Art. 56.32; 1 Tex. Admin. Code §§ 61.101, 61.407.	
	Except in the case of extraordinary pecuniary losses, compensation may not exceed \$50,000 in the aggregate. Tex. Code Crim. Proc. Art. 56.42.	
	Attorney's fees shall not exceed 25 percent of the amount the attorney assisted the claimant in obtaining. Tex. Code Crim. Proc. Art. 56.43.	
	Emergency awards of up to \$1500 are available if it appears likely that a final award will be made and the claimant or	

State	Victim Compensation Laws	Process to Receive Compensation
	victim would otherwise suffer undue hardship. Emergency awards can be issued for lost support and lost earnings, emergency medical and funeral charges. Tex. Code Crim. Proc. Art. 56.50.	
Utah	ELIGIBILITY	TO APPLY
	There are no eligibility restrictions based on immigration status. However, a Social Security number is	The crime victim must submit an Application For Crime Victim Reparations to
	requested on the application.The criminally injurious conduct shall	State of Utah
	be reported to a law enforcement	Office of Crime Victim Reparations
	officer, in his capacity as a law enforcement officer, or other federal or	350 East 500 South Suite 200
	state investigative agencies.	Salt Lake City Utah 84111
	Litab lavy manyidas removations to avima	Tel (801) 238-2360
	Utah law provides reparations to crime victims. In order to be eligible for a	Toll Free 1-800-621-7444
	reparations award:	Fax (801) 533-4127
	 The claimant must be a victim of criminally injurious conduct; a dependent of a deceased victim of criminally injurious conduct; or a representative acting on behalf of one of the above; The victim shall be either a resident of 	Applications are available at http://www.crimevictim.utah.gov/Comp/Comp App.pdf
	Utah or the criminally injurious conduct shall have occurred in Utah; If a Utah resident suffers injury or death as a result of criminally injurious conduct inflicted in a state, territory, or country that does not provide a reciprocal crime victims' compensation program, the Utah resident has the	Application requests for one time funding will be submitted to the CVR Board for their review and decision. Requests for ongoing funding may be approved by the CVR Board and then forwarded to the CVR grants program for administration and monitoring purposes.
	same rights under this chapter as if the injurious conduct occurred in this state; § 63-25a-411(5) • Application shall be made in writing in a form that conforms substantially to that prescribed by the Utah Crime Victim Reparations ("CVR") Board; • The criminally injurious conduct shall be reported to a law enforcement officer or other federal or state investigative agencies.	Awards may be denied or limited as determined appropriate by the Board. Decisions by the CVR Board are final and may not be appealed. The CVR office shall review expenditures by award recipients to insure compliance with the provisions of the request. Recipients shall be required to provide the CVR office with all documentation and receipts requested.
	The claimant or victim shall cooperate with the appropriate law enforcement	Utah Admin. Code Rule R270-1-26

State	Victim Compensation Laws	Process to Receive Compensation
	agencies in their efforts to apprehend or convict the perpetrator of the alleged offense (provided that an award to a victim may be made whether any person is arrested, prosecuted, or convicted of the criminally injurious conduct giving rise to the claim; and The criminally injurious conduct shall have occurred after December 31, 1986. Utah Code § 63-25a-409.	
	COMPENSATION	
	Compensation is provided for:	
	 Funeral and burial (up to \$7,000); Mental health counseling (up to \$3,500); Attorney's fees (up to 15% of the reward); § 63-25a-424 Emergency awards; § 63-25a-422 Loss of earnings (up to 12 weeks); Moving (up to \$2,000) and transportation (up to \$500); Essential personal property, including all personal articles necessary and essential for the health and safety of the victim, such as replacement of eyeglasses, hearing aids, burglar alarms, door locks, crime scene cleanup, repair of walls and broken windows, etc. (up to \$1,500); and Medical awards cover prescription or OTC medications used during the course of treatment. Reasonable and necessary charges incurred for products, services, and accommodations; inpatient and outpatient medical 	
	 treatment and physical therapy; mental health counseling which (i) is set forth in a mental health treatment plan which has been approved prior to any payment by a reparations officer; and (ii) qualifies within any further rules promulgated by the board; actual loss of past earnings and anticipated loss of future earnings 	

State	Victim Compensation Laws	Process to Receive Compensation
	resulting from the personal injury at a rate not to exceed 66-2/3% of the person's weekly gross salary or wages or the maximum amount allowed under the state workers' compensation statute; • care of minor children enabling a victim or spouse of a victim, but not both of them, to continue gainful employment at a rate per child per week as determined under rules established by the board; • funeral and burial expenses for death caused by the criminally injurious conduct, subject to rules promulgated by the board; • loss of support to the dependent or dependents not otherwise compensated for a pecuniary loss for personal injury, for as long as the dependence would have existed had the victim survived, at a rate not to exceed 66-2/3% of the person's weekly salary or wages or the maximum amount allowed under the state workers' compensation statute, whichever is less; • personal property necessary and essential to the health or safety of the victim as defined by rules promulgated by the board	
	An award of reparations shall not exceed \$25,000 in the aggregate unless the victim is entitled to proceeds in excess of that amount as provided in Subsection 77-38a-403(2). However, reparations for actual medical expenses incurred as a result of homicide, attempted homicide, aggravated assault, or DUI offenses, may be awarded up to \$50,000 in the aggregate. Utah Code § 63-25a-411. If the reparations officer determines that the claimant will suffer financial hardship unless an emergency award is made an amount may be paid to the claimant. The board may limit emergency awards to any amount it considers necessary. Utah Code § 63-25a-422.	
	There is a 3-year limitation for payments of	

State	Victim Compensation Laws	Process to Receive Compensation
	benefits.	
	Utah Admin. Code Rule R270-1-1 to 1-19.	
Vermont	BACKGROUND	TO APPLY
	Vermont law provides compensation to crime victims and their dependents. The Vermont Center for Crime Victim Services was created and is responsible for strengthening and coordinating programs serving crime victims, promoting the rights and needs of crime victims statewide, administering the victims compensation program, the victims assistance program, and the restitution unit, assisting in the development and administration of other programs and services for crime victims and witnesses, administering the federal	Complete the application for Vermont Crime Victims Compensation and send to: Victims Compensation Program 58 S. Main St., Suite 1 Waterbury, VT 05676-1599 http://www.ccvs.state.vt.us
	VOCA benefits, and serving as a	Vermont Statutes §13.167.5353.
	clearinghouse for information regarding victims of crimes. Vermont Statutes § 13.167.5361. ELIGIBILITY	The board will review applications and consider all relevant information. Vermont Statutes §13.167.5354.
	 There are no eligibility restrictions based on immigration status. However, Vermont's application requires social security numbers and payments can only be made directly to those victims with social security numbers. In practice, payments can be made to service providers on the victim's behalf. Note: An official from the Crime Victims Compensation Fund stated that Vermont will soon be amending its application process to eliminate the request for social security numbers. The crime must be reported to a law enforcement official. A law enforcement official must have probable cause that a crime has occurred. http://www.leg.state.vt.us/statutes/statutes2. httm http://www.ccvs.state.vt.us The victim or victim's dependent is eligible for compensation if: The victim was injured or killed in a crime committed in Vermont or if the 	TO APPEAL An applicant may file a petition with the board for review of the board's preliminary decision within 30 days of the date on which the notice of its decision is mailed. The board will either affirm or reverse the preliminary decision, explaining its reasons in writing. Vermont Statutes §13.167.5355. Crime victims or their dependents should contact: Vermont Center for Crime Victim Services Victims Compensation Program 58 South Main St., Suite 1 Waterbury, VT 05676-1599 (802) 241-1250 FAX: (802) 241-1253

State	Victim Compensation Laws	Process to Receive Compensation
	state in which the crime occurred does not have an eligible crime victim's compensation program and the applicant would have been eligible for compensation if the crime had occurred in Vermont; or the victim is a Vermont resident who is injured or killed by an act of terrorism outside the United States, to the extent that compensation is not otherwise available under federal law. • A law enforcement official has filed a report concluding that a crime was committed resulting in injury or death of the victim. Vermont Statutes §13.167.5353. A victim is: • A person who sustains injury or death as a direct result of the crime; • Someone who intervenes on the crime and is injured or killed in an attempt to	1-800-750-1213 (in-state only); 1-800-845-4874 (TTY, in-state only)
	 assist another victim or the police; Surviving immediate family of a homicide victim, including a spouse, domestic partner, parent, sibling, child, grandparent, or survivor who suffer severe emotional harm as the result of the victim's death; or Resident of Vermont who is injured or killed by an act of terrorism committed outside the U.S. Vermont Statutes §13.167.5351(7). 	
	COMPENSATION Maximum compensation may not exceed \$10,000. Vermont Statutes §13.167.5356.	
	Crime victims are eligible to receive the amount of medical or medically-related expenses, loss of wages, and any other expenses which the Vermont Crime Compensation Board feels became necessary as a direct result of the crime, including:	
	Medical expenses (including costs of individual or family psychological, psychiatric or mental health counseling; or costs of replacing or repairing eyeglasses, hearing aids,	

State	Victim Compensation Laws	Process to Receive Compensation
	 dentures, or prosthetic devices); Reimbursement of health care facilities and health care providers will be at 70 percent of the billed charges for compensation claims for uninsured crime victims who do not qualify for the hospital's patient assistance program, Medicaid, or Medicare. These facilities are not allowed to balance bill. Mental health counseling: up to 20 sessions with treatment plan, may request extensions at 20-session increments for crime-related symptoms still needing treatment; limit of \$70 per individual session; \$35 per group session; Lost wages/support: \$2,000 per month maximum, for not more than 3 months; also may be paid for time lost to attend funeral and criminal proceedings; Funerals: (not to exceed \$7,000); Moving expenses; Replacement services; Crime-scene cleanup (not to exceed \$1,500); Travel: 30 cents per mile to obtain medical and counseling assistance; up to \$1,500 per person (victims and survivors) for travel expenses, food and lodging to attend court hearings, trial and funeral; and Rehabilitation: physical therapy, chiropractic, self-defense classes. National Association of Crime Victim Compensation Boards: http://www.nacvcb.org/progdir/vermont.ht ml. 	
	"Unreimbursed loss" means loss (A) which is not covered by medical, hospitalization or disability insurance or workers' compensation; and (B) which has not been ordered by the court to be restored to the victim or dependent by the person who caused the loss; or (C) which has been ordered by the court to be restored to the victim or dependent but has not been paid by the person who caused the loss. Vermont Statutes §5351(6).	

State	Victim Compensation Laws	Process to Receive Compensation
Virginia	BACKGROUND	TO APPLY
	The Virginia Workers' Compensation Commission administers the Virginia Criminal Injuries Compensation Fund.	The applicant must file a claim for compensation within one (1) year from the date of the crime in an injury case, the date of victim's death if death is caused by the crime, or the date a minor reaches majority age.
	ELIGIBILITY	A Victim of child sexual assault has ten (10) years past the date of their eighteenth (18th) birthday to file.
	There are no eligibility restrictions	A claim can be filed past the one (1) year deadline if "good cause" can be shown.
	based on immigration status. Although the application for compensation requests a social security number, an	Virginia Code § 19.2-368.5
	official from the CVC Fund program confirmed that an immigrant's inability to provide a social security number will	Applications may be obtained from and filed with:
	not affect the immigrant's eligibility to receive benefits. • The crime must be reported to law	Criminal Injuries Compensation Fund 2201 West Broad St. Suite 207 Richmond, VA 23220
	 enforcement within 120 hours (5 days) after occurrence unless good cause for the delay is shown. Virginia Code § 19.2-368.10 CICF application must be filed within 1 year of the commission of the crime, unless good cause can be shown. 	Telephone: (804) 367-1018- Richmond 1-800-552-4007 - Toll-free Statewide e-mail <u>cicfmail@vwc.state.va.us</u>
		An application also can be obtained from your local Victim/Witness program.
	The following individuals are eligible for compensation:	http://www.cicf.state.va.us/cicfapplication.sht ml
	A victim who suffers personal physical	http://www.cicf.state.va.us/
	injury or death as a result of a crime, trying to prevent a crime or apprehending a criminal. If a minor, the claim must be filed by the victim's parent or legal guardian.	Applicants may contact the Criminal Injuries Compensation Fund directly by calling:
	A parent, grandparent, spouse, sibling or child of a homicide victim who dies as a result of the crime.	Toll-free statewide(800) 552-4007
	Any person legally dependent for principal support from a victim who	Richmond or out-of-state (804) 378-3434
	 dies as a result of the crime. Any person who takes responsibility for funeral expenses of a homicide 	Or writing:
	victim Virginia Code § 19.2-368.4	Criminal Injuries Compensation Fund
	Applicants may file a claim for	11513 Allecingie Parkway
	Applicants may file a claim for compensation if the following conditions are met:	Richmond, Virginia 23235

State	Victim Compensation Laws	Process to Receive Compensation
	 The crime occurred in Virginia or resulted from an act of foreign terrorism and resulted in physical injury or death; The victim cooperated with law enforcement and was willing to prosecute in court; The value of the claim amounts to at least \$100; The crime did not involve a motor vehicle accident unless it was a result of a violation of the Drunk Driving Statute or the injuries were intentionally inflicted; and A Virginia resident who suffers a compensable crime in a country or territory without compensation program may be eligible. http://www.cicf.state.va.us/benefits.shtml 	The National Crime Victim Bar Association provides victims referrals to local attorneys specializing in victim-related litigation. The referral service can be reached at (800) FYI-CALL (394-2255) between 8:30 a.m.–5:30 p.m. (EST) Monday through Friday. TO APPEAL If an applicant disagrees with the decision, an appeal process is available. Instructions for and assistance with filing an appeal are provided to each applicant. Virginia Code § 19.2-368.8.
	COMPENSATION	
	Benefits are awarded from the Virginia Criminal Injuries Compensation Fund, up to a maximum award of \$25,000, for certain unreimbursed losses such as: • Medical expenses; • Wage loss (based on 2/3 of the wages up to a maximum of \$600 per week); • Mental health counseling; • Mental health counseling expenses (up to \$2,500 for eligible family members of homicide victims); • Funeral/burial expense (up to \$5000); • Moving expenses up to \$1,000; • Crime scene clean-up expenses; • Other reasonable and necessary expenses incurred as a result of the crime, such as prescriptions, mileage to doctors, eyeglasses; • Emergency award of up to \$2,000 (Virginia Code § 19.2-368.9); • Expenses attributable to pregnancy resulting from forcible rape; and • other reasonable and necessary expenses resulting from your injury or from the death of a crime victim. Virginia Code § 19.2-368.11:1	

State	Victim Compensation Laws	Process to Receive Compensation
	The following benefits are not available:	
	Property lossAttorney's feesPain and suffering	
	Collateral resources include but are not limited to benefits provided by insurance, Social Services, Social Security and employers (sick leave or disability).	
	For more information see:	
	http://www.dcjs.virginia.gov/victims/docu ments/victimsWitnessRightsActSummary.p df	
	or	
	http://www.dcjs.virginia.gov/victims/docu ments/saVictims.pdf	
Washington	BACKGROUND	TO APPLY
washington	DACAGROUND	TOAFFLI
	Victims of certain types of crimes may receive compensation from the state if (1) the crime occurred in Washington; (2) the victim is a Washington resident and the	The victim must complete an application and file it with the Crime Victims Compensation Program.
	criminal act occurred in a state that does not have a CVC program; or (3) an act of terrorism as defined in 18 U.S.C. Sec. 2331, committed outside of the United States against a resident of the state. Wash. Rev. Code § 7.68.020.	Absent good cause, the application must be filed within 2 years from the date the crime was reported or the date the victim turned 18, or within 5 years from the date the crime was reported with good cause. Wash. Rev. Code § 7.68.060.
	Policy Manual: http://www.lni.wa.gov/ClaimsIns/Files/CrimeVictims/CvcPolicyManual.pdf	Although an application must generally be filed within 2 years of reporting the crime, there is no time limit on how long benefits can be received.
	The types of crimes include acts that are punishable as a federal offense comparable to a felony or gross misdemeanor under the laws of the state (e.g., drunk driving, domestic violence, and any crime that results in death or personal injury, including sexual assault). Wash. Rev. Code § 7.68.020.	Appeals are permitted for ninety days from the date the order, decision, or award is communicated to the parties. Wash. Rev. Code § 7.68.110.
		See the following link for more information:
	ELIGIBILITY	
	There are no eligibility restrictions	http://www.lni.wa.gov/ClaimsIns/CrimeVictims/default.asp

State	Victim Compensation Laws	Process to Receive Compensation
	 based on immigration status. The Crime Victims Compensation Program does not review the immigration status of victims. The victim must report the crime within one year or within one year of 	http://www.lni.wa.gov/ClaimsIns/CrimeVictims/Resources/default.asp
	when a report could have reasonably been made. The victim must cooperate with law enforcement. Wash. Rev. Code § 7.68.60.	http://www.lni.wa.gov/forms/pdf/F800-042-000.pdf
	Code § 7.00.00.	http://www.lni.wa.gov/IPUB/800-006-909.pdf
	A claimant may be the direct victim of the crime, or a survivor if the crime results in a death. Wash. Rev. Code § 7.68.070.	
	COMPENSATION	
	Compensation is provided for:	
	Medical, dental, mental health counseling (including STD, AIDS, post	
	coital screening/treatment, if the expenses are related to the crime and there is no other source of	
	reimbursement.); • Lost wages:	
	Lost wages;Funeral/burial expenses (not to exceed \$5,750);	
	• Rehabilitation (not to exceed \$5,000);	
	 Modification to homes and vehicles to accommodate permanent injuries; 	
	 Limited pension payment if the crime 	
	prevents victim from returning to work	
	permanently;Limited pension payment to the spouse	
	or child of a deceased victim;	
	Permanent partial disability (not to	
	exceed \$7,000);Total temporary disability (not to exceed \$15,000);	
	 Assist law enforcement agency or 	
	prosecutor in judicial proceedings	
	relating to the death of the victim, who is not domiciled in Washington at time	
	of request (not to exceed \$7,500); and	
	Counseling for family members of	
	sexual assault or homicide victims. Wash. Rev. Code § 7.68.070.	
	No more than fifty thousand dollars shall be	
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State	Victim Compensation Laws	Process to Receive Compensation
	paid per claim. Except for authorized medical benefits. Wash. Rev. Code § 7.68.070. No more than \$30,000 shall be awarded as a result of a single injury or death, except for medical aid. Total awards shall not exceed \$40,000 if permanent disability or death occurs. Wash. Rev. Code § 7.68.070(13).	
	http://www.lni.wa.gov/forms/pdf/F800-042-000.pdf	
West Virginia	BACKGROUND	TO APPLY
	West Virginia's Crime victims Compensation Fund provides compensation to crime victims, relatives of victims, guardians, estate executors, and others who provide payment for expenses related to the crime.	A Crime Victims Compensation Fund application must be completed. Applications are available upon request by calling the Fund at 1-877-562-6878 (within W.Va. only) or (304) 347-4850. Applications may be obtained from local county prosecuting attorney offices.
	There are no eligibility restrictions based on immigration status. The state of the state	The application for an adult victim (18 years or older at the time of crime) must be filed with the Fund within two years of the crime. WV Code §14-2A-10.
	The crime must be reported to law enforcement officials within 72 hours (unless just cause exists). WV Code §14-2A-14	The application for a minor victim (under 18 year of age at the time of the crime) must be filed with the Fund before the minor's 20th birthday.
	Eligible persons include:A victim who has suffered an injury as a result of a crime;	WV Code 14-2A-10.
	 Anyone who pays for the medical and/or funeral/burial expenses of a victim; A legal guardian of a minor; An executor or executrix of the estate of a deceased victim; and A spouse or dependent who suffers noneconomic loss due to the death of a victim. 	After receiving the application and related documentation, the claim is assigned to a claim investigator for review to determine eligibility. This involves verifying all of the information presented in the application. Witnesses to the crime, law enforcement officials, physicians, counselors, hospitals, and employers may be contacted for verification of the information presented.
	Crimes that may result in personal injury, include: • Malicious Assault;	Upon completion of the application review process, the claim investigator will file with the Court a Finding of Fact and

State	Victim Compensation Laws	Process to Receive Compensation
	 Assault and Battery; Child Abuse/Molestation; Domestic Violence; Driving under the Influence; Reckless Driving; 	Recommendation. A copy of the recommendation is sent to the applicant who may file a response within 30 days.
	 Vehicle Homicide (Negligent Homicide); Murder; Other Violent Crimes; Robbery; Sexual Assault; Kidnapping; 	One of the three Court of Claims judges will review the Finding of Fact and Recommendation, all other documents in the file, and the applicant's response, if any. The judge will render a decision and a copy of the Order is sent to the applicant.
	 Hunting Accident; and Arson. WV Code 14-2A-3. 	In considering an award, the Court will consider the extent to which a payment to the victim will support the offender by paying for the offender's living expenses, including food,
	To be eligible for compensation, there must be a crime involving personal injury or death, with the following additional requirements:	shelter, clothing or entertainment, or the extent to which the payment will substitute for money that the offender otherwise normally would expend for the benefit of the household or its members, so as to avoid unjust enrichment.
	The crime must either have occurred in West Virginia, or involved a West Virginia resident injured in another State without a compensation program, or involved a West Virginia	WV Code 14-2A-12. The law requires that awards be made directly to the medical or funeral/burial provider. WV
	resident injured outside the United States as a result of terrorism; The claimant must fully cooperate with law enforcement officials;	Code 14-2A-19a.Awards are made to the applicant for reimbursement of approved expenses.
	The claim must be filed within two years of the date of the incident;The victim must suffer a personal	• Awards are made to the applicant for approved wage/income losses.
	injury; andThere must be an economic loss.	TO APPEAL
	In the case of domestic abuse, a claim resulting from domestic abuse will not be denied solely because the applicant lives with or has lived with the alleged offender of the crime.	If the applicant disagrees with the judge's decision, the applicant is given 21 days to request a hearing. Another judge will preside over the appeal hearing, which is the final process.
	Payments to third party vendors will not be denied based upon a finding that the victim and the offender are maintaining a relationship.	See the following link for more information:
	http://www.legis.state.wv.us/Joint/victims/e	http://www.legis.state.wv.us/Joint/victims/mai

State	Victim Compensation Laws	Process to Receive Compensation
	ligibility.cfm	<u>n.cfm</u>
	COMPENSATION	
	An applicant can be reimbursed for the following types of expenses if they are	
	incurred as a direct result of a crime as long	
	as there are no other sources of reimbursement available:	
	Medical/Dental (including physician, hospital, and STD, AIDS, and post coital screening/treatment, if the	
	expenses are related to the crime and there is no other source of	
	reimbursement);	
	Mental Health Counseling;Lost Wages/Income;	
	Funeral/Burial (not to exceed \$4,000);Lost Support of eligible dependents;	
	 Rehabilitation; 	
	Replacement service loss;Mileage to medical treatment facility;	
	Attorney fees, §14-2A-19; and	
	Compensation for being a witness in a hearing on a claim for an award of	
	compensation. §14-2A-19	
	WV Code 14-2A-3(f).	
	The total of all reimbursement to or on behalf of a victim cannot exceed the maximum allowable benefits as set out below:	
	Victim Suffers Injury	
	• Up to \$25,000.00	
	Medical/Dental	
	Mental Health Counseling	
	Wage/Income Loss (victim only)	
	Mileage to and from medical treatment facility	
	Replacement Services	

State	Victim Compensation Laws	Process to Receive Compensation
	<u>Victim Suffers Death</u>	
	• Up to \$50,000.00	
	Medical	
	Mental Health Counseling for Dependents	
	Economic Loss of Dependents	
	• Funeral/Burial Expenses up to \$7,000.00	
	WV Code 14-2A-14(g).	
	http://www.legis.state.wv.us/Joint/victims/eligibility.cfm	
	Applicants may also seek assistance from an attorney. Reasonable fees will be paid by the Fund at no cost to the applicant regardless of the outcome of the claim. Attorney's fees are paid from the Fund, not from awards. WV Code 14-2A-19.	
	Persons not eligible to receive compensation include:	
	 Person who commits the crime; Persons who do not cooperate with law enforcement officials or the claim investigator; and Persons who are injured while incarcerated. http://www.legis.state.wv.us/Joint/victims/eligibility.cfm 	
	The following types of losses are not covered under the program:	
	 Personal property (except medically necessary items such as eyeglasses); and Work loss of others (only the victim's work loss is considered). http://www.legis.state.wv.us/Joint/victims/eligibility.cfm 	
	By law, the Crime Victims Compensation Fund is the "payer of last resort." As such, if any other sources of reimbursement are available for the victim's/applicant's crime- related losses, such sources must be used	

State	Victim Compensation Laws	Process to Receive Compensation
	before the victim/applicant becomes eligible for reimbursement from the Fund. Victims/applicants have the responsibility to inform the Fund of any reimbursement sources for their losses and are responsible for repayment of any amounts for which it was later determined they were not eligible. Other reimbursement sources that may be available include, but are not limited to:	
	 Medical/health, dental, or vision insurance; Employee sick leave benefits; Employee annual leave benefits; Public program benefits (Medicaid, Medicare, etc.); Workers' Compensation; Unemployment benefits; Life insurance over \$25,000 and auto insurance; Court-ordered restitution; and Civil lawsuit recoveries. WV Code 14-2A-14(f). 	
	For more information please see: W. Va. Code § 14-2A et. seq. (2006).	
Wisconsin	BACKGROUND	TO APPLY
	The CVC Program provides sufficient assistance to victims of crime and their families in order to ease their financial burden and to maintain their dignity as they go through a difficult and often traumatic period. ELIGIBILITY	Application for reimbursement must be made within one year from the date of injury or death. If the crime is not reported within 5 days, within 5 days of the time when a report could reasonably have been made, or the application is not filed within one year from the date of the crime, attach a written explanatory statement to the application. The department may waive the one-year
	ELIGIBILITY	requirement in the interest of justice. W.S.A. 949.08.
	There are no eligibility restrictions based on immigration status. "Any person may apply for an award under this chapter." W.S.A. 949.04(1).	The Wisconsin department of justice will prescribe application forms for awards and will provide them to law enforcement agencies. W.S.A 949.04(2).
	Although the application requests a Social Security Number, Program officials confirmed that the inability to provide a social security number on the application will not, in and of itself, affect an	Applicants should submit reports from all treating providers who treated or examined the

Victim Compensation Laws	Process to Receive Compensation
immigrant's ability to receive benefits.	victim at the time of or subsequent to the victim's injury or death. W.S.A. 949.04(3).
Further, the Wisconsin Coalition Against Sexual Assault, Inc. Information Sheet states that undocumented immigrants are	For additional information:
eligible for compensation in the event of sexual assault.	http://www.doj.state.wi.us/cvs/documents/CV Compensation/CVCApplication.pdf
• The crime must be reported to law enforcement within five days of the date of the crime.	Crime Victim Compensation Program P.O. Box 7951
Additional compensable acts include:	Madison, WI 53707
 Preventing or attempting to prevent the 	(608) 264-9497 or
commission of a crime;Apprehending or attempting to	(800) 446-6564
apprehend a suspected criminal;Aiding or attempting to aid a police	
officer to apprehend or arrest a suspected criminal; and	
Aiding or attempting to aid a victim of	
a crime specified in par. W.S.A. 949.03.	
Crimes are defined as "conduct prohibited by state law and punishable by fine or imprisonment or both." W.S.A. 939.12	
COMPENSATION	
Awards will not be more than \$40,000 for any one injury or death. W.S.A 949.06(2).	
 Medical treatment (including medical, surgical, dental, optometric, chiropractic, podiatric, hospital care; medicine; medical, dental and surgical supplies, crutches, artificial members, appliance and training in use of artificial members and appliances); 	
 Mental health (see application for compensation); Work loss (including homemaker, in an amount sufficient to ensure that the duties and responsibilities are continued until the victim is able to 	

State	Victim Compensation Laws	Process to Receive Compensation
	resume the responsibilities); Replacement of clothing and bedding that is held for evidentiary purposes (up to \$300), or is rendered unusable as a result of crime lab testing (up to \$200); Funeral and burial expenses (up to \$2000); Emergency compensation (up to \$500); Attorney's fees; Dependent's economic loss (4 times the victim's average annual earnings); and Cleaning crime scene (up to \$1000). W.S.A. 949.06, 949.10, and 949.14.	
	Any award made under the program will be reduced by the amount received from another source (for example, from the insurance company, public funds, emergency award, person who committed the crime). W.S.A. 949.06(f)(3).	
	Personal property and pain and suffering are not compensated under the program. http://www.doj.state.wi.us/cvs/documents/CVCompensation/CVCApplication.pdf	
Wyoming	ELIGIBILITY	TO APPLY
	There are no eligibility restrictions based on immigration status. Although the application for compensation requests social security numbers,	The Attorney General, Division of Victim Services, will review applications and make a ruling.
	 immigrants will not be turned away if they do not have a Social Security Number. Rather, the auditor will assign them a number for purposes of tracking compensation benefits. The crime must be reported to law enforcement as soon as possible. Persons eligible to receive benefits include:	Primary victims must fill out an application. Applications are available at local law enforcement agencies, domestic violence/sexual assault agencies, prosecuting attorney's offices, and victim assistance agencies. Applications are also available at: Herschler Building, 1st Floor West Barrett Building, 4th Floor Cheyenne, WY 82002
	 A victim of a crime who has suffered physical injury or is killed as a result of: a "criminal act" of another person; trying to stop a person committing a crime; 	Phone: (307) 777-7200 (you may call collect), Victim Helpline V/TTY: 888-996-8816 e-mail: victimservices@state.wy.us
	trying to help a law enforcement officer;	http://victimservices.wyoming.gov/vcomp- primary.htm

State	Victim Compensation Laws	Process to Receive Compensation
	 trying to help a victim of a crime; or a federal crime occurring in Wyoming; Families and dependents of deceased victims; Persons who are authorized to act on behalf of victims; Wyoming residents injured or killed by an act of terrorism committed outside the U.S.; Family members who are Wyoming residents and who have suffered a 	If associated victims are going to seek associated victim benefits, they do not need to complete a separate application (e.g., parents of minor children, survivors of homicide, caretakers of incompetent victims). If the associated victims are people other than the claimant, then they must also complete the Associated Victim Application (e.g., siblings or other household members, children who witness a violent crime being committed against an adult).
	 pecuniary loss as a result of a terrorist attack in the U.S., regardless of the actual victim's residency; Wyoming residents who are victims of a crime of terrorism occurring in another state which would have been compensable if it had occurred in 	The division staff will review the application and conduct an investigation to verify all of the information. Law enforcement, witnesses, service providers, employers, etc. will be contacts to substantiate the application. Application processing usually takes a minimum of 90 days.
	Wyoming and who suffer a pecuniary loss; Children who witness violent crimes against adults; Spouses residing with sexual assault victims;	After conducting a hearing, the division will notify applicants of the amount of the award. If an award is reduced or denied, the reason will be provided in writing. Wy. Stat. § 1-40-108.
	 Household members of minor victims; and Household members of homicide victims. 	Applicants may apply for emergency compensation (to cover basic, survival needs), which can be awarded within a shorter period of time, usually 10 working days. No appeals are granted on emergency claims. Wy. Stat. § 1-40-111
	Household members means: persons married to each other; persons living with each other; persons formerly married to	http://vssi.state.wy.us/vcomp.htm
	each other; persons formerly living with each other as if married; parents and their adult children; other adults sharing common living quarters; and persons who are the	TO APPEAL Applicants have the right to request an appeal
	parents of a child but who are not living together. http://vssi.state.wy.us/documents/cvcAssocVInstr.pdf Wy. Stat. § 1-40-102	of a claim reduction or denial within 30 days of receipt of the decision. Appeals must be in writing, state the reasons why the applicant disagrees with the decision, and provide additional information for review.
	 In order to be eligible for compensation benefits: The crime must have occurred in Wyoming or in state that does not have a Crime Victims Compensation program or the crime was an act of terrorism; The victim or claimant must fully cooperate in the investigation and 	

State	Victim Compensation Laws	Process to Receive Compensation
	 prosecution of the crime; The claim must be filed within one (1) year of the injury or death; Federal crime victims are eligible to apply for compensation whether or not the crime falls under tribal, state or federal jurisdiction; No portion of the compensation shall benefit the offender in any way; and A victim whose own misconduct either caused or contributed to the criminal attack could be reduced or denied compensation. Wy. Stat. §§ 1-40-102, 1-40-106. 	
	 The following persons are not eligible to receive compensation benefits: The offender and/or accomplice; A victim convicted of a felony after applying for compensation; An individual who is a victim of a criminal attack while confined in a prison or other correctional facility at the time of the crime; A victim whose expenses are paid entirely by other sources; Victims of monetary or property loss; and Victims seeking compensation only for pain and suffering. Wy. Stat 1-40-106, Wy. Stat. §§ 1-40-110(d), and http://vssi.state.wy.us/documents/cvcPrimAppInstr.pdf 	
	Victims of a criminal act may be able to receive compensation benefits. A "criminal act" means an act committed or attempted in this state, including an act of domestic violence, which constitutes a crime as defined by the laws of this state or an act of terrorism, committed outside the United States, and which results in actual bodily injury, or actual mental harm, or death to the victim. No act involving the operation of a motor vehicle, boat or aircraft which results in injury or death constitutes a crime for the purpose of this act unless the injury or	

State	Victim Compensation Laws	Process to Receive Compensation
	death was recklessly or intentionally inflicted through the use of the vehicle, boat or aircraft, or unless the act constitutes a violation of under Wyoming's law on driving under the influence of alcohol. Wy. Stat. §§ 1-40-102.	
	COMPENSATION	
	Maximum award may be up to \$15,000. Compensation paid to an associated victim is included in the primary victim's cap of \$15,000.	
	 Medical, dental and hospital services (including dental and prosthetic devices, eyeglasses, or other corrective lenses, STD screening, pregnancy testing, DNA testing, and services rendered in accordance with any method of healing as recognized by the state of Wyoming); Mental health and counseling care; Funeral/burial expenses (not to exceed \$5,000); Loss of earnings (not to exceed \$500/month); Loss of support to dependents, including home maintenance and day care; Homemaker replacement services loss; Eyeglasses, corrective lenses, dental and other prosthetic devices; Relocation services (including U-Haul rental, gas, mileage, and per diems); Emergency award (not to exceed \$1,000); and Other expenses incurred as a result of the crime (including crime scene cleanup and travel costs). Wy. Stat. §§ 1-40-102; 1-40-109, and 1-40-110. http://www.cispark.org/faq.cfm 	
	Victims of catastrophic injury, the permanent disability of limbs or functions as a result of being a victim of a crime, are eligible for additional compensation (exceeding the maximum \$15,000 award) up to \$10,000 to cover future lost	

wages, special medical needs and any other special assistance needed as a result of the injury. The additional award may be made only for losses and expenses occurring within twenty-four (24) months after the date of the injury. Wy. Stat. §§ 1-40-109(e). Associated victims may be eligible for compensation with regard to counseling (not to exceed \$1,500) and economic losses (including, but not limited to, mileage, food, lodging, and loss of earnings). These expenses may be reimbursed if they were incurred by the associated victim due to the death or injury of the primary victim. Insurance benefits must be used first, as well as other sources such as sick or vacation leave from an employer, disability insurance, worker's compensation and social security. Wy. Stat. §§ 1-40-110(d). http://victimservices.wyoming.gov/vcompF AQ.htm For additional information: Crime Victim Compensation Program	
compensation with regard to counseling (not to exceed \$1,500) and economic losses (including, but not limited to, mileage, food, lodging, and loss of earnings). These expenses may be reimbursed if they were incurred by the associated victim due to the death or injury of the primary victim. Insurance benefits must be used first, as well as other sources such as sick or vacation leave from an employer, disability insurance, worker's compensation and social security. Wy. Stat. §§ 1-40-110(d). http://victimservices.wyoming.gov/vcompF AQ.htm For additional information:	
well as other sources such as sick or vacation leave from an employer, disability insurance, worker's compensation and social security. Wy. Stat. §§ 1-40-110(d). http://victimservices.wyoming.gov/vcompF AQ.htm For additional information:	
AQ.htm For additional information:	
Herschler Building	
122 W. 25th	
1st Floor West	
Cheyenne, WY 82002	
(307) 777-7200	
(888) 996-8816	
http://victimservices.wyoming.gov/vcompF AQ.htm	
http://vssi.state.wy.us/documents/cvcAssoc VInstr.pdf	
Territories	
Guam BACKGROUND TO APPLY	

State	Victim Compensation Laws	Process to Receive Compensation
	In Guam, a victim of certain types of crime may receive compensation if injured or killed by any act or omission of another person. The types of crimes include aggravated murder, murder, manslaughter,	An application must be filed with the Criminal Injuries Compensation Commission. The Guam Code does not set forth the process to receive compensation.
	aggravated assault, assault, kidnapping, felonious restraint, child stealing, custodial interference, criminal sexual conduct in the first, second, third or fourth degree, assault with intent to commit criminal sexual conduct, driving under the influence of	An application must generally be filed within 1 year. There is no time limit on how long benefits can be received.
	alcohol or controlled substances, conviction involving a child, vehicular negligence,	TO APPEAL
	vehicular homicide, drinking while driving a motor vehicle upon any highway, stalking, and family violence. 9 Guam	The Commission may, on its own motion or upon application of
	Code Ann. § 86.55 (1998). ELIGIBILITY	any person disagrees with an order/decision of the Commission, reconsider the order/decision and revoke, confirm and verify it, based on the findings of the Commission.
	 There are no restrictions based on immigration status. The Commission requires that the crime has been reported to the police "without undue delay." 8 Guam Code Annotated § 161.50 (2006) 	Any person adversely affected by the order/decision of the Commission on the sole ground that the order or decision was in excess of the Commission's authority or jurisdiction, shall have a right of appeal to the Superior Court, if the appeal is filed with the Commission within 30 days after receiving
	A victim may be the direct victim of the crime, or a survivor if the crime results in a death.	such order/decision. Otherwise, orders/decisions of the Commission shall be conclusive and not subject to judicial review.
	COMPENSATION	Office of the Attorney General
		The Justice Building
	Compensation is provided for:	287 West O'Brien Drive
	expenses actually and reasonably	Hagatna, GU 96910
	incurred as a result of the injury or	USA
	death of the victim;loss to the victim of earning power as	phone: (671) 475-3324
	a result of total or partial incapacity;	fax: (671) 472-2493
	pecuniary loss to the dependents of the deceased victim;	email: law@guamattorneygeneral.com
	 pain and suffering; and any other pecuniary loss directly result from the injury or death of the victim which the Commission determines to be reasonable and proper. 	

State	Victim Compensation Laws	Process to Receive Compensation
	There is a \$10,000 limit on any award. 9 Guam Code Ann. § 86.60 (1998).	
	The same benefits may apply, in the discretion of the Commission, to private citizens who incur injury or property damage in preventing the commission of a crime within Guam, in apprehending a person who has committed a crime within Guam, or in materially assisting a peace officer who is engaged in the prevention or attempted prevention of such a crime or the apprehension or attempted apprehension of such a person. 9 Guam Code Ann. § 86.75 (1998).	
	Medical expenses to be reimbursed include STD, AIDS, and post coital screening/treatment or pre-natal care. The limit is \$70,000. The expenses must be related to the crime. Reimbursement is not available if there is another source of reimbursement.	
Puerto Rico	ELIGIBILITY	TO APPLY
	 While the law does not appear to place any restriction on the immigration status of the victim, the instructions to the application form require evidence of legal residence, and a copy of a social security card. The victim must report to the officers of public law and order the commission of the criminal conduct within ninety-six (96) hours following the delinquent act, unless there is just 	 The victim must: complete an application and file it with the Crime Victims Compensation Office; and claim the benefits within six (6) months following the date of the commission of the crime, unless there is just cause. 25 L.P.R.A. §981(f) and (g) and Law 3 of 2006.
	cause for the delay. The following victims of crime may receive compensation:	A minor or disabled claimant must be represented by his/her parents, custodian or guardian. 25 L.P.R.A. §981(g).
	 legal residents of Puerto Rico; nonresident persons if their resident jurisdiction does not provide for compensation under a Federal Crime Victims Compensation Act; persons related to the victim by legal or 	The application should include all medical reports available regarding the injury and any other information required by regulations. 25 L.P.R.A. §981(g).

State	Victim Compensation Laws	Process to Receive Compensation
	consensual ties, consanguinity or affinity up to the second degree or who depend on the victim for more than 50% of his/her subsistence expenses;	The application should be accompanied by the following information:
	 persons suffering from acts of terrorism under certain circumstances. 25 L.P.R.A. §981. 	 (a) photo I.D. of the victim and claimant; (b) copy of the social security card(s) of the victim and claimant; (c) birth certificate or passport; evidence of legal residence of the victim or claimant,
	The compensable crimes or attempted crimes are: murder; homicide; involuntary manslaughter; rape (sexual aggression); kidnapping; lascivious acts; child stealing; domestic violence; child abuse, aggravated robbery; battery in the third degree and any equivalent federal crime. 25 L.P.R.A. §981(d) and Law No. 3 of 2006.	 if an alien; (d) marriage or death certificate, as applicable; (e) evidence of loss of income; (f) evidence of compensatory benefits received from any other source; (g) medical evidence of the incapacity of the victim to work; (h) police report of the crime; (i) other documents to evidence expenses
	The victim must cooperate with the corresponding authorities in the phases of solving and prosecuting the persons responsible for the commission of the crime. The continuous availability of the victim will be verified through reports filed by the officers to the Crime Victims Compensation Office.	incurred as a result of the crime. In an emergency, where the victim's physical injury is obvious, the Office may relax the requirement for the victim to file an application, until the victim's emergent needs have been attended to.
	COMPENSATION	See website for forms and instructions: www.justicia.gobierno.pr/rs_template/v2/Com pVic/CV_TDoc.html
	The compensation payable depends on the date of the crime:	
	 Crimes committed before 21 August 03 receive a maximum of \$3,000 per person and \$5,000 per family; crimes committed between 21 August 03 and 04 January 06 receive a maximum of \$4,000 person and \$6,000 per family; crimes committed after 05 January 06 receive a maximum of \$6,000 per person, \$15,000 per family and \$25,000 for catastrophic or permanent injury. 	
	Compensation is provided for: • Expenses incurred for medical	
	treatment, including chiropractic, rehabilitation, hospitalization services	

State	Victim Compensation Laws	Process to Receive Compensation
	and medical care, including ambulance service, medication, medical equipment, prosthetics, eyeglasses, dental prosthetics and transportation expenses for medical appointments and treatments; Expenses for psychological, psychiatrical treatment, including transportation and medical expenses; and Income the victims would have earned if he/she had not suffered the injury.	
	Death benefits include:	
	 Expenses for funeral services, burial or cremation (\$1,000 for crimes committed before 21 August 03; \$1,500 for crimes committed between 21 August 03 and 04 January 06; \$3,000 for crimes committed after 05 January 06); Medical, chiropractic, rehabilitation treatment, hospitalization services and medical care; ambulance service, medications, medical equipment, prosthetics, eye-glasses and dental prosthetics incurred prior to the death of the victim; (1) Crimes committed before 21 August 03 receive a maximum of \$3,000 per person and \$5,000 per family; (2) crimes committed between 21 August 03 and 04 January 06 receive a maximum of \$4,000 person and \$6,000 per family; (3) crimes committed after 05 January 06 receive a maximum of \$6,000 per person, \$15,000 per family; Psychological and psychiatric expenses for the treatment of certain surviving claimants of the victim, up to \$500 if the crime was committed between 21 August 03 and 04 January 06 and up to \$1,000 if the crime was committed after 05 January 06; and Loss of support of up to \$500 if the crime was committed between 21 August 03 and 04 January 06 and up to \$1,000 if the crime was committed between 21 August 03 and 04 January 06 and up to \$1,000 if the crime was committed between 21 August 03 and 04 January 06 and up to \$1,000 if the crime was committed between 21 August 03 and 04 January 06 and up to \$1,000 if the crime was committed between 21 August 03 and 04 January 06 and up to \$1,000 if the crime was committed between 21 August 03 and 04 January 06 and up to \$1,000 if the crime was committed 	
	after 05 January 06 for certain surviving claimants; 25 L.P.R.A. §981(h) and Law No. 3 of 2006.	

State	Victim Compensation Laws	Process to Receive Compensation
	See compensation table:	
	www.justicia.gobierno.pr/rs_template/v2/ CompVic/CV_Tabla.html	
	Deductions on compensation may be made if the victim or dependants have received compensation from another source. 25 L.P.R.A. §981(i). Mental anguish and suffering are not compensable. 25 L.P.R.A. §981(h).	
	Funding comes from both the state and federal government.	
Virgin Islands	BACKGROUND	TO APPLY
	The Crime Victims Compensation Program provides public compensation to certain eligible persons. ELIGIBILITY • There are no eligibility restrictions	Applications should be completed and filed with the Executive Secretary within two (2) years after the personal injury or death occurs. In addition, applicants must file a notice of intention to file an application given to the Commission within ninety (90) days of the
	based on immigration status. In 1978, the following provision was deleted from the Code: "Provided, however, that no person who is not a citizen of the United States or who is not an immigrant alien admitted to the United States for permanent residence under the pertinent provisions of the	occurrence of the criminal offense, or act of domestic violence. CVIR 34-007-000, Sec. 161-A and 161-B (2006).
	Immigration and Nationality Act, as amended (8 U.S.C. §§ 1101 et seq.) may apply for or receive	TO APPEAL
	 compensation under the provisions of this chapter;" In order to receive compensation, the criminal offense or act of domestic violence giving rise to the claim must be reported to the Police Department or other appropriate law enforcement 	In order to obtain reconsideration by the Commission of an order, the applicant must file a written request for reconsideration with the Executive Secretary within one calendar year after the issuance of the order.
	agency within twenty-four (24) hours of its occurrence.	Virgin Islands Code 34.7.166.
	Eligible victims include: • Victims of a criminal act; • Any person who is responsible for the	The contact information:
	maintenance or care of the victim and who has incurred expenses as a result of injury to or the death of the victim;	Knud Hanson Complex, Building A 1303 Hospital Ground

State	Victim Compensation Laws	Process to Receive Compensation
State	 and The estate or any dependents of the victim may apply for compensation, in the case of the death of the victim. Virgin Islands Code 34.7.161 The victim was injured or killed by any act that constitutes a criminal offense which is a felony or aggravated assault and battery or domestic violence; The victim was injured or killed while attempting to prevent the commission of a criminal offense; The victim was injured or killed by an act or omission that constitutes a criminal offense had it occurred in the 	Charlotte Annalie, VI 00802 (340) 774-0930, ext. 4104 FAX: (340) 774-3466
	Virgin Islands but which occurred in a state, territory, or possession of the United States of America which does not have a CVC program; The victim was injured or killed while attempting to prevent the commission of a criminal offense but which occurred in a state, territory, or possession of the United States of America which does not have a CVC program; The victim was injured or killed by an act of terrorism committed outside of the United States. Virgin Islands Code 34.7.161 and 162. CVIR 34-007-000, Sec. 161-A and 161-B (2006).	
	COMPENSATION Maximum award is \$25,000. Virgin Island Code 34.7.164.	
	Applicants may apply for: • Lost income (resulting from total or partial disability resulting from the injury equal to two-thirds (2/3) of the difference between earnings (or earning power, if the victim was not employed) at the time when the injury occurred, and the wages, if any earned by the victim during disability); • Medical expenses (including examinations for sexual assault and treatment for venereal disease) [Virgin Islands Code 34.8.206]; • Mental Health counseling (10 sessions	

State	Victim Compensation Laws	Process to Receive Compensation
	 at \$75 per session); Replacement services; Travel (in extraordinary circumstances transportation can be paid but requires a medical referral); Pain and suffering (not to exceed \$5,000); Pecuniary losses (\$20,000 to the spouse of the deceased victim and \$5,000 for each dependent minor child or other dependent of the deceased victim for pecuniary losses); Emergency benefits pending final decision in the case (not to exceed \$500); Attorney's fees to be deducted from the award and not to be paid in addition to an award - two percent (2%) of any recovery under \$1,000 or five percent (5%) of any recovery over \$1,000 for legal expenses; and Burial expenses (not to exceed \$2,500). CVIR 34-007-000, Sec. 161-B, Section 163-A and Virgin Island Code 34.7.163. http://www.nacvcb.org/progdir/virginisland s.html 	
	 Compensation awards will be reduced by: Moneys received by the applicant from the offender, person on behalf of the offender, from public or private source (other than insurance on victim's life); and Collateral source payments. Virgin Islands Code 34.7.165. 	

National Immigrant Women's Advocacy Project (NIWAP, pronounced *new-app*)

American University, Washington College of Law

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17.2

Coverage for Forensic Costs for Undocumented Immigrants

By Legal Momentum and Morgan Lewis, LLP

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This information is current as of November 18, 2010. It is intended to provide an overview regarding health benefits and victim compensation for each state. Victims in need of legal advice should contact their local domestic violence/sexual assault program for referrals.

Introduction

Recognizing the importance of having evidence to prosecute criminal actions against perpetrators of sexual assault and in light of the federal goal of encouraging states to bear the costs of forensic examinations that help the police locate and prosecute victims of sexual assault, most states pay for forensic examinations necessary to prosecute the perpetrators of sexual assaults. In general, states require the victim to report the crime, sometimes within a specified period of time after the assault, and a majority of the states provide that the forensic examination must be for the purpose of gathering evidence for the prosecution of a crime. The immigration status of the victim is not relevant.

Generally, the victim who reports the sexual assault is not billed for the cost of the examination. Payment is made by the law enforcement agency, the county or the Victims' Compensation Board. In some states, the victim's insurance may be used for the examination. If the victim is billed for the examination, the state provides a mechanism for reimbursement.

In those jurisdictions with Sexual Assault Nurse Examiners, the victim can request that an examination be provided by a Sexual Assault Nurse Examiner at no cost to the victim, generally even if the victim does not report the crime.

In a fewer number of states, the victim does not need to report the crime to obtain an examination. The immigration status of the victim is not relevant in those states.

Victims must pay close attention to the requirements in the particular state in which they were assaulted, particularly the need to report the crime and the time period within which the crime must be reported, to avoid being billed for the forensic examination. A few states will pay the cost of an examination incurred by a resident who is assaulted in a different state when such state will not pay for the forensic examination.

There follows a summary of the federal law that encourages states to pay for forensic examinations and a chart that sets forth a state-by-state summary of the laws or procedures governing the provision of forensic examinations to victims of sexual assault.

Relevant Federal Laws

The Violence Against Women Act of 2004 created a grant program known as STOP (Service, Training, Officers, and Prosecutors) where states receive grants to develop and strengthen law enforcement and prosecution strategies to combat violent crimes against women. In order to receive STOP grants the state or local government must incur the full out-of-pocket cost of forensic medical exams for victims of sexual assault (see 42 U.S.C. §3796gg-4). A state or local government is deemed to assume the full out-of-pocket costs if it (1) provides such exams to the victim free of charge, (2) arranges for the victim to obtain the exam free of charge, or (3) reimburses the victim for the costs of the exam if (i) the reimbursement covers the full cost of the exam, (ii) the victim is permitted at least one year to apply for reimbursement, (iii) the victim is reimbursed within 90 days after written notification of the expense, and (iv) the victim is provided with notice at the time of the exam regarding how to obtain reimbursement.







State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
Alabama	 There are no eligibility restrictions based on immigration status. A report to the authorities must be made within 72 hours after the assault unless good cause for a later report is found The victim does not pay for the examination. The Division of Criminal Justice pays for the examination. Victim compensation is governed by Ala. Code § 15-23. The law was passed in 1984 and has been amended several times. E.g., Alabama Crime Victims Compensation Commission ("ACVCC") Annual Report (http://www.acvcc.state.al.us/downloads/annualreport05.pdf) contains both the statutory provisions and the administrative code. Ala. Code § 15-23-8 provides that the "commission may award compensation for economic loss arising from criminally injurious conduct." In 1995, the law was modified to authorize the commission to "provide for the cost of medical examinations for the purpose of gathering evidence and treatment for preventing venereal disease in sexual abuse crimes and offenses." Ala. Code § 15-23-5 (24). 	The examination costs should be automatically charged to the Division of Criminal Justice. The toxicology costs should be automatically charged to the Division of Scientific Services within the Department of Public Safety. For additional information, please contact: The Office of Victim Services 860-747-3994 800-822-8428

¹ The information contained in this chart is based upon a review of the statutes and regulations of jurisdictions published before November 2010, as well as interpretive advice obtained from representatives of various state agencies. State officials contacted for this survey may take the position that their views are unofficial and therefore non-binding

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
Alaska	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported. The victim does not pay for the examination. The sexual examination kit is provided at no charge to health care providers. Billing of sexual assault victims for forensic examinations is prohibited. Immigration status is not relevant. 	No process required – billing prohibited. Note: AS 18.68.010 provides that the sexual assault examination kits will be provided at no charge to health care providers.
	AS. 18.68.040 of the Alaska Statutes states as follows: "A law enforcement agency, health care facility, or other entity may not require a victim of sexual assault under AS 11.41.410-11.41.425 who is 16 years or older to pay, directly or indirectly, through health insurance or other means, for the costs of examination of the victim necessary for (1) collecting evidence using the sexual assault examination kit under AS 18.68.010 or otherwise; or (2) determining whether a sexual assault has occurred." http://www.legis.state.ak.us/cgi-bin/folioisa.dll/stattx05/query=*/doc/{t8751}?	
Arizona	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported. The victim does not pay for forensic examinations that are for law enforcement purposes. The county in which the sexual assault occurred pays for the examination. Arizona law provides that any medical expenses arising out of the need to secure evidence that a person has been the victim of a sexual assault	Claims for examination costs are submitted on standard forms by forensic examination providers to the county in which the offense occurred. Detectives must have provided prior approval for forensic exams for reimbursement, and a law enforcement case number associated with the report of the assault is included with the submission. The victim is not billed for forensic examination charges.
	shall be paid by the county in which the offense occurred. A.R.S. § 13-1414. Under this statute, counties reimburse costs of the forensic examination; other costs (e.g., hospital exam charges) are not reimbursed and remain the	

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
	responsibility of the victim, but may be recoverable under Arizona's Victim Compensation law. The law provides for reimbursement without regard to citizenship or immigration status, and therefore both qualified and non-qualified immigrants are eligible.	
Arkansas	 There are no eligibility restrictions based on immigration status. A report to the authorities must be made within 72 hours after the assault unless the victim is a minor or good cause for a later report is found The victim does not pay for the examination. The Crime Victims Reparations Board may reimburse the medical provider. Ark. Code Ann§ 12-12-403. Examinations and treatment Payment (a) All licensed emergency departments shall provide prompt, appropriate emergency medical-legal examinations for sexual assault victims. (b) All victims shall be exempted from the payment of expenses incurred as a result of receiving a medical-legal examination provided the following conditions are met: (1) The assault must be reported to a law enforcement agency; and (2) (A) The victim must receive the medical-legal examination within seventy-two (72) hours of the attack. (B) However, the seventy-two-hour time limitation may be waived if the victim is a minor or if the Crime Victims Reparations Board finds that good cause exists for the failure to provide the exam within the required time. 	Ark. Code Ann§ 12-12-404. Reimbursement of medical facility Rules and regulations (a) The Crime Victims Reparations Board may reimburse any medical facility or licensed health care provider that provides the services outlined in this subchapter for the reasonable cost for such services. (b) The board is empowered to prescribe minimum standards, rules, and regulations necessary to implement this subchapter. These shall include, but not be limited to, a cost ceiling for each claim and the determination of reasonable cost.

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
	(c) (1) A medical facility or licensed health care provider that performs a medical-legal examination shall submit a sexual assault reimbursement form, an itemized statement which meets the requirements of 45 C.F.R. 164.512(d), as it existed on January 2, 2001, directly to the board for payment. (2) The medical facility or licensed health care provider shall not submit any remaining balance after reimbursement by the board to the victim. (3) Acceptance of payment of the expenses of the medical-legal examination by the board shall be considered payment in full and bars any legal action for collection.	
California	There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported. The victim does not pay for the examination. The local governmental agency pays for the examination. A victim of a sexual assault is entitled to receive a medical examination for the purpose of gathering evidence for possible prosecution of the assailant. There is no charge to the victim for the exam. All costs related to the exam are treated as local costs and charged to the local governmental agency in whose jurisdiction the offense was committed. The victim can obtain such an exam at no cost regardless of her immigration status. Cal. Penal Code §13823.95. Accordingly, both qualified and non-qualified immigrants are eligible. A victim is to be informed that he or she may refuse to consent to a physical examination for evidence of a sexual assault, including collection of physical evidence, and that a refusal is not a ground for denial of treatment for injuries and for possible pregnancy and STDs, if the person wishes to obtain such treatment.	Health care providers must submit bills for the examination costs to the law enforcement agency in the jurisdiction in which the alleged offense was committed. Cal. Penal Code §13823.95. For more information see: www.ag.ca.gov/victimservices

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
	of body, clothes, for injuries or foreign materials, examination of mouth, vagina, cervix, penis, anus and rectum as required, and documentation of injuries.	
	Collection of evidence includes, collection of clothing worn during assault, foreign materials, swabs and slides from mouth, vagina, rectum and penis, the victim's blood and urine samples for toxicology purposes, reference specimens, baseline gonorrhea culture, syphilis serology and specimens for a pregnancy test.	
	Post-coital contraception shall be offered to a female victim of sexual assault, and provided to the victim if she requests it. See Cal. Penal Code §13823.11(e), and California Attorney General's Office Women's Rights Handbook, Chapter 7.	
	For more information see:	
	http://ag.ca.gov/publications/womansrights/cht.h tm	
Colorado	 There are no eligibility restrictions based on immigration status. The crime should be reported to law enforcement officials within 72 hours, but this requirement may be waived for good cause. The victim does not pay for the examination. The local governmental agency pays for the examination. 	Colorado's Coalition Against Sexual Assault will also cover the costs of a medical exam for sexual assault victims if for some reason the local law enforcement or victim compensation boards fail to cover the expenses. They can be reached at:
	Any direct cost associated with the collection of forensic evidence from the victim shall be paid by the referring or requesting law enforcement agency. (C.S.R. 18-3-407.5)	Colorado Coalition Against Sexual Assault PO Box 300398 Denver, CO 80203-0398 Phone: 303-861-7033 / 1-877-37-CCASA (22272) Fax: 303-832-7067 Email: info@ccasa.org
Connecti	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported. 	The examination costs should be automatically charged to the Division of Criminal Justice.

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
	The victim does not pay for the examination. The Division of Criminal Justice pays for the examination. The victim does not pay for the examination.	The toxicology costs should be automatically charged to the Division of Scientific Services within the Department of Public Safety.
	The examination costs of a victim of sexual assault, when the examination is performed to gather evidence, cannot be charged directly or indirectly to the victim. (C.G.S.A. §19a-112a(e))	For additional information, please contact:
		The Office of Victim Services
	The examination costs include the costs of testing for pregnancy, sexually transmitted	860-747-3994
	diseases and prophylactic treatment.	800-822-8428
	The costs associated with a toxicology screening of a victim of sexual assault cannot be charged directly or indirectly to the victim.	
Delaware	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported. The victim does not pay for the examination. The Compensation Fund pays for the examination. However, the hospital or medical facility performing the exam may seek to recover the costs associated with the exam from the victim's insurance carrier. If the hospital recovers less than 100% of the cost of the exam from the victim's insurance carrier then the hospital may seek reimbursement from the compensation fund. The Delaware Victim Compensation Board will pay for the cost of a forensic medical examination done for the purpose of gathering evidence that may be used in the prosecution of a sexual offense. Forensic medical examination is defined as a medical diagnostic procedure examining for physical trauma and determining penetration, force or lack of consent. 	The hospitals and healthcare professionals are required to provide the forensic medical examinations free of charge to the victims of sexual offenses. The hospital will then seek reimbursement from the Compensation Fund The victim of the sexual offense shall not be required to pay any out-of-pocket costs associated with the forensic examination and shall not be required to file an application with Compensation Board. For additional information, please contact: Delaware Violent Crimes Compensation Board 240 N. James Street, Suite 203 302-995-8383 Delaware Hotline 1-800-464-4357 (in state) 1-800-273-9500 (out of state)

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
	The cost of the examination includes the collection of all evidence required in the sexual offense evidence kit and may also include the following:	
	- the physician's fee for the collection of the patient history, physical, collection of specimens, treatment for the prevention of venereal disease, including one return follow-up visit;	
	- emergency department expenses, including emergency room fees and costs of pelvic trays; and	
	- laboratory expenses including testing for sperm, pregnancy and sexually transmitted diseases.	
	11 Del. C. § 9019	
District of Columbia	 There are no eligibility restrictions based on immigration status but the assault must have occurred in D.C. or the victim must be a resident of D.C A report to the authorities must be made within 7 days after the assault. In cases of sexual assault, seeking medical treatment is sufficient. In cases of domestic violence, requesting a civil Restraining Order is sufficient. A claim for compensation must be made within one year of the assault to the Crime Victims Compensation Program (CVCP) or within one year of learning of the CVCP. There is no separate program specifically for the coverage of forensic costs for victims of sexual assault. Forensic exams are paid for through the Crime Victims Compensation Program. Victims of crime, and secondary victims (e.g. people who legally assume the obligation or voluntarily pay for a victim's expenses) may receive compensation from the Crime Victims 	Both qualified and non-qualified aliens are eligible for the CVCP. People eligible for compensation include victims of violent crime and people who legally assume the obligation or voluntarily pay for a victim's expenses. Eligibility requirements include: • A claim for compensation must be filed within one year after the crime or one year after learning of the CVCP. • The victim must have been injured in the District of Columbia or be a resident of DC. • A police report must have been filed within seven days of the crime. In cases of sexual assault, seeking medical treatment is sufficient. In cases of domestic violence, requesting a civil Restraining Order is sufficient. • The claimant must have reasonably provided information to and
	people who legally assume the obligation or voluntarily pay for a victim's expenses) may	cases of domestic violence, requesting a civil Restraining Orde is sufficient.

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
	The Crime Victims Compensation Office does not review the immigration status of victims. Both qualified and non-qualified immigrants are eligible for the CVCP. See also D.C. Code §§ 4-501-4-508.	participated in, consented to, or provoked the crime. • The award cannot unjustly enrich the offender. Applications for compensation are available at:
	See also D.C. Code §§ 4-301-4-300.	 The Crime Victim's Compensation Program office located in Suite 203 of DC Superior Court Building A, at 515 5th Street, NW http://mpdc.dc.gov/mpdc/frames.asp ?doc=/mpdc/lib/mpdc/serv/victims/p df/victimscomp.pdf&group=1523 DC Metropolitan Police Department and Capitol/Park Police Stations DC Area Hospital Emergency Rooms The Victim/Witness Assistance unit of the US Attorney's Office This form must be completed and mailed to, and further information may be sought from: Crime Victim's Compensation Office Superior Court Building A 515 5th Street, NW, Suite 203 Washington, DC 20001 (202) 879-4216 http://mpdc.dc.gov/mpdc/cwp/view.a.1241.q. 539157,mpdcNav_GID,1523,mpdcNav,l.asp The form does ask for a Social Security number, but it will not be asked for if it is not filled in. The Crime Victim's Compensation Office does not review immigration status.
Florida	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported. The victim does not pay for the 	Reimbursement forms used by Florida's Crime Victims Services office are generally maintained by emergency rooms and other forensic exam providers, and are also available to police officers.

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
	examination if the victim reports the assault. Florida's Crime Victims Services Office pays for the examination. Florida's Crime Victims Services office, through its Sexual Battery Examination Program, pays for medical expenses connected with an initial forensic examination of a victim who reports a violation of Florida's sexual assault or lewdness (child molestation) laws. F. S. A. 960.28(2).	Payment is limited to medical expenses not to exceed \$250, and may not be made unless a law enforcement officer certifies in writing that the initial forensic physical examination is needed to aid in the investigation of an alleged sexual offense and that the claimant is the alleged victim of the offense. F.S.A. § 960.28(2).
	Florida law expressly precludes a medical provider from directly or indirectly billing a victim (or the victim's parent or guardian if the victim is a minor). F.S.A. § 960.28(1) & (2).	
	It is the policy of Florida's Crime Victim Services office to reimburse forensic exam costs without regard to citizenship or immigration status, and therefore both qualified and non- qualified immigrants are eligible.	
	Information received or maintained by the Crime Victims Services office identifying an alleged victim for purposes of payment of medical expenses is confidential and exempt from state laws providing access to public records. F. S. A. § 960.28(4).	
Georgia	 There are no eligibility restrictions based on immigration status. The victim must report the assault immediately. The victim does not pay for the examination. The local law enforcement agency pays. 	Georgia law does not provide a process for the submission of medical bills.
	Ga. Code Ann. §§ 16-6-1 and 16-6-2 provide that the victim of rape or forcible sodomy should contact a local police department or other law enforcement agency immediately and a police officer will come and take a report and collect evidence. An officer will take the victim to the hospital for a medical examination. The law requires that the police department or law	

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
	enforcement agency investigating the crime pay for the medical examination to the extent of the cost for the collection of evidence of the crime. The law does not specify any restrictions with respect to the immigration status of the victim.	
Guam	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported. The victim does not pay for the examination. The Crime Victims' Compensation Commission pays. The Criminal Injuries Compensation Commission may appoint an impartial licensed physician to examine any person applying for compensation for injuries resulting from a crime, and the fees for the examination shall be paid from funds appropriated for expenses of administration. 9 Guam Code Ann. § 86.35 (1998).	The Code does not provide the mechanism by which such expenses will be reimbursed.
Hawaii	 There are no eligibility restrictions based on immigration status. A report to the authorities must be made within 72 hours after the assault unless good cause for a later report is found if payment by the Crime Victims' Compensation Commission is sought. The victim does not pay for the examination. The Crime Victims' Compensation Commission pays. 	A CVCC representative explained that county administrative units generally handle reimbursement to hospitals for forensic examinations and related services. Most of the time, the alleged victim will not receive a bill. If the medical provider has difficulty obtaining reimbursement, the CVCC has, and frequently does, provide payment. The CVCC witness agreed that the statute is not clear on this point.
	Unlike some other states, Hawaii does not have a special statute covering payment for forensic exams. The Crime Victim Compensation statute, however, specifically provides coverage for any hospital or medical expenses and allows for billing directly to the provider. Haw. Rev. Stat. § 351-61. Sexual assault is included in the list of crimes for which compensation may be received. Haw. Rev. Stat. § 351-32.	If the CVCC reimbursement process is used for some reason, a person seeking reimbursement must fill out an application form, which may be obtained directly from the CVCC or from its website. Following review of that application, compensation may be awarded for all expenses incurred in connection with the crime, including medical examinations. A CVCC application must be filed within eighteen months of the incident unless there is good cause for delay. Haw.

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	A representative of the Crime Victims' Compensation Commission (CVCC) explained that forensic examinations are generally covered through county administrative units, which work cooperatively with the CVCC and other state bodies. The statute does not discuss immigration status, nor do any of the applicable definitions address this issue. Instead, "resident" is defined broadly to include "every" individual who "intends to permanently reside in this State" or who "has a permanent abode in State." Haw. Rev. Stat. § 351-2. A CVCC representative stated emphatically that immigration is not a relevant consideration.	Rev. Stat. § 351-62(a). In addition, the incident itself must be reported within 72 hours unless there is "good cause" for delay. See Haw. A.D.C. § 23-605-2. "Good cause" usually requires "mental, physical, or legal impairment"—that is, an actual inability to file a report and application. Failure to understand the law, negligence, and incarceration do not qualify as good cause. Haw. A.D.C. § 23-605-2. Information on the CVCC process (including application forms) is available at 1-800-587-1143 or www.hawaii.gov/cvcc . The CVCC can also provide information on different crisis and treatment facilities and county medical providers.
Idaho	 There are no eligibility restrictions based on immigration status. A report to the authorities must be made within 72 hours after the assault unless there is good cause. The victim of a sexual assault pays for the examination. The Idaho Crime Victims Compensation Program will reimburse the victim after all third party sources of payment have met their obligations. The victims of other crimes do not pay for examinations directed or authorized by a law enforcement agency. The law enforcement agency pays. When the victim of any alleged crime is directed or authorized by a law enforcement agency to receive a medical examination for the purpose of gathering evidence for use by a law enforcement agency in the investigation of prosecution of a crime, the costs of the examination will be paid for by the law enforcement agency – not the victim – except in cases of a sexual assault. (Idaho Code § 19-5303) 	The Idaho Industrial Commission provides on its website a reimbursement form for sexual assault examinations. These forms should be available at hospitals and other licensed medical facilities that perform sexual assault examinations and should be provided to a victim of a sexual assault for completion by the victim and a member of the law enforcement agency that directed or authorized the examination. Portions of the reimbursement form must be completed by a law enforcement agent. If the reimbursement form is provided at a licensed medical facility, the normal process would be for that facility to submit the form to the IIC. If not, the victim must submit the reimbursement form within one year of the date of service. (Telephone call with Idaho Industrial Commission on August 7, 2006, and, see www.iic.idaho.gov/cv/cvsexassault.htm) Reimbursement from the IIC comes only after all other third party sources of payment have met their obligations. For additional information, see www.iic.idaho.gov/cv/cvsexassault.htm
	When the victim has allegedly been sexually assaulted, the costs of any forensic or medical examinations, which must be performed by a licensed medical facility and trained practitioner for the purposes of gathering evidence for a	

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	possible prosecution, will be reimbursed by the Idaho Industrial Commission under the Idaho Crime Victims Compensation Program – after any collections from any third party who has liability. (Idaho Code §§ 19-5303 and 72-1019(2))	
	NOTE: Because the cost of a forensic exam relating to an alleged sexual assault is payable under the Idaho Crime Victims Compensation Program, the maximum dollar amount of benefits payable to a victim who applies for further benefits under the Program will be reduced by the cost of the forensic exam. (Telephone call with Idaho Industrial Commission on August 7, 2006)	
	A victim does not have to be a resident of Idaho, a U.S. citizen or a qualified immigrant in order for a forensic exam to be charged to a law enforcement agency or the IIC, as applicable. (Telephone call with Idaho Industrial Commission on August 7, 2006)	
Illinois	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported. The victim does not pay for the examination. The state distributes sexual assault evidence collection kits to hospitals. 	If the alleged victim is not otherwise eligible to receive the services under the Illinois Public Aid Code or through insurance, the provider must furnish services without charge and will be reimbursed by the state of Illinois. 410 Ill. Stat. § 70/7. ICASA noted, however, that some victims have received bills when reimbursement has not been received promptly by the medical provider.
	The Sexual Assault Survivors Emergency Treatment Act requires provision of emergency hospital services to all alleged sexual assault victims. 410 III. Stat. § 70/2. Illinois law specifically provides for medical examinations and related laboratory tests, including those to be used as evidence in a criminal proceeding. The medical provider is to maintain the results of these tests and provide them to law enforcement officials upon the alleged victim's request. 410 III. Stat. § 70/5. In addition, the same law creates a statewide sexual assault evidence collection program to arrange for the distribution of sexual assault evidence collection kits to hospitals and collection and analysis of the results. 410 III. Stat. § 70/6.4.	Information may be obtained from ICASA at 1-217-753-4117 or at their website, http://www.icasa.org . The website includes a list of crisis centers.

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	There is no reference to immigration status. Discussion with both the Attorney General's office and the Illinois Coalition Against Sexual Assault (ICASA) confirmed that immigration status should not be relevant.	
Indiana	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported although additional forensic services may be billed to a victim or an insurer if the victim does not report the crime within 96 hours and cooperate with law enforcement. The victim does not pay for the examination. The state pays. 	The statute and administrative code do not provide for a reporting time limit or cooperation in order to receive a forensic medical examination without charge. Ind. Code § 5-2-6.1-39(b), § 16-21-8-5. Victims are not to billed for these procedures even if the hospital does not receive reimbursement promptly. (Additional forensic services, however, may be billed to a victim or an insurer if the victim does not report the crime within 96 hours and cooperate with law enforcement. Ind. Code 5-2-6.1-39(c)).
	The Emergency Services to Sex Crime Victims Act requires provision of services and procedures to alleged sexual assault victims. Ind. Code § 16-21-8-1, 3. Recent amendments (effective July 1, 2006) specifically provide that such services include "forensic medical exams," which are defined as procedures for acquiring evidence that may be used in a criminal proceeding. Ind. Code § 16-18-2-139.5.	Providers are reimbursed through various procedures by the state of Indiana or local agencies, depending on the circumstances. Ind. Code § 16-21-8-6, § 5-2-6.1-39.
	("Additional forensic services," including pregnancy testing and STD testing, may also be received without charge. Ind. Code § 16-21-8-1, 3; Ind. Code § 16-18-2-1.8.)	
	Immigration status is not addressed, and a representative of the Indiana Crime Victims' Compensation Committee (CVCC) confirmed that this is not a factor.	
Iowa	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported. The victim does not pay for the examination. The Victim Compensation Program pays regardless 	Payment is made out of the state-sponsored Victim Compensation Fund. To obtain payment, health care providers submit bills, including the appropriate paperwork and coding, to the Department of Justice Crime Victim Compensation Program.

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Kansas	of whether the victim reports the crime to law enfocement. Iowa law provides that the cost of a medical examination of a victim for the purpose of gathering evidence and the cost of treatment of a victim for the purpose of preventing venereal disease will be paid for by the state-sponsored Victim Compensation Fund. As such, screening and treatment for STDs, HIV/AIDS and hepatitis, a pregnancy test and post-coital birth control, are provided through the forensic examination program. No distinction is made concerning the immigration status of the victim. In addition, treatment costs are covered even if the woman refuses to have an evidence examination in fact, costs are covered even if the woman chooses not to file a report with law enforcement. Sexual assault victims have the right to petition the court for an order requiring the convicted offender to submit to an HIV-related test. • There are no eligibility restrictions based on immigration status. • There is no specific time period within which the assault must be reported. • The victim does not pay for the examination as long as the examination is requested by a law enforcement officer. The county where the assault occurred pays.	

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Kentucky	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported but the victim must report an assault by the victim's spouse. The victim does not pay for the examination as long as the examination is requested by a law enforcement officer. The Crime Victims' Compensation Board pays. 	Health care providers must submit bills for the examination costs to the Crime Victims' Compensation Board and no charge is to be made to the victim of sexual assault examination. For more information see: http://chfs.ky.gov/dhss/cadv/rsa_default.htm
	A victim of a sexual assault is entitled to receive a medical examination to gather physical evidence of the assault. The medical examination includes, but not limited to, basic treatment and evidence gathering services and laboratory tests, if appropriate. The medical examination is available at no cost upon the request of any peace officer or prosecuting attorney with a written consent of the reported victim, or upon the request of the reported victim. (Ky. Rev. Stat. Ann. §216B.400)	
	The victim can obtain such an exam at no cost regardless of her immigration status. Accordingly, both qualified and non-qualified immigrants are eligible.	
Louisiana	There are no eligibility restrictions based on immigration status. The victim need not report the assault. The victim does not pay for the examination. The parish governing authority pays for the examination to secure crime scene evidence. The Louisiana Foundation Against Sexual Assault ("LAFASA") stated that there is no uniformity across the state in coverage of forensic examination. In jurisdictions with Sexual Assault Nurse Examiners ("SANE"), the victim requests their services and the SANE performs the examination. If there is no SANE, then the coroner must perform the exam. The LAFASA representative said that there are instances in which the victim has received a bill for the forensic exam.	The bills for the medical expenses associated with the medical examination and the collection of medical evidence should be tendered to the coroner for payment. The coroner in turn may present the bill to the parish governing authority for payment. The victim has the responsibility for payment for medical treatment excluding the forensic examinations.

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	The legislature has recently convened a Sexual Assault Task Force to provide statewide protocol for collection forensic evidence and payment for the examinations.	
	A forensic medical examination for a victim of sexual assault is considered an expense associated with the collection and securing of crime scene evidence. Payment for this examination by the parish governing authority is mandated by state law. All other expenses related to these crimes are eligible for reimbursement by the board at 100 percent, subject to the provisions of the Crime Victims Reparations Act and its administrative rules. Louisiana Admi. Code § 22:XIII.503	
	A victim of a sexual assault is entitled to decide whether or not to report the alleged sexual assault If the victim does not wish to report the incident, the victim shall be examined and treated as a regular emergency room patient. Tests and treatments exclusive to a rape victim shall be explained to the victim along with the costs for such tests. The patient shall decide whether or not such tests shall be conducted. If the patient does not wish to report the incident, the hospital's duties, beyond medical treatment, shall be limited to the collection of tests, procedures or samples that may serve as potential evidence.	
	Hospitals have a mandatory duty to provide medical treatment and examination to sexual assault victims. This does not vary with immigration status.	
	The coroner "or his designee" is required to perform a medical examination of the victim when the case is under police investigation. The coroner should appoint every licensed hospital in the jurisdiction as the "designee" for the performance of medical examinations.	
	Attorney General Opinion 89-78	

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	11346	
	Attorney General Opinion 94-499 http://www.ag.state.la.us/ShowDoc.asp?DocID=14397	
	Louisiana Revised Statute § 40:2109.1	
Maine	There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported. The victim does not pay for the examination. The Victim's Compensation Board pays for the examination Me. Code Title 5 §3360-M. Payment for forensic examinations for alleged victims of gross sexual assault as defined in Maine Revised Statute 17-A.11, 253, including a compelled sexual act or a sexual act with a person who is not 14 or older. 1. PAYMENT. The Victims' Compensation For alleged victims of gross sexual assault from the Victims' Compensation Fund. The board shall track expenditures for forensic examinations separately from all other expenditures. Forensic examination payments are not subject to any other provision of this chapter. 2. FORENSIC EXAMINATION. The board shall determine by rule what a forensic examination may include for purposes of payment. An examination must include at least all services directly related to the gathering of forensic evidence and related testing and treatment for pregnancy and sexually transmitted diseases. The board shall pay a licensed hospital or licensed health care practitioner the actual cost of the forensic examination up to a maximum of \$ 500.	PROCESS FOR PAYMENT. A licensed hospital or licensed health care practitioner that performs forensic examinations for alleged victims of gross sexual assault shall submit a bill to the board directly for payment of the forensic examinations. The hospital or health care practitioner that performs a forensic examination shall take steps necessary to ensure the confidentiality of the alleged victim's identity. The bill submitted by the hospital or health care practitioner may not identify the alleged victim by name, but must be assigned a tracking number that corresponds to the forensic examination kit. The tracking number may not be the alleged victim's social security number. The hospital or health care practitioner that performs the examination may not bill the alleged victim or the alleged victim's insurer, nonprofit hospital or medical service organization for payment of the examination. The alleged victim is not required to report the alleged offense to a law enforcement agency.
	3. OTHER REIMBURSEMENT. The	

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	fact that forensic examinations are paid for separately through the Victims' Compensation Fund does not preclude alleged victims of gross sexual assault from seeking reimbursement for expenses other than those for the forensic examination. A victim seeking reimbursement from the Victims' Compensation Fund for expenses other than the forensic examination is subject to all other provisions of this chapter.	
Maryland	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported The victim does not pay for the examination. The Department of Health and Mental Hygiene pays for the examination. 	Health care providers must submit bills for the examination costs to the Department of Health and Mental Hygiene. Md. Code. Ann., Health-General § 15-127.
	A victim of an alleged rape of sexual offense is entitled to receive (1) a physical examination for the purpose of gathering evidence as to the alleged crime; (2) emergency hospital treatment and follow-up medical testing for up to 90 days after the initial physical examination; and (3) up to 5 hours of professional time to gather information and evidence as to the alleged sexual abuse by a physician, qualified hospital health care personnel, or a mental health professional. There is no charge to the victim for the covered services. Md. Code. Ann., Health-General § 15-127. The victim can obtain the covered services at no cost regardless of her immigration status. Accordingly, both qualified and non-qualified immigrants are eligible.	
Massach usetts	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported The victim does not pay for the examination. The Sexual Assault Nurse Examiner's program pays for the examination. 	An individual must access SANE services in hospitals designed as SANE sites by the Massachusetts Department of Public Health. For more information or to local a SANE site see: http://www.mass.gov/dph/fch/sane/index.htm

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	The Sexual Assault Nurse Examiner's (SANE) program is a Massachusetts Department of Public Health Program that provides access to Nurse Examiners who are specifically trained in evidence collection and court testimony for cases of rape and sexual assault. There is no charge for this service. The examination is free and provided regardless of immigration status. A victim may be entitled to reimbursement for medications and other treatment through Victim's Compensation. Emergency contraception shall be offered to a female victim of sexual assault, and provided to the victim if she requests it. Mass. Gen. Laws ch. 111, 8, 70E.	
Michigan	 There are no eligibility restrictions based on immigration status. A report to the authorities must be made generally within 48 hours after the assault and the victim must cooperate with law enforcement. The victim can be reimbursed from the Crime Victims Services Commission for the cost of the examination if an application is filed within one year of the date of the assault, the date the victim turned 18 or the date after discovery by a law enforcement agency that injuries previously determined to be accidental or of unknown origin were incurred as a result of a crime. If a person tells a physician or other member of a hospital's staff that within the preceding 24 hours the person has been the victim of criminal sexual conduct, the attending health care personnel must immediately inform the person of the availability of a "sexual assault evidence kit" and, with the person's consent perform, the procedures required by the sexual assault evidence kit can be provided to the victim. See 1978 Mich. Pub. Act 368; Mich. Comp. Laws §333.21527. 	The victim may seek reimbursement of the cost of the administration of a "sexual assault evidence kit" by filing an application with the Crime Victims Services Commission, if the person meets the eligibility requirements. See Mich. Comp. Laws §18.361. For more information see: http://www.michigan.gov/mdch/0,1607,7-132-2940_3184,00.html

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	A victim is eligible to receive compensation for the costs of a forensic examination from the Crime Victims Services Commission if the crime occurred or is attempted in Michigan, if the crime occurred to a Michigan resident outside of Michigan and that jurisdiction does not have a crime victim reparations law covering the resident's injury or death, or if the person is a Michigan resident who is injured in another country by a crime involving an act of international terrorism. See Mich. Comp. Laws § 18.361, Sec. 1(c). The victim must complete an application and file it with the Crime Victim Services Commission, which is empowered by statute to administer funds received under VOCA grants and state assessments. See Mich. Comp. Laws § 18.353, Sec. 3(j).	
	A police report must generally be made within 48 hours and the victim must reasonably cooperate with law enforcement and (absent good cause) the application must be filed within one year from: the date of the crime; the date the victim turned eighteen (18); or the date after discovery by a law enforcement agency that injuries previously determined to be accidental, or unknown origin, or resulting from natural causes, were incurred as a result of a crime. See Mich. Comp. Laws §18.355.	
	There is a charge to the victim for the exam regardless of immigration status. However, the victim can obtain compensation for the exam by filing an application with the Crime Victims Services Commission, if the person meets the eligibility requirements. See Mich. Comp. Laws §18.361. Pending legislation would require the health care provider to seek reimbursement of the cost of administering the sexual assault evidence kit.	
	For more information see:	
	http://www.michigan.gov/mdch/0,1607,7-132- 2940_3184,00.html	

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
Minnesot	 There are no eligibility restrictions based on immigration status. The victim need not report the assault. The victim does not pay for the examination. The county in which the assault occurred pays for the examination unless the victim authorizes the county to seek reimbursement from the victim's insurer. 	The victim may file an application for reimbursement with the Crime Victims Reparations Board for any costs not covered by the county, if the person meets the eligibility requirements. <i>See</i> Min. Stat. 611A.52, Subd. 8. For more information see:
	The Forensic examination shall be paid for by the county in which the criminal sexual assault occurred. The costs include rape kit examinations, tests for sexually transmitted diseases, and pregnancy status. A county may seek insurance reimbursement from the victim's insurer only if authorized by the victim. <i>See</i> Min. Crim. Code § 609.35.	http://www.ojp.state.mn.us
	The victim is not required to report the offense to law enforcement or pursue prosecution of the offender for the victim to be eligible for county payment for the examination.	
	There are no specified restrictions based upon immigration status. <i>See</i> Min. Crim. Code § 609.35. Accordingly, both qualified and non-qualified immigrants are eligible.	
	For more information see:	
	http://www.ojp.state.mn.us	
Mississip pi	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported The victim does not pay for the examination. The Division of Victim Compensation pays for the examination. 	The Division of Victim Compensation is authorized, in its discretion, to make application for and comply with such requirements as may be necessary to qualify for any federal funds as may be available as a result of services rendered to crime victims under Section 99-37-25.
	Miss. Code § 99-37-25. Payment by Division of Victim Compensation of costs associated with	

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		Examination Costs
	medical forensic examination and sexual assault evidence collection	
	When a person is brought into a doctor's office, a hospital or a medical clinic in this state by a law enforcement agency as the victim of an alleged rape or sexual assault, or comes into a doctor's office, a hospital or a medical clinic in the state alleging rape or sexual assault against the person which results in a criminal investigation, the bill for the medical forensic examination and the preparation of the sexual assault evidence collection kit will be sent to the Division of Victim Compensation, Office of the Attorney General.	
	The Division of Victim Compensation shall pay for the medical examination conducted for the procurement of evidence to aid in the investigation and prosecution of the alleged offense. Such payment shall be limited to the customary and usual hospital and physician charges for such services in the area. Such payment shall be made by the Division of Victim Compensation directly to the health care provider. No bill for the examination will be submitted to the victim, nor shall the medical facility hold the victim responsible for payment. However, if the victim refuses to cooperate with the investigation or prosecution of the case, the Division of Victim Compensation may seek reimbursement from the victim. The victim may be billed for any further medical services not required for the investigation and prosecution of the alleged offense. In cases where the damage caused by the alleged sexual assault requires medical treatment or diagnosis in addition to the examination, the patient will be given information about the availability of victim compensation and the procedure for applying for such compensation.	
Missouri	There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported but the victim must file the report of examination with	Reasonable hospital and physicians charges for eligible examinations shall be billed to and paid by the department of health and senior services.

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
	the prosecuting attorney of the county in which the assault occurred. The victim does not pay for the examination. The Department of Health and Senior Services pays for the examination. Mo. Ann. Stat. 191.225. Costs of medical examination of certain crime victims. The department of health and senior services shall make payments to hospitals and physicians, out of appropriations made for that purpose, to cover the cost of the medical examination not covered by insurance, Medicare or Medicaid of persons who may be a victim of the crime of rape or a victim of a crime, if: (1) The victim or the victim's guardian consents in writing to the examination; (2) The report of the examination is made on a form approved by the attorney general with the advice of the department of health and senior services; and (3) The report of the examination is filed by the victim with the prosecuting attorney of the county in which the alleged incident occurred. References: Victim of the crime of rape as defined in section 566.030, RSMo. Victim of a crime as defined in chapter 566, RSMo, or sections 568.020,	
Montana	 568.050, 568.060, 568.080, 568.090, 568.110, and 568.175, RSMo, There are no eligibility restrictions based on immigration status. The victim need not report the assault but Montana's forensic rape examination program ("FREPP") pays for the examination only if the victim has an examination within 72 hours of the assault. The victim does not pay for the examination is within 72 hours of the assault. The FREPP pays for the examination. 	The healthcare provider applies for reimbursement by submitting a FREPP Claim Form, a Patient Information Form, an itemized bill, and a copy of the medical records to FREPP no later than 90 days from the date of the forensic exam. These forms, along with more information about FREPP, can be found at http://doj.state.mt.us/victims/forensicrapeexaminationpaymentprogram.asp .
	Montana's forensic rape examination payment program (FREPP) provides direct payment to	

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
	healthcare providers for forensic rape examinations of victims who have an exam within 72 hours of the assault, even if they choose not to report the crime to law enforcement.	
	FREPP pays the cost of a sexual assault examination up to a maximum of \$600.	
	Sexual assault victims cannot be billed for costs, fees, or charges associated with a forensic rape examination and may decline to use their private insurance or any other payment sources, including Medicaid or Medicare. However, medical services provided to a victim as a result of any physical injuries that may have occurred at the time of the sexual assault may be billed to the victim.	
	The 2005 Montana Legislature's House Bill 577 (amending MCA §§ 2-15-2014 and 46-15-411).	
Nebraska	There are no eligibility restrictions based on immigration status. The victim must report the assault. The victim does not pay for the examination as long as the examination is within 72 hours of the assault. The law enforcement agency investigating the reported sexual assault pays. The full out-of-pocket cost or expense that may be charged to a sexual assault victim in connection with a forensic medical examination shall be paid for by the law enforcement agency of a political subdivision if such law enforcement agency is the primary investigating	The statute calls for the costs of the examination to be paid for by the primary investigating law enforcement agency. There is not a centralized, standardized process for handling these costs.
	law enforcement agency investigating the reported sexual assault.	
	Neb. Rev. St. § 13-607.	

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
Nevada	 The victim must be a qualified immigrant. There is no specific time period within which the assault must be reported but the victim must file the report. The victim does not pay for the examination as long as the examination is within 72 hours of the assault. The county in which the sexual assault occurred pays. N.R.S. 449.244.1 provides that any costs incurred by a hospital for a forensic examination of a victim of a sexual offense must not be charged directly to the victim, but must be charged to the county in whose jurisdiction the offense was committed. 	Costs for initial emergency care are billed by the health care provider directly to the county in whose jurisdiction the offense was committed.
New Hampshir e	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported. The victim does not pay for the examination. If the victim's insurance doesn't pay for the examination, the department of justice pays. Most hospitals participate in the Sexual Assault Nurse Examiner Program (SANE). A SANE is a specially trained Registered Nurse who provides complete care to the sexual assault victim. The victim should request that a SANE be called if possible. (A Legal Handbook for Women in New Hampshire. Chap.5. Abusive Behaviors – Sexual Assault, p.56) (http://www.nh.gov/csw/; accessed August 8, 2006) The emergency room in any public hospital must give the victim emergency medical care, even if the victim is an undocumented immigrant or does not have insurance. The victim can request that the hospital provide an interpreter or other accommodation, if necessary. (A Legal Handbook for Women in New Hampshire. Chap.5. Abusive Behaviors – Sexual Assault, p.56) (http://www.nh.gov/csw/; accessed August 8, 2006) 	The bill for the medical examination of a sexual assault victim shall not be sent or given to the victim or the family of the victim. (RSA 21-M:8-c)
	If a physician or a hospital provides any physical	

State ¹	Forensic Examination Laws	Process to Receive Payments for
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	examination of a victim of an alleged sexual offense to gather information and evidence of the alleged crime, these services shall be provided free to the individual. (RSA 21-M:8-c) (http://www.gencourt.state.nh.us/rsa/html/I/21-M/21-M-mrg.htm ;accessed August 8, 2006)	
	After submitting the appropriate paper work, the physician or hospital shall be reimbursed for the cost of such examination by the department of justice to the extent such costs are not the responsibility of a third party under a health insurance policy or similar third party obligation. (RSA 21-M:8-c)	
	(http://www.gencourt.state.nh.us/rsa/html/I/21-M/21-M-mrg.htm;accessed August 8, 2006)	
	What kind of services are covered? 1) The sexual assault exam includes tests for the sexually transmitted diseases:	
	- Trichomonas	
	- Chlamydia	
	- Gonorrhea	
	(On a case by case basis; NOT standard procedure for all sexual assault exams)	
	The victim can request that these tests are conducted as part of the exam.	
	2) An antibiotic medication may be offered as a preventative measure. The medication usually is administered before the patient leaves the hospital.	
	3) A baseline pregnancy test is done at the hospital to determine the victim's eligibility for emergency pregnancy prevention (the "morning after pill"). The victim should make sure to receive the medication while he/she is in the hospital, otherwise the expense may not be covered as part of the exam.	
	4) Although an HIV test can be done at the time of the sexual assault medical exam, it is NOT	

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	routinely part of the exam.	
	- If the victim chooses to have a separate and confidential HIV test done at the hospital, the results will become part of his/her hospital record.	
	- The HIV test done at hospital is a baseline test and will determine if victim was infected prior to the assault. It will not indicate if the offender infected the victim.	
	- You also may be eligible for HIV post-exposure prophylactic medication.	
	- The hospital can provide you with anonymous testing sites throughout New Hampshire where you can have the test results documented by a number rather than by your name.	
	- The local sexual assault crisis center or NH HELPLINE (800-852-3388) also can provide the victim with the telephone numbers for anonymous or confidential testing sites in his/her area	
	The local crisis center can	
	a) arrange for immediate funding for some post- sexual assault medications.	
	b) provide victim with referrals for a physician or clinic in his/her area for additional or follow-up testing.	
	For the nearest crisis center – New Hampshire Statewide Sexual Assault Hotline	
	800-277-5570 (800-735-2964 TDD/VOICE)	
	(A Legal Handbook for Women in New Hampshire. Chap.5. Abusive Behaviors – Sexual Assault, p.57)	
	(http://www.nh.gov/csw/; accessed August 8, 2006)	
New	There are no aligibility restrictions	
Jersey	 There are no eligibility restrictions based on immigration status. Sexual assault must be reported within 5 days of the incidents. The victim does not pay for the examination. The Prosecutor's Office 	

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
	will make the New Jersey Sexual Assault Forensic Evidence Collection Kit available to the emergency	
	department of every acute care hospital in its county.	
	Who is eligible?	
	The opportunity to undergo a sexual assault medical forensic examination will be offered to all victims who are at least 13 years of age and disclose a sexual assault within 5 days of when the incident occurred. Victims who present more than 5 days after the assault will not routinely undergo a sexual assault medical forensic examination.	
	Victims who present at a medical facility more than 5 days after the assault occurred and/or victims who present within 5 days but decline a sexual assault medical forensic examination must be evaluated and treated for any emergent medical needs. These victims must be advised that they are still entitled to rape care advocacy services and law enforcement intervention.	
	What rights do the victims have? Every adolescent or adult victim of sexual assault has the right to consent or decline a sexual assault medical forensic examination. No sexual assault medical forensic examination will be performed without the express consent of the victim, regardless of the wishes of any Sexual Assault Response Team (SART) member, hospital staff member or the victim's parents, guardian, spouse, family or friends.	
	In the situation where the victim is unable to consent due to temporary mental incapacity, no medical forensic examination will be done until the victim is able to personally consent to the exam. In cases where the victim is unable to consent due to permanent mental incapacity, the consent of the victim's medical proxy will be obtained prior to the initiation of the examination. For purposes of this document, "medical proxy" refers to the individual	

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	designated by the patient or recognized by the health care facility as able to consent to care for that patient.	
	What test kit will be used? All sexual assault medical forensic examinations performed in New Jersey, including those performed at agencies that are not SART participants, should utilize a New Jersey Sexual Assault Forensic Evidence Collection Kit. The Prosecutor's Office will make evidence collection kits available to the emergency department of every acute care hospital in its county.	
	What kind of tests are covered (free of charge)? A victim who is seen at a participating facility will not be charged any fee for services that are directly associated with the sexual assault medical forensic examination. These services include: routine medical screening, medications for prophylaxis of some sexually transmitted infections, pregnancy tests and emergency contraception, supplies, equipment, and use of space.	
	Incidents of adult sexual assault that to do not involve the use of a weapon or result in certain injuries, see N.J.S.A. 2C:58-8, are not required to be reported to any law enforcement agency by hospital personnel. An adult victim of sexual assault who is eligible for SART services has the option of obtaining those services without reporting the incident to law enforcement.	
	Victims requiring emergency health care services beyond the scope of the forensic examination may be charged according to hospital policy for any services provided. Victims will be informed of the services of the Victims of Crime Compensation Board and given an application form.	
	Source: Attorney General Standards for Providing Services to Victims of Sexual Assault, 2nd Ed. New Jersey Department of Law &	

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	Public Safety, Division of Criminal Justice, December 2004 (http://www.state.nj.us/lps/dcj/agguide/standards/standardssartsane.pdf)	
New Mexico	 There are no eligibility restrictions based on immigration status. The examination must be performed within 5 days of the crime. The victim must file a police report within 180 days of the crime if compensation will be sought through the Crime Victims Reparation Commission. The victim does not pay for the examination as long as the examination is obtained within 5 days of the crime and the victim files the police report within 180 days of the crime. Free exams are available through any of nine Sexual Assault Nurse Examiners ("SANE") Units in the State. Additionally, a physician using a forensic kit can perform the exam. In either case, the exam must be performed within 5 days of the crime. There is no requirement pertaining to immigration status/citizenship or residency. Also, the victim is not required to file a police report (so long as compensation is not being sought through the Crime Victims Reparation Commission). SANE will also reimburse up to \$150 in related medical costs to any facility that provides medical services to a victim. To cover further costs, a victim may seek reimbursement or compensation by applying to the Crime Victims Reparation Commission. In practice, it appears that most victims should be able to access a free exam without being billed. However, if the victim bears the cost of the exam, the law provides that reimbursement must cover the full cost of the exam, without any 	Exams may be received free of charge at any SANE Unit. To apply for reimbursement or compensation through the Crime Victims Reparation Commission, a victim may submit an application. This application must be filed with within two (2) years of the crime. Additionally, the victim must file a police report within 180 days of the crime. For more information, see: http://www.state.nm.us/cvrc/brochure/broc7.html

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	deductible or limit on the amount reimbursed. The victim is entitled to apply for reimbursement for up to one year from the date of the exam. Reimbursement is provided not later than 90 days after the State receives written notification of the expense the victim incurred. All victims must receive information at the time of the exam regarding how to seek reimbursement	
	For more information, see: N.M. Stat. Ann. § 29-11-7 (2006)	
New York	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported to ensure payment for the exam. The victim will be asked to use the victim's private insurance benefits to pay for the examination but the victim may refuse. The Crime Victims Board will pay if the insurance carrier does not. 	The Crime Victims Board will reimburse any accredited hospital, accredited sexual assault examiner program, or licensed health care provider that provides forensic exams to sexual assault survivors. Such provider must bill the Board directly. The survivor is not required to file an application with the Crime Victims Board or follow through with prosecution to ensure payment for the exam.
	A sexual assault survivor can receive a free medical examination that will gather evidence of the assault in a manner suitable for use in a court of law. There is no requirement pertaining to immigration status.	For more information, see: NY Executive Law § 631 (2006) and http://cvb.state.ny.us/FRE.htm
	At a minimum, specific services covered by the forensic exam reimbursement fee include forensic examiner services, related hospital or healthcare facility services, and related laboratory tests and pharmaceuticals.	
	While an assault survivor will be asked to use their private insurance benefits to pay for the examination, the survivor must be advised orally and in writing that he or she may decline to provide such information if she believes that providing the information would substantially interfere with her personal privacy and safety. The survivor will be advised that providing such information may provide additional resources to	

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	provide services to other survivors. For more information, see: NY Executive Law § 631 (2006) and http://cvb.state.ny.us/FRE.htm	
North	 There are no eligibility restrictions based on immigration status. In order for the Rape Victims Assistance Program to cover the forensic costs, a report to the authorities must be made and the examination must be performed within 5 days after the assault unless the requirements are waived for good cause. The victim does not pay for the examination as long as the examination is reported and obtained within the required time periods. N.C.G.S.A. § 143b-480.2 provides that following a sexual assault the Assistance Program for Victims of Rape and Sex Offenses will pay the full cost of the forensic examination. 	Under N.C.G.S.A. § 143b-480.2, the following criteria must be met for forensic costs to be covered: • The assault must have been reported to law enforcement within five (5) days of the incident; • The forensic medical examination must have been performed within five (5) days of the assault; • The bill must be submitted within six months of the date of service rendered. Note: These five-day requirements may be waived for good cause. Under N.C.G.S.A. § 143b-480.2, the Rape Victims Assistance Program will pay the expenses for the forensic exam directly to the service provider. Thus, the victim does not need to interact with the Division of Victims Compensation Services.
	Under N.C.G.S.A. § 143b-480.2 "forensic medical examination" means an examination provided to a sexual assault victim by medical personnel who gather evidence of a sexual assault in a manner suitable for use in a court of law. The examination should include an examination of physical trauma, a patient interview, and a collection and evaluation of evidence. Additionally, assistance not to exceed fifty dollars (\$50.00) shall be provided to victims to replace clothing that was held for evidence tests.	Service providers submitting claims for forensic costs must obtain the name of the investigating law enforcement agency where the report was completed and submit this document with an itemized statement indicating the services rendered. Providers can obtain claim forms and related information from the North Carolina Dept. of Crime Control & Public Safety, Division of Victims Compensation Services in Raleigh, N.C., 1-800-826-6200 (within NC) or (919) 733-7974. For more information see: http://www.nccrimecontrol.org Under N.C.G.S.A. § 143b-480.2, payment for the cost of the forensic medical examination

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		shall be paid to the provider no later than 90 days after receiving the required written notification of the victim's expense.
North Dakota	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the victim must report the assault but a health care worker must report any suspected sexual assault. The victim does not pay for the examination. Third party payers or the North Dakota Crime Victims' Compensation Program pays. 	Health care providers must first submit bills to a third party payer if available. If not, the victim applies to the North Dakota Crime Victims' Compensation Program, and upon approval, the medical provider is reimbursed for the examination costs. For more information see:
	A victim of a sexual assault is entitled to receive a medical examination for the purpose of gathering evidence for possible prosecution of the assailant. A health care provider is never supposed to directly bill a victim for the examination. The facility is to first bill third-party payers. If none, the North Dakota Crime Victims' Compensation Program has a practice of covering the cost of the examination, however, there is no statute or order providing they must do so. The program will reimburse a medical provider regardless of a victim's immigration status. Accordingly, both qualified and non-qualified immigrants are eligible.	www.state.nd.us/docr/parole/victim_home.ht m
	Post-coital contraception is handled in the same manner as the forensic examination. For more information, see North Dakota Sexual	
	Assault Evidence Collection Protocol: http://www.ndcaws.org/assault/2004%20CASA ND%20Protocol%20-%20final.pdf	
Ohio	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported The victim does not pay for the examination. The reparations fund pays for the examination 	The hospital shall submit requests for payment to the attorney general on a monthly basis, through a procedure determined by the attorney general and on forms approved by the attorney general. Ohio Revised Code § 2907.28(A)(2)

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	The Ohio Treasury established the reparations fund to, among other things, fund the expense of sex offense examinations for the purpose of gathering evidence for potential prosecution of the offender and the costs of administering DNA specimen collection and analysis. Ohio Revised Code § 2743.191(A)(1).	The cost of a medical examination of a sexual assault victim for the purpose of gathering physical evidence for potential prosecution of the offender, including the cost of prescribed antibiotics, will be paid by the reparations fund. Ohio Revised Code § 2907.28(A).
	Each hospital in Ohio that offers emergency services is required to have on staff a physician, a physician assistant, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife available on call twenty-four hours each day for the examination of persons reported to any law enforcement agency to be victims of sexual offenses. Medical facilities are required to inform victims of available venereal disease, pregnancy, medical, and psychiatric services. Ohio Revised Code § 2907.29.	A victim of sexual assault or the victim's insurer will not be billed or charged directly or indirectly for any costs incurred by a hospital or emergency facility for conducting a medical examination and testing of the victim in order to gather physical evidence for possible prosecution. Ohio Revised Code § 2907.28(B)
	The program does not distinguish victims based on immigration or alien status.	
	The Sexual Assault Forensic Exam Program (SAFE) reimburses hospitals up to \$532 per rape kit completed for the purpose of gathering evidence for possible prosecution and in compliance with established state protocol. http://www.ag.state.oh.us/victim/index.asp	
	For additional information, call Beth Malkiss, Bureau of Health Promotion and Risk Reduction at (614) 466-8960.	
Oklahom a	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported The victim may seek reimbursement in an amount up to \$250 for the examination. 	Applications submitted and approved by the district attorney or assistant district attorney before payment will be made. Oklahoma Statutes §142.20(D). The hospital emergency room should have the victim complete the "Victim
	Forensic examinations are funded by the Crime Victims Compensation Program through the	Verification" section of the Application for Payment of Sexual Assault Examination.

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	A victim of a sexual assault is entitled to receive a medical examination for the procurement of evidence to aid in the investigation and	The attending nurse (or a qualified nurse) should complete the "Examining Physician or SANE Nurse Verification" section of the application.
	prosecution of a sexual assault offense and provide the victim medications. Oklahoma Statutes §142.20(A).	The hospital should complete the "Medical Facility Information" section of the application and attach to the application an itemized statement for each provider
	The program does not distinguish between victims, regardless of immigration or alien status.	applying for payment.
	Victims can receive compensation for medical costs up to \$250 for the forensic examination (which can be paid directly to the service provider) and \$50 for medications. However, should the victim/guardian pay the examination costs out of pocket, a social security number is required to be provided on the application in order to be reimbursed.	The application must be forwarded to the District Attorney of the county in which the crime was committed (to the attention of "Victim Witness Coordinator"). The District Attorney's Office will forward the application to the Oklahoma Crime Victims Compensation Program.
		Oklahoma District Attorneys Council 421 N.W. 13th, Suite 290 Oklahoma City, OK 73103 Local: (405)264-5000 Fax: (405)264-5099
Oregon	 There are no eligibility restrictions based on immigration status. The victim does not pay for the examination as long as the sexual assault occurred in Oregon and the examination is obtained within 84 hours of the assault or a partial medical examination is obtained within 168 hours of the sexual assault. The victim does not pay for the 	An "eligible victim" for the purposes of accessing the SAVE Fund is a person who has self-identified or been identified by another as a victim of a sexual assault that occurred in Oregon and who receives a "complete medical examination" within 84 hours of the assault or a "partial medical examination" within 168 hours (seven days) of the sexual assault
	examination as long as the examination has been performed within the required time period. The Sexual Assault Victims Emergency Medical Response Fund pays for the examination	The victim must complete submit a completed application form to the victim's medical service provider. A copy of the form may be found at:
	The Sexual Assault Victims Emergency Medical Response Fund (SAVE Fund) provides dollars to pay for sexual assault medical exams, forensic	http://www.doj.state.or.us/crimev/pdf/sa_fun dfinal.pdf. To obtain payment from the SAVE Fund, the medical services provider must submit the form to the Oregon

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	exams, STD prophylaxis and emergency contraception for any victim of a sexual assault that occurred within Oregon, regardless of ability to pay. There is no restriction based on Oregon residency or immigration status, and the	Department of Justice within one year. Further information may be found at:
	Crime Victims Assistance Section does not review the immigration status of victims. In	Crime Victims' Compensation Program
	addition, the SAVE Fund application does not ask for social security numbers. Both qualified	Department of Justice
	and non-qualified immigrants are eligible.	1162 Court St. NE
		Salem, Oregon 97301-4096
	The SAVE Fund pays for any of or all the	Telephone (503) 378-5348
	elements of a "Complete" Medical Assessment, which includes the collection of forensic	TDD (503) 378-5938
	evidence and must be conducted within 84 hours	FAX (503) 378-5738
	of the assault; and for any of or all the elements of a "Partial" Medical Assessment which does not include the collection of forensic evidence and must be conducted within 7 days of the assault.	http://www.doj.state.or.us/crimev/sex_aslt_vt ms_emrf.shtml
	Examples of services not covered by the SAVE Fund include: treatment of injuries, DNA testing, HIV testing, laboratory testing of blood for any purpose, and prescriptions filled off-site of the location of the medical examination.	
	See also Oregon Administrative Rules 137-084-0001 - 137-084-0030, temporary provisions relating to medical assessments for victims of sexual assaults compiled as a note preceding Oregon Revised Statute 147.0005, and http://www.doj.state.or.us/crimev/sex_aslt_vtms_emrf.shtml.	
Pennsylv ania	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported. Pennsylvania's Crimes Victims Act will pay for the medical examination if the victim does not have or does not want to use the victim's insurance. The cost of a forensic rape examination or other physical examination conducted for the purpose of gathering evidence in any criminal	Under the Crime Victims Act (18 P.S. § 11.707), a hospital or other licensed health care provider may submit a claim for reimbursement for the cost of a forensic rape examination if the cost is not covered by insurance or if the victim requests that the insurance carrier not be billed. Upon the filing of a claim, the Office of Victims' Services shall promptly notify the prosecutor of the county where the crime is alleged to have occurred. The reimbursement, where applicable, shall be at a rate set by the Office of Victims' Services. The cost of a forensic

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	investigation and prosecution under provisions of Pennsylvania's Crimes Code relating to sexual offenses and the cost to provide medications prescribed to the victim shall not be charged to the victim. 42 Pa. C.S.A. § 1726.1.	rape examination and the cost of medications prescribed to the direct victim shall not be charged to the victim. <i>Id.</i> A sexual assault or rape victim need not be an applicant for any other compensation under the Crime Victims Act. <i>Id.</i>
	Although 42 Pa. C.S.A. § 1726.1 provides that Pennsylvania's Crime Victims Act (18 P.S. § 11.101 <i>et seq.</i>) will pay for the medical examination "if the appropriate insurance is not available," the Crime Victims Act provides reimbursement for forensic rape examinations if the cost is not covered by insurance or "if the victim requests that the insurance carrier not be billed." 18 P.S. § 11.707. Apparently, allowing the victim to request reimbursement (a change resulting from an amendment made in 2002) addresses confidentiality/retaliation concerns where the victim is covered by the assailant's insurance and the insurance company may provide an explanation of benefits to the assailant.	
Puerto Rico	 The victim must be a legal resident and must have a Social Security number. The victim must report the assault within 96 hours after the assault and cooperate with the authorities. The victim does seek compensation under the Crime Victims Compensation Act within 6 months of the assault, unless there is just cause. No specific statutes except for compensation under Crime Victims Compensation Act as described, in relevant part, below. The following victims of crime may receive compensation: (a) legal residents of Puerto Rico; (b) nonresident persons if their resident jurisdiction does not provide for compensation under a Federal Crime Victims Compensation Act; 	The victim must (a) complete an application and file it with the Crime Victims Compensation Office; (b) report to the officers of public law and order the commission of the criminal conduct within ninety-six (96) hours following the delinquent act, unless there is just cause for the delay; (c) cooperate with the corresponding authorities in the phases of solving and prosecuting the persons responsible for the commission of the crime. The continuous availability of the victim will be verified through reports filed by the officers to the Crime Victims Compensation Office; (d) claim the benefits within six (6) months following the date of the commission of the crime, unless there is just cause. 25 L.P.R.A. §981(f) and (g) and Law 3 of 2006.
	(c) persons related to the victim by legal or consensual ties, consanguinity or affinity up to the second degree or who depend on	A minor or disabled claimant must be represented by his/her parents, custodian or

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	the victim for more than 50% of his/her subsistence expenses; (d) persons suffering from acts of terrorism under certain circumstances. 25 L.P.R.A. §981. The compensable crimes or attempted crimes include: rape (sexual aggression); kidnapping; lascivious acts; violence; child abuse. 25 L.P.R.A. §981(d) and Law No. 3 of 2006. The compensation payable depends on the date of the crime: (1) Crimes committed before 21 August 03 receive a maximum of \$3,000 per person and \$5,000 per family; (2) crimes committed between 21 August 03 and 04 January 06 receive a maximum of \$4,000 person and \$6,000 per family; (3) crimes committed after 05 January 06 receive a maximum of \$6,000 per person, \$15,000 per family and \$25,000 for catastrophic or permanent injury. Compensation is provided for: (a) reasonable expenses incurred for medical treatment, including chiropractic, rehabilitation, hospitalization services and medical care, including ambulance service, medication, medical equipment, and transportation expenses for medical appointments and treatments; (b) reasonable expenses for psychological, psychiatrical treatment, including transportation and medical expenses; (c) income the victims would have earned if he/she had not suffered the injury. See compensation table: www.justicia.gobierno.pr/rs_template/v2/Comp Vic/CV_Tabla.html Deductions on compensation may be made if the victim or dependants have received compensation from another source. 25 L.P.R.A. §981(i). Mental anguish and suffering are not compensable. 25 L.P.R.A. §981(h).	guardian. 25 L.P.R.A. §981(g). The application should include all medical reports available regarding the injury and any other information required by regulations. 25 L.P.R.A. §981(g). The application should be accompanied by the following information: (a) photo I.D. of the victim and claimant; (b) copy of the social security card(s) of the victim and claimant; (c) birth certificate or passport; evidence of legal residence of the victim or claimant, if an alien; (d) marriage or death certificate, as applicable; (e) evidence of loss of income; (f) evidence of compensatory benefits received from any other source; (g) medical evidence of the incapacity of the victim to work; (h) police report of the crime; (i) other documents to evidence expenses incurred as a result of the crime. In an emergency, where the victim's physical injury is obvious, the Office may relax the requirement for the victim to file an application, until the victim's emergent needs have been attended to. See website for forms and instructions: www.justicia.gobierno.pr/rs_template/v2/CompVic/CV_TDoc.html
	Important: While the law does not appear to place any restriction on the immigration status of the victim; the instructions to the application	

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	form, require evidence of legal residence. Funding comes from both the state and federal government.	
Rhode Island	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported. The victim does not pay for the examination. If the victim has no insurance, the facility will pay for the examination. Every health care facility that has an emergency medical care unit shall provide to every person prompt life saving medical care treatment in an emergency, and a sexual assault examination for victims of sexual assault without discrimination on account of economic status or source of payment, and without delaying treatment for the purpose of a prior discussion of the source of payment unless the delay can be imposed without material risk to the health of the person. R.I. Gen. Laws § 23-17-26. 	The Rhode Island Crime Victim Compensation Program provides victims of violent crimes, including sexual assault, with financial assistance for such expenses as medical bills, loss of earnings and funeral expenses, up to \$25,000. The crime must be reported to law enforcement authorities within 10 days and the victim must apply for compensation within three years from the date of the crime. FAQs: http://www.treasury.ri.gov/crimevictim/faq.p http://www.treasury.ri.gov/crimevictim/down load.php
South Carolina	 There are no eligibility restrictions based on immigration status. A report to the authorities must be made. The victim does not pay for the examination. The South Carolina Crime Victim's Compensation Fund pays if the offense occurred in South Carolina. South Carolina Code, § 16-3-1350 provides that South Carolina must ensure that a victim of criminal sexual conduct in any degree, criminal sexual conduct with a minor in any degree, or child sexual abuse must not bear the cost of his or her routine medicolegal exam following the assault if the victim has filed an incident report with a law enforcement agency. These exams must include treatment for venereal disease, and 	A licensed health care facility, may file a claim for reimbursement directly to the South Carolina Crime Victim's Compensation Fund if the offense occurred in South Carolina. SC Code Ann. § 16-3-1350. For more information see: http://www.oepp.sc.gov/sova/compensation.html

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	must include medication for pregnancy prevention if indicated and if desired. SC Code Ann. § 16-3-1350.	
	For more information see: http://www.oepp.sc.gov/sova/new/billing.html	
South Dakota	 There are no eligibility restrictions based on immigration status. A report to the authorities must be made. The victim does not pay for the examination. The county in which the alleged sexual assault occurred pays for the examination. Billing of sexual assault victims for forensic examinations is prohibited. Bill is paid by the 	Must report assault to the state. If so reported, the examination is provided without cost to the victim. The examination provider is reimbursed by the county (or the defendant if convicted of the assault).
	county where the alleged rape occurred. To qualify, however, the assault must be reported to the state. The relevant statute from South Dakota states as follows: "If a physician, hospital, or clinic examines a victim of an alleged rape or sexual offense to gather information or evidence about the alleged crime, the examination shall be provided without cost to the victim if the alleged offense is reported to the state. The physician, hospital, or clinic shall be paid for the cost of the examination by the county where the alleged rape or sexual offense occurred, which shall be reimbursed by any defendant if convicted. S.D. Codified Laws § 22-22-26.	
	http://legis.state.sd.us/statutes/DisplayStatute.as px?Statute=22-22-26&Type=Statute	
Tennesse e	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported. The victim may seek reimbursement for out of pocket expenses under the Criminal Injuries Compensation 	Applications may be made by completing the form found at: http://www.treasury.state.tn.us/injury/application.pdf or by contacting:

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	Program. • Sexual assault victims are permitted to seek reimbursement under the Criminal Injuries Compensation Program for out-of-pocket expenses incurred as the direct result of personal injuries sustained by a criminal offense, including medical expenses (including the cost of a forensic exam following a sexual assault), lost wages, pain and suffering. A victim of a sexually-oriented crime shall be entitled to forensic medical examinations	State of Tennessee Criminal Injuries Compensation Program Division of Claims Administration 502 Deaderick Street Nashville, TN 37243-0202 p - (615) 741-2734 f - (615) 532-4979
	without charge to the victim. No bill for the examination shall be submitted to the victim, nor shall the medical facility hold the victim responsible for payment. All claims for forensic medical examinations are eligible for payment from the criminal injuries compensation fund, created under § 40-24-107. The victims shall not be required to report the incident to law enforcement officers or to cooperate in the prosecution of the crime in order to be eligible for payment of forensic medical examinations. A claim for compensation under this section shall be filed no later than one (1) year after the date of the examination by the health care provider that performed the examination, including a hospital, physician, SANE program, Child Advocacy Center, or other medical facility. T.C.A. 29-23-118	
Texas	 To receive compensation for costs associated with the examination, the victim must be either a resident of Texas or a U.S. resident who is victimized in Texas or a Texas resident who is victimized in another state or country that does not have a compensation fund. A report to the authorities must be made within a reasonable period of time but not so late as to interfere with or hamper the investigation and prosecution of the crime and the victim must also reasonably cooperate with law enforcement. The victim may seek reimbursement in 	The victim may file an application for reimbursement with the Crime Victims Compensation Program for any costs not covered, if the person meets the eligibility requirements. <i>See</i> Tex. Const. Art. 1, § 31; Tex. Code Crim. Proc. Art. 56.31. For more information see: https://www.oag.state.tx.us/victims/about_comp.shtml
	an amount up to \$700 for the examination. In addition, the law	

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	enforcement agency that requests a medical examination of a victim of an alleged sexual assault will pay the costs of the evidence collection kit. The law enforcement agency may apply to the Attorney General for reimbursement. In order for a victim be eligible to receive compensation for the costs associated with a forensic exam from the Crime Victims Compensation Program in Texas, the victim	
	must be a resident of Texas who is victimized in Texas, a U.S. resident who is victimized in Texas or a Texas resident who is victimized in another state or country that does not have a compensation fund.	
	The victim must file a police report within a reasonable period of time, but not so late as to interfere with or hamper the investigation and prosectution of the crime. <i>See</i> Tex. Code Crim. Proc. Art. 56.37. The victim must also reasonably cooperate with law enforcement. <i>See id</i> .	
	The victim must complete an application and file it with the Office of the Attorney General, Crime Victims' Compensation Program, which is responsible for the administration of the Compensation to Victims of Crime Fund which receives funds from state offender assessments, state donations, and VOCA funds. <i>See</i> Tex. Const. Art. 1, Sec. 31; Tex. Code Crim. Proc. Art. 56.31. The application must be filed within three years of the date of the crime. <i>See</i> Tex. Code Crim. Proc. Art. 56.37. The time period for filing an application may be extended for good cause, including the age of the victim or the physical or mental incapacity of the victim. <i>See</i> Tex. Code Crim. Proc. Art. 56.37.	
	Crime Victims' Compensation will reimburse "reasonable costs" associated with forensic sexual assault examinations of victims of alleged sexual assaults in an amount not to exceed \$700.00 in the aggregate. A law enforcement agency that requests a medical examination of a victim of an alleged sexual assault or other sex offense for use in the investigation or prosecution of the offense shall pay the costs of	

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	the evidence collection kit. Law enforcement agencies may apply to Attorney General for reimbursement. This does not require a law enforcement agency to pay any costs of treatment for injuries. <i>See</i> Tex. Code Crim. Proc. § 56.06. Evidence collected may not be released unless the survivor of the offense or a legal representative of the survivor signs a written consent to release the evidence. <i>See</i> Tex. Gov't. Code Ann. § 420.031.	
	There are no specified restrictions based upon immigration status. <i>See</i> Tex. Gov't. Code Ann. § 420.031. Accordingly, both qualified and non-qualified immigrants are eligible.	
	For more information see:	
	http://www.oag.state.tx.us/victims/cvc.shhtml	
Utah	 There are no eligibility restrictions based on immigration status. A report to the authorities must be made. The victim does not pay for the examination. The Utah Office of Crime Victim Reparations ("CVR Office") will pay up to \$600 for the examination and the CVR Office may pay additional amounts. 	The Utah Office of Crime Victim Reparations may reimburse any licensed health care facility that provides services for sexual assault forensic examinations. The CVR Office also may reimburse licensed medical personnel trained to gather evidence of sexual assaults who perform sexual assault forensic examinations. For more information: http://www.crimevictim.utah.gov/
	Utah law provides that the cost of sexual assault forensic examinations for gathering evidence and providing treatment may be paid by the Utah Office of Crime Victim Reparations ("CVR Office") in the amount of \$300.00 without photo documentation and up to \$600.00 with a photo examination. The CVR Office may also pay for the cost of medication and up to 85% of the hospital expenses. Utah Admin. Code Rule R270-1.	
	Utah agency guidelines provide the following guidance for payments for sexual assault forensic examinations:	

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	1 A gampal aggapht forms is a security strong strong to the	
	1. A sexual assault forensic examination shall be reported to law enforcement.	
	2. Victims shall not be charged for sexual assault forensic examinations.	
	3. The agency may reimburse any licensed health care facility that provides services for sexual assault forensic examinations.	
	4. The agency may reimburse licensed medical personnel trained to gather evidence of sexual assaults who perform sexual assault forensic examinations.	
	5. CVR may pay for the collection of evidence and not attempt to prove or disprove the allegation of sexual assault.	
	6. A request for reimbursement shall include the law enforcement case number or be signed by a law enforcement officer, victim/witness coordinator or medical provider.	
	7. The application or billing for the sexual assault forensic examination must be submitted to CVR within one year of the examination.	
	8. The billing for the sexual assault forensic examination shall:	
	a. identify the victim by name, address, date of birth, Social Security number, telephone number, patient number;	
	b. indicate the claim is for a sexual assault forensic examination; and	
	c. itemize services and fees for services.	
	9. All collateral sources that are available for payment of the sexual assault forensic examination shall be considered before CVR Trust Fund monies are used. Pursuant to Subsection 63-25a-411(i), the Director may determine that reimbursement for a sexual assault forensic examination will not be reduced even though a claim could be recouped from a collateral source.	
	10. Evidence will be collected only with the	

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
	permission of the victim or the legal guardian of the victim. Permission shall not be required in instances where the victim is unconscious, mentally incapable of consent or intoxicated. 11. Restitution for the cost of the sexual assault forensic examination may be pursued by the CVR office.	
	12. Payment for sexual assault forensic examinations shall be considered for the following:	
	a. Fees for the collection of evidence, for forensic documentation only, to include:	
	i. history;	
	ii. physical;	
	iii. collection of specimens and wet mount for sperm; and	
	iv. treatment for the prevention of sexually transmitted disease up to four weeks.	
	b. Emergency department services to include:	
	i. emergency room, clinic room or office room fee;	
	ii. cultures for gonorrhea, chlamydia, trichomonas, and tests for other sexually transmitted disease;	
	iii. serum blood test for pregnancy; and	
	iv. morning after pill or high dose oral contraceptives for the prevention of pregnancy.	
	13. The victim of a sexual assault that is requesting payment by CVR for services needed or rendered beyond the sexual assault forensic examination needs to submit an application for compensation to the CVR office.	
	http://www.crimevictim.utah.gov/Documents/Provider%20Information/Sexual%20Assault%20Code%20R%20Rule.pdf	

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
Vermont	 Free counseling, testing, preventative treatment and support services for HIV infection prevention are available for sexual assault survivors. There are no eligibility restrictions based on immigration status. A report to the authorities does not have to be made to obtain reimbursement for the examination. The Vermont Center for Crime Victim Services pays for the services. Vermont law provides compensation to crime victims, including reimbursement for uninsured expenses of rape exams, HIV testing, and counseling and emotional support. If you report the rape and are not insured, you can apply to the Victims Compensation Program for the cost of the initial exam, any followup, examinations, and treatment. Vermont Statutes Annotated Chapter 167. 	Crime victims should contact: Vermont Center for Crime Victim Services Victims Compensation Program 58 South Main St., Suite 1 Waterbury, VT 05676-1599 (802) 241-1250 FAX: (802) 241-1253 1-800-750-1213 (in-state only); 1-800-845-4874 (TTY, in-state only) http://www.ccvs.state.vt.us/joomla/index.php ?option=com_content&task=view&id=41&It emid=33
Virginia	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported. The victim does not pay for the examination. The Commonwealth of Virginia pays for the examination. Virginia law provides that all medical fees involved in the gathering of evidence for all criminal cases where medical evidence is necessary to establish a crime has occurred, and for cases involving abuse of children under the age of 18, shall be paid by the Commonwealth of Virginia. Va. Code § 19.2-165.1. 	Virginia law provides that the costs of medical exams for crime victims shall be paid out of the appropriation for criminal charges, provided that any medical evaluation, examination, or service rendered be performed by a physician or facility specifically designated by the attorney for the Commonwealth in the city of county having jurisdiction of such case for such a purpose. If no such physician or facility is reasonably available in such city or county, then the attorney for the Commonwealth may designate a physician or facility located outside and adjacent to such city or county. Where there has been no prior designation of such a physician or facility, such medical fees shall be paid out of the appropriation for criminal charges upon authorization by the attorney for the Commonwealth of the city or county having jurisdiction over the case. Such authorization may be granted prior to or within 48 hours after the medical evaluation, examination, or service rendered.

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
		Upon conviction of the defendant in any such case, the court shall order that the defendant reimburse the Commonwealth for payment of such medical fees.
		Va. Code § 19.2-165.1
Virgin Islands	 There are no eligibility restrictions based on immigration status. A report to the authorities must be made. The victim does not pay for the examination. The Victim's Compensation Fund pays for the examination. 	Virgin Islands Code, 34 V.I.C. § 206, provides that a licensed health care facility, may file a claim for reimbursement directly to the Virgin Islands Criminal Victims Compensation Commission. The Virgin Islands Criminal Victims Compensation Commission shall reimburse eligible health care facilities directly. 34 V.I. Code Ann. § 206.
	Virgin Islands Code, 34 V.I.C. § 206, provides that the Government of the Virgin Islands shall ensure that alleged victims of criminal sexual conduct, in any degree, or child sexual abuse shall not bear the cost of the routine medicolegal exam following the assault, provided the victim has filed an incident report with the U.S. Virgin Islands Police Department. These exams shall include treatment for venereal disease, and shall include medication for pregnancy prevention if indicated and if desired. 34 V.I. Code Ann. § 206.	
Washingt on	 There are no eligibility restrictions based on immigration status. There is no specific time period within which the assault must be reported. The victim does not pay for the examination. The Washington State Crime Victim's Compensation Program pays for the examination. 	Health care providers must submit bills for the examination costs to the Washington State Crime Victim's Compensation. Wash. Rev. Code § 7.68.170.
	A victim of a sexual assault is entitled to receive a medical examination for the purpose of gathering evidence for possible prosecution of the assailant. There is no charge to the victim for the exam. Wash. Rev. Code § 7.68.170; Wash. Admin. Code 296-30-170. The victim can obtain such an exam at no cost regardless of	

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
	her immigration status. Accordingly, both qualified and non-qualified immigrants are eligible. Emergency contraception shall be offered to a female victim of sexual assault, and provided to the victim if she requests it. Wash. Rev. Code § 70.41.350; Wash. Admin Code 246-320-286.	
West Virginia	 There are no eligibility restrictions based on immigration status. The victim does not pay for the examination as long as the examination is obtained within a reasonable time after the assault. The victim does not pay for the examination. The forensic medical examination fund pays for the examination. In West Virginia, when any person alleges that he or she has been the victim of a sexual assault, the prosecuting attorney shall pay a licensed medical facility the cost of the forensic medical examination on the following conditions and in the following manner: (i) the payment shall cover all reasonable, customary and usual costs of the forensic medical exam; (ii) the costs of additional non-forensic procedures performed by the licensed medical facility, including, but not limited to, prophylactic treatment, treatment of injuries, testing for pregnancy and testing for sexually transmitted diseases, may not be paid from the fund, and (iii) the exam must have been conducted within a reasonable time of the alleged violation. W. Va. Code § 61-8B-16. The statute does not distinguish between the eligibility of qualified and non-qualified immigrants. 	The licensed medical facility must apply for payment for the costs of a forensic medical examination from the fund within a reasonable time of the examination. The licensed medical facility must certify that the forensic medical examination was performed and may submit a statement of charges to the West Virginia Prosecuting Attorneys Institute for payment from the fund. No licensed medical facility may collect the costs of a forensic medical examination from the alleged victim or from the alleged victim's insurance coverage, if any. An alleged victim of sexual assault is not required to participate in the criminal justice system or to cooperate with law enforcement in order to be provided a forensic medical examination. W. Va. Code § 61-8B-16.
Wisconsi n	 There are no eligibility restrictions based on immigration status. The victim does not pay for the examination as long as the examination is obtained within 5 days of the assault and reimbursement is requested within 1 year of the assault. The victim does not pay for the 	Two programs for paying for Forensic Exams: • CVC (Crime Victims Compensation) will reimburse for forensic exams (and other expenses) if the victim reports crime to police and to her health insurance. CVC is

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
	examination as long as the examination is obtained and the request for reimbursement is made within the required time frames. The Sexual Assault Forensic Exam covers the examination if the victim does not notify the victim's insurance or the police. Victims of sexual assault can make an application for reimbursement of medical expenses if they report the assault to the police within five days and make the application within one year of the assault. Wis. Stat. ch. 949 (Crime Victim Compensation and Sexual Assault Forensic Exam Compensation).	available for undocumented aliens. Victim must fill out report the crime within five days and apply within a year. Out of pocket expenses will reimbursed by CVC. SAFE (Sexual Assault Forensic Exam) covers the cost of the exam and laboratory testing. This option is available if the victim chooses to not notify her insurance or the police. SAFE is available for undocumented aliens. The hospital, at the victim's discretion, will bill CVC directly for the SAFE. By doing so, she relinquishes her right to any reimbursement for other expenses not associated with the forensic exam. There is no requirement that victims be notified of either of these options. SAFE: http://www.doj.state.wi.us/cvs/CVCompensat ion/safefund.asp
Wyomin	 There are no eligibility restrictions based on immigration status. The victim does not pay for the examination as long as the examination is arranged by a law enforcement agency with the victim's consent. The victim does not pay for the examination as long as the examination is arranged by a law enforcement agency with the victim's consent. A victim of a sexual assault, regardless of immigration status, is entitled to receive a medical examination by a licensed health care provider, arranged by a law enforcement agency with the victim's consent, after the agency	CVC Application: http://www.doj.state.wi.us/cvs/CVCompensat ion/Compensation_Brochure.asp Costs of any examination relating to the investigation or prosecution of a sexual assault should be billed to and paid by the investigating law enforcement agency. Wyo. Stat. Ann. § 6-2-309.

State ¹	Forensic Examination Laws	Process to Receive Payments for Examination Costs
	and treatment, evidence collection and evaluation, and appropriate referrals for follow-up treatment and services,	
	Upon consent of the victim to release the results of the examination, the evidence, record and reports shall be delivered to the law enforcement agency.	
	Wyo. Stat. Ann. § 6-2-309.	

National Immigrant Women's Advocacy Project (NIWAP, pronounced *new-app*)

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17.1

Emergency Medicaid for Non-Qualified Immigrants¹

By Legal Momentum and Morgan Lewis, LLP

Introduction and General Guidelines

Recognizing the importance of ensuring that all residents are able to receive necessary emergency medical care, every state has enacted some sort of emergency Medicaid program. While states are constrained by federal law in their ability to provide public benefits to certain types of "non-qualified" aliens, all states provide them coverage for emergency medical services. While program features and restrictions vary somewhat across the states, most have borrowed essential definitions and restrictions from federal law. Thus, there is some degree of conceptual uniformity. For example, because the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("PRWORA") allows the provision of only emergency benefits to nonqualified aliens, most states have borrowed the federal definition of "emergency medical condition" in order to ensure their compliance.

This information is current as of November 18, 2010. It is intended to provide an overview regarding health benefits and emergency Medicaid for each state. Victims in need of legal advice should contact their local domestic violence/sexual assault program for referrals.

Who Qualifies for Emergency Medicaid?

The <u>Personal Responsibility and Work Opportunity Reconciliation Act of 1996</u> ("PRWORA"), P.L. 104-193, provides that only "qualified aliens" are permitted access to federal and state public benefits, including Medicaid. A "qualified alien" is one who falls into one of the following nine categories:

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- 1. Aliens lawfully admitted for permanent residence under the INA; (Note that aliens who entered the U.S. after the date of PRWORA, August 22, 1996, are subject to a 5 year bar or waiting period on the receipt of benefits.)
- 2. Refugees admitted under § 207 of the INA;
- 3. Asylees admitted under § 208 of the INA;
- 4. Cuban or Haitian Entrants as defined in § 501(e) of the Refugee Education Assistance Act of 1980;
- 5. Aliens granted parole for at least one year under § 212(d)(5) of the INA;
- 6. Aliens whose deportation is being withheld under either § 243(h) of the INA in effect prior to April 1, 1997, or § 241(b)(3) of the INA, as amended;
- 7. Aliens granted conditional entry under § 203(a)(7) of the INA in effect before April 1. 1980:
- 8. Battered aliens who meet the conditions set forth in § 431(c) of PRWORA;
- 9. Victims of a severe form of trafficking, in accordance with § 107(b)(1) of the Trafficking Victims Protection Act of 2000.

Under the PRWORA, aliens who do not fall into the categories enumerated above, including undocumented immigrants, are considered "non-qualified aliens." "Non-qualified aliens" can receive only limited federal and state public benefits. However, they may receive Medicaid benefits for care and services necessary for the treatment of an emergency medical condition (excluding organ transplants), provided that they meet all other general Medicaid requirements except those related to immigration status.

State residency is one of the federal Medicaid eligibility requirements that non-qualified aliens must meet in order to receive emergency Medicaid benefits. According to the State Medicaid Manual, "in some cases an alien in a currently valid non-immigrant classification may meet the State rules" for residency (see "Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services, State Medicaid Manual (1997), Section 3211.10.) The State Medicaid Manual indicates that non-citizens holding valid Employment Authorization Cards ("EAD" cards) as well as those in valid status as visitors, foreign students, and certain work-authorized non-immigrants may be eligible for emergency Medicaid. However, note that in Okale v. North Carolina Department of Health and Human Services, 570 S.E. 2nd 741 (N.C. Ct. App. 2002), the state Medicaid agency of North Carolina denied emergency Medicaid benefits to an individual who was in the U.S. on an unexpired tourist visa. The court took the position that a person holding a tourist visa by definition could not have the requisite intent to reside in the state. Okale, 570 S.E. 2d at 741. See also, Salem Hospital v. Commissioner of Public Welfare, 574 N.E. 2nd 385 (1991.)On the other hand, state residency may be established even by individuals who enter the U.S. illegally or without inspection (see, e.g., St. Joseph's v. Maricopa County, 142 Ariz. 94, 688 P. 2nd. 986 (1984).)

What Constitutes an Emergency Medical Condition?

"Emergency medical condition" is defined at §1903(v)(3) of the Social Security Act ("SSA") (42 U.S.C. §1396b(v)(3)) as a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in (1) placing the patient's health in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part. Although the PRWORA severely limits what public benefits a state can provide to non-qualified aliens, it allows states to provide additional state funded benefits if state laws enacted after August 22, 1996 affirmatively provide for such eligibility. There is also a federal rule requiring that the condition must have had a "sudden onset," however, the Medicaid Act does not contain this language. See *Medical Coverage of Emergency Medical Conditions* by Jane Perkins, in Clearinghouse Review Journal of Poverty Law and Policy September-October 2004.

In nearly every state, the condition for which treatment is sought must be severe and acute, such that the absence of immediate attention may lead to either placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of a bodily organ or part.

There have been several cases dealing with the issue of the type and/or duration of medical services covered by emergency Medicaid. In Lewis V. Thompson, 252 F. 3rd 567 (2nd. Cir. 2001,) the Second Circuit determined that the Welfare Reform Act's denial of pre-natal care to non-qualified aliens had a rational basis and did not violate equal protection. The court also held that citizen children of non-qualified pregnant women are eligible for Medicaid on the same basis as children of citizen mother.

There is no definitive rule on when an emergency condition ends for the purposes of cutting off emergency Medicaid. In Scottsdale Healthcare, Inc. v. Arizona Health Care Cost Containment System, 75 P.3rd. 91, 2003 (Ariz. 2003), five plaintiffs were treated for emergency medical conditions, and the state agency concluded that the emergency medical conditions had ceased when their conditions had been stabilized and they had been transferred from an acute ward to a rehabilitative type ward. The court concluded that even though a patient's initial injury is stabilized, the emergency medical condition may not have ended. The court found that the focus must be on whether the patient's medical condition was acute and of sufficient severity that the absence of immediate medical treatment could result in (1) placing the patient's health in serious jeopardy, (2) serious impairment to bodily functions or (3) serious dysfunction of any bodily organ or part, the three consequences set for under the statutory language. Similarly, in Luna v. Division of Social Services, 589 S.E.2d 917, 2004, a patient who presented to the hospital's emergency room with weakness and numbness in the lower extremities was diagnosed with cancer and underwent surgery. All charges incurred after the initial hospitalization were denied payment on the basis that this was not treatment of an emergency medical condition. The provider argued that all treatment rendered was for an emergency medical condition, as defined by state and federal law, because the patient's cancer was rapidly progressing in a life-threatening manner. The appellate court determined that the lower court should have assessed whether the absence of the continued medical services could be expected to result in one of the three consequences outlines in the Medicaid statute. However, in Greenery Rehabilitation Group, Inc. v. *Hammon*, 2d Cir., Nos. 97-6236 97-6238, July 28, 1998, undocumented aliens who suffered serious traumatic head injuries were not entitled to payment of their expenses for the

ongoing care of chronic conditions following initial emergency treatment because such care did not qualify as an emergency medical condition. The court found that, while the patients' sudden and severe head injuries initially satisfied the plain meaning of Sec. 1902(v)(3), the continuous and regimented care subsequently provided to them did not constitute emergency medical treatment pursuant to the statute.

What Procedures Must be Followed for Qualification?

The procedures for receiving such aid vary significantly as well. Several states require or allow individuals to be preauthorized as emergency Medicaid participants prior to the receipt of services. Others refuse to accept applications without a detailed description of the emergency service required; thereby eliminating the possibility of advance authorization. It is important that applicants check their state's rules to determine what steps must be taken in order to qualify for emergency Medicaid, as failure to follow the proper procedures and meet the stated deadlines may prevent eligibility and place the full financial burden for all services on the applicant. Note that under federal law, non-qualified aliens who are eligible for emergency Medicaid need not furnish Social Security numbers. Many states specify that no Social Security number is required. However, in *Crispin v. Croye*, 27. Cal. App. 4th 700, 34 Cal. Rptr. 2d 10 (1st Dist. 1994), a California court held that the state Department of Health could require applicants to declare whether they are US citizens or nationals, or aliens with "satisfactory immigration status."

State ²	State Laws Concerning Emergency Medicaid	Coverage	Application Process
Alabama	"Non-qualifying aliens are eligible only for emergency services for treatment of emergency medical conditions." 560-X-2505(1)(d).	Emergency services are "those medical services which are necessary to prevent the death or serious impairment of the health of a recipient and which, because of the threat to the life or health of the recipient, necessitates the use of the most accessible services available and equipped to furnish such services." 560-X-2901(5).	The Alabama Medicaid Agency certifies eligibility for emergency services for aliens. http://www.Medicaid.alabama.g ov/documents/apply/2A- General/2A- 1 Eligibility Summary-11- 05 LS.pdf
	The applicant for aid "is required to furnish his Social Security Number or verification that he has made application for one." 560-X-25-05(j).		Childbirth expenses can be billed directly to Medicaid by the provider. Alabama Provider Manual 28.2.11. http://www.Medicaid.state.al.us/billing/provider manual.01-06.aspx

² The information contained in this chart is based upon a review of the statutes and regulations of jurisdictions published before November 18, 2010, as well as interpretive advice obtained from representatives of various state agencies. State officials contacted for this survey may take the position that their views are unofficial and therefore non-binding

Emergency Medicaid for Non- Qualified Immigrants | 4

State ²	State Laws Concerning Emergency Medicaid	Coverage	Application Process
			The provider manual has several provisions for dealing with applicants without social security numbers. Provider Manual, 3.1.3 (eligibility verification).
Alaska	"A citizenship declaration is not required for an alien applying for treatment of an emergency medical condition (Section 5600) or for a newborn child	"Emergency Medical Condition" means "the individual has, after sudden onset, a medical condition, including labor and delivery, manifesting itself by acute symptoms of sufficient	A caseworker issues the recipient an identification card authorizing treatment after verifying his or her eligibility. Provider Manual, 5600D.
	receiving newborn coverage (Section 5330). Medical Assistance Manual 5011.	severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:	The eligibility requirements considered by the caseworker are: "1. Meet the financial and non-financial eligibility requirements for the category of Medicare appropriate for the
		placing the patient's health in serious jeopardy;serious impairment of bodily	individual; 2. Be a resident of Alaska; 3. Meet the definition of alien; and 4. Have received
		functions; - serious dysfunction of any	treatment for an emergency condition. Manual, 5600B.
		"Coverage is limited to the treatment of emergency medical conditions." Manual, 5600. An emergency medical condition does not include care and services related to either an organ transplant procedure or routine prenatal or postpartum care.	There is no requirement to verify citizenship/alien status or to verify the social security number. Manual, 5600C. See also Manual, 5011-8C. ("Because they will not be issued a SSN, they are not required to provide or apply for one.")
		Manual, 5600A.3.	"A new application is required for each separate occurrence of an emergency medical condition that requires treatment. Manual, 5600D.
Arizona	A.R.S. 36-3903.03 provides that a noncitizen who does not claim and provide verification of qualified alien status, but is otherwise entitled to Medicaid may receive only emergency services as provided under	The Arizona Health Care Cost Containment System (AHCCCS) Medical Policy Manual (Chapter 1100) provides that the term "emergency medical condition" "refers to a medical condition (including emergency labor and delivery) manifesting itself by	Application is by mail, with subsequent eligibility review. A social security number is not required for emergency coverage only.

State ²	State Laws Concerning Emergency Medicaid	Coverage	Application Process
	Section 1903(v) of the Social Security Act. Undocumented immigrants	acute symptoms of sufficient severity (including extreme pain) such that the absence of immediate medical attention could reasonably be expected to	For more information, the AHCCCS Policy and Eligibility Manuals are available at:
	may apply for coverage in the same manner as other Arizona residents and must	result in:	http://www.ahcccs.state.az.us/Pu blications/
	meet income and residency requirements, but will only	Placing the patient's health in serious jeopardy	GuidesManuals/
	be entitled to coverage for emergency services.	2. Serious impairment to bodily functions, or	
		3. Serious dysfunction of any bodily organ or part.	
		The focus must be on the person's "current medical condition" (which must be manifesting itself by sufficiently severe, acute symptoms) and whether that condition satisfies the above criteria when service is rendered. Although an initial injury may be stabilized, such stabilization does not necessarily mark the end of the emergency medical condition.	
Arkansas	A non-qualified alien under the provisions of PRWORA who resides in Arkansas is eligible only for emergency medical services, and only if all other Medicaid eligibility	To be eligible for emergency Medicaid, the applicant must have, or must have had within the last 3 months, an emergency medical condition.	Before eligibility can be determined, the existence of an emergency medical condition must be verified by a physician's statement that the alien met the statutory conditions. Having a
	requirements such as income and resource limits are met.	Emergency medical condition is defined as a medical condition, including labor and delivery, manifesting itself by acute symptoms of such severity, including severe pain, such that	physician's statement that the individual will die without medical treatment does not, in and of itself, constitute an emergency. The eligibility determination must include a
	References:	the absence of immediate medical attention could reasonably be expected to result in at least one of the following:	determination of whether the condition is acute or chronic. Verification that medical expenses were incurred for
	http://www.arkansas.gov/dh hs/dco/Medicaid%20Eligibil ity.PDF	Placing the patient's health in serious	treatment of the condition must also be presented
	http://www.arkansas.gov/dh hs/webpolicy/Medical%20S	jeopardy • Serious impairment of bodily function	Payment for emergency services is limited to the day treatment was initiated and the following period of time in which the

State Laws Concerning Emergency Medicaid	Coverage	Application Process
ervices/MS%206700.htm http://www.Medicaid.state.a r.us/ For more information on the Arkansas Department of Human Services, go to: http://www.state.ar.us/dhs/h omepage.html	Serious dysfunction of any bodily part or organ Emergency services are defined as services provided in a hospital, clinic, office or other facility equipped to furnish the required care after the onset of an emergency medical condition. To qualify as an emergency, the medical condition must be acute. It must have a sudden onset, a sharp rise and last a short time. If the individual's condition is chronic (ongoing), such as cancer, AIDS, end-stage renal disease, etc., it is not considered acute and does not meet the definition of an emergency. The worsening of a chronic condition is not considered acute, and does not qualify for emergency services. Federal policy specifically disqualifies care and services related to an organ transplant procedure. Labor and delivery services are covered, including normal deliveries.	necessity for emergency services existed. (E.g. the date of admission through the date of discharge from the hospital.) The date the alien first sought treatment is considered the first day of the emergency, regardless of the duration of the condition. For more Information on eligibility and enrollment, call 800-428-8988 or contact the regional DHHS (Department of Health and Human Services) office. A listing may be found at: http://www.arkansas.gov/dhhs/N ewDHS/CountyOffice/DHSCountyOffices.htm
In California, non-qualified aliens may obtain restricted Medi-Cal benefits if they meet California income and residency requirements. Coverage includes medical care for an emergency medical condition and for long-term care. The income and residency requirements for emergency care are the same as those for general Medi-Cal eligibility. The relevant California law	An emergency medical condition is one with acute, severe symptoms, such as severe pain. It is considered an emergency medical condition if failure to get immediate medical attention would: • endanger the patient's health; • seriously impair bodily functions; or • cause serious dysfunction to a body organ or body part. Patients that are eligible for	To receive these Medi-Cal benefits, a patient must be a resident of California. No specific period of residency is required, but the patient must have the intent to stay in California indefinitely. County welfare departments determine residency. Patients must also meet certain income requirements. See, Cal. Welf. & Inst. Code §§ 14007 and 14007.1. Patients can receive benefits (i.e. payment to the service provider) after the emergency treatment has been provided.
will provide for inpatient and outpatient emergency	can receive inpatient and	Alternatively, California has a pre-approval process. Thus,
	Emergency Medicaid ervices/MS%206700.htm http://www.Medicaid.state.ar.us/ For more information on the Arkansas Department of Human Services, go to: http://www.state.ar.us/dhs/homepage.html In California, non-qualified aliens may obtain restricted Medi-Cal benefits if they meet California income and residency requirements. Coverage includes medical care for an emergency medical condition and for long-term care. The income and residency requirements for emergency care are the same as those for general Medi-Cal eligibility. The relevant California law will provide for inpatient	Emergency Medicaid ervices/MS%206700.htm http://www.Medicaid.state.ar.us/ For more information on the Arkansas Department of Human Services, go to: http://www.state.ar.us/dhs/homepage.html To qualify as an emergency, the medical condition must be acute. It must have a sudden onset, a sharp rise and last a short time. If the individual's condition is chronic (ongoing), such as cancer, AIDS, end-stage renal disease, etc., it is not considered acute and does not meet the definition of an emergency. The worsening of a chronic condition is not considered acute, and does not qualify for emergency services. Federal policy specifically disqualifies care and services related to an organ transplant procedure. Labor and delivery services are covered, including normal deliveries. In California, non-qualified aliens may obtain restricted Medi-Cal benefits if they meet California income and residency requirements. Coverage includes medical care for an emergency medical condition and for long-term care. In the income and residency requirements. Coverage includes medical care for an emergency medical condition if failure to get immediate medical attention would: • endanger the patient's health; • seriously impair bodily functions; or • cause serious dysfunction of any bodily part or organ Patients that are eligible for emergency Medi-Cal coverage can receive inpatient and

State ²	State Laws Concerning Emergency Medicaid	Coverage	Application Process
State ²		outpatient care by a physician or other appropriate provider necessary to treat the emergency medical condition. Inpatient/outpatient care can include pharmacy, radiology, laboratory, dialysis and dialysis-related services. See, the Medi-Cal Medical Services Provider Manual, Part 1. Coverage does not include continuation of services or follow-up care after the emergency is resolved. Medi-Cal also covers long-term care. Cancer Screening and Treatment The Breast and Cervical Cancer Treatment Program covers breast and/or cervical cancer treatment and related services for up to 18 months for breast cancer treatment and 24 months for cervical cancer treatment.	persons who would qualify for emergency medical treatment can apply in advance and obtain a card to indicate they are eligible for restricted Medi-Cal coverage, which can be used for emergency treatment. All acute level inpatient days (except an emergency admission for labor and delivery) continue to require authorization via a Treatment Authorization Request ("TAR") from the appropriate Medi-Cal field office. Admissions for labor and delivery require authorization after the first two days (for a vaginal delivery) or the first three days (for a cesarean section delivery) of the patient's stay. Applicants must file a simplified application with their county. No social security number is required for emergency medical coverage under Medi-Cal. The application for a card to receive restricted Medi-Cal benefits may be submitted at any time. See, Cal. Welf. & Inst. Code §14011.2(c). Cancer Screening and Treatment To obtain free cancer screening, a woman (or man for breast cancer) must earn less than
			200% of the federal poverty level, be over 40 for breast cancer screening or over 25 for cervical cancer screening and be either uninsured or underinsured. There is no age limit for male screening for breast cancer. A Recipient Eligibility Form must

State ²	State Laws Concerning Emergency Medicaid	Coverage	Application Process
			be completed at the doctor's office which is signed by both the patient and the provider and maintained in the patient's medical record. The doctor submits the form electronically.
Colorado	Health Care Policy and Financing Staff Manual Volume 8, § 8.100.53 states that non-qualified immigrants who meet all other requirements for any category of Medicaid may receive emergency only benefits.	Coverage includes those services that treat conditions (including emergency labor and delivery) manifesting themselves by acute symptoms of sufficient severity (including severe pain) such that the absence of medial attention could reasonably be expected to result in: • placing the patient's health in serious jeopardy; • serious impairment to bodily function; or • serious dysfunction of any bodily organ or part.	Emergency medical condition other than labor and delivery: A non-citizen who is otherwise eligible for a category of Medicaid must submit an application for emergency medical services at the time of the emergency or thereafter. According to the rules at 8.100.53, a physician shall make a written "non-citizen emergency Medicaid statement" certifying the presence of an emergency medical condition when the services are provided. This documentation must be submitted with the application. If it is apparent to the technician that the service was provided for a condition that is not an emergency medical condition as defined in the rule, the application must be denied. As with all Medicaid applications, the date of eligibility may be backdated up to three months prior to the date of the application if the emergency medical services were provided during that period of time and they met other eligibility criteria. Emergency medical assistance must be terminated after the services were provided. Labor and delivery are considered emergency medical conditions. For labor and delivery, a different application process is required as stated below. Labor and delivery: When a county technician receives an application from a non-citizen pregnant woman, the technician will need to first look at her due

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			date. If her due date is approximately within two months from the date of your review of the application, you may process her application for emergency Medicaid prior to her due date. If the due date is beyond approximately two months, you must deny her with the new denial reason code that there is no emergency. The new reason code does mention that if pregnant, she can reapply two months before her due date. For additional information, please contact: Colorado Department of Health Care Policy and Financing (303) 866-3513 1(800) 221-3943
Connecticut	An individual determined ineligible for Medicaid solely because s/he does not meet the citizenship/alienage requirement is potentially eligible for emergency medical assistance under Connecticut's emergency Medicaid program.	Emergency Medicaid coverage is limited to treatment required after the sudden onset of a medical emergency. The acute symptoms of the condition must be sufficiently severe that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. Emergency Medicaid does NOT pay for treatment of chronic conditions, even if the condition has the potential to be life threatening. For example, a person with a heart condition that may lead to a heart attack unless it is treated cannot get Emergency Medicaid UNTIL there is a heart attack or sudden onset of a medical emergency.	Emergency Medicaid can never be pre-approved. Instead the medical bill for the treatment of the emergency is submitted for review by a Medical Review team at the CT Dept. of Social Services. Immigration status is NOT a factor for Emergency Medicaid eligibility. Any person, regardless of legal immigrant status can be eligible for Emergency Medicaid if he/she meets income and asset limits.

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		Emergency Medicaid covers labor and delivery for pregnant women who do not have health insurance and who meet Medicaid income and asset limits. It does not cover prenatal care. However, if the pregnant woman has complications to her pregnancy or if the unborn baby is at risk, then Emergency Medicaid will cover the cost of care.	
		Likewise, Emergency Medicaid will cover the cost of an abortion if the mother's life is in danger, but not if the abortion is an elected procedure.	
Delaware	Undocumented aliens are not eligible for full	An emergency is defined as:	For Additional Information contact:
	Medicaid coverage, but remain eligible for emergency services and	- a sudden serious medical situation that is life threatening; OR	Delaware Medical Assistance Program
	labor and delivery only.	- a severe acute illness or accidental injury that demands	Customer Support
	Undocumented aliens are	immediate medical attention or surgical attention; AND	1-800-372-2022
	either aliens that were never legally admitted to the United States for any period of time, or were admitted for a limited period of time	- without the treatment a person's life could be threatened or the person could suffer serious long lasting disability.	The Division of Social Services The Lewis Building 1-800-372-2022
	and did not leave the United States when the period of time expired. To be eligible for	Emergency ambulance services to transport these individuals to and from the services defined above are also covered.	
	Emergency Medicaid, the individual must meet all eligibility requirements for a specific Medicaid eligibility	The following services are not covered:	
	group. The individual does NOT have to meet the	- any service delivered in a setting other than an acute care	
	requirement concerning a declaration of satisfactory	hospital emergency room or an acute care inpatient hospital	
	immigration status and verification of that status	- any service (such as pharmacy,	
		transportation, office visit, lab or x-ray, home health) that precedes or is subsequent to a covered	
	Delaware's Administrative	emergency service. The only exception is that ambulance	

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	Code Title 16; 14360 Treatment of a Medical Emergency	transportation that is directly related to the emergency is covered under the Emergency Medicaid - organ transplants - long term care or rehabilitation - routine prenatal and post partum care	
District of Columbia	Individuals who would be eligible for Medicaid but for their immigrant status are eligible for Emergency Medicaid services. To be covered, one's medical condition must be severe and acute.	Coverage includes those services that treat conditions (including emergency labor and delivery) manifesting themselves by acute symptoms of sufficient severity (including severe pain) such that the absence of medial attention could reasonably be expected to result in:	To qualify for Emergency Medicaid coverage, a person must meet all eligibility requirements for DC's Medicaid program, except the citizen/alien status and Social Security number requirements.
	DC Healthy Families Expansion Coverage In addition to Emergency Medicaid services, non- qualified immigrant children may qualify for locally-	 placing the patient's health in serious jeopardy; serious impairment to bodily function; or serious dysfunction of 	To be eligible for program benefits, a person must be a resident of the District of Columbia. However, no durational residency requirement is imposed.
	funded medical assistance through DC Healthy Families Expansion Coverage, a funding-capped program that can serve approximately 800 children. Children eligible for "Expansion Coverage" must be ineligible for standard Medicaid because of their immigration status. They must meet all other non-financial requirements in the Medicaid program, except provision of a Social Security number. Their income must be below 200% of the Federal Poverty Level.	any bodily organ or part. DC Healthy Families Expansion Coverage DC Healthy Families provides to immigrant children: Doctor visits Immunizations (shots) School physicals Emergency care Hospital Stays Prescription medicines Prenatal care Labor and delivery Vision care and glasses Dental care Family planning	Individuals must fill out the Medical Assistance Combined Application for DC. The application asks for immigrant status. Non-qualified immigrants should mark "OTHER" in the status box. The application states explicitly that this information is confidential and no further questions will be asked about the applicant's immigration status. The form may be found at: http://dhs.dc.gov/dhs/lib/dhs/pdf s/ima/ima_ combined_app_(eng)v24_091 305.pdf
	A waiting list is put in place when requests for the program exceed the	 Transportation to doctor appointments Home health care Durable medical equipment 	The form should be brought to the applicant's area Service Center. To find the nearest

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	DC HealthCare Alliance The DC HealthCare Alliance (HCA) program is designed to provide medical	 Health education services Mental health services Drug and alcohol treatment Other health care needs 	Service Center, call (202) 724-5506. The form may also be mailed to 645 H St., NE, Washington, DC 20002. Help can be found at (202) 724-5506. Free interpreters are available.
	assistance to needy DC residents who are not eligible for Medicaid, including both qualified and non-qualified aliens. Individuals must be	DC HealthCare Alliance HCA provides: • Preventive Care	also be reimbursed for some emergency medical bills from the past three months.
	residents of DC, have no health insurance and have a family income equal to or below 200% of the Federal Poverty Level.	(checkups, diet and nutrition) Health screenings (tests) Prescription drugs Dental services	DC Healthy Families Expansion Coverage A child eligible for "Expansion Coverage" must enroll in
	HCA provides comprehensive health services, including preventative, primary, acute and chronic care services such as clinic services, emergency care, immunizations, in-patient and out-patient hospital care, physician services and prescription drugs. Services are free.	(cleanings or fillings) Family planning services (birth control) Urgent and emergency care (emergency room) Immunizations (shots) Prenatal care (pregnancy) Well child care (checkups for children) Wellness programs (eating well and staying healthy) Hospital care (medical, syrpical and CVV)	managed care and be eligible for standard Medicaid services. However, the child cannot receive Medicaid services on a fee-for-service basis prior to enrolling in managed care. A child eligible for "Expansion Coverage" is not eligible for retroactive eligibility and cannot qualify for benefits by spending down income with medical bills. Individuals must fill out a DC Healthy Families application.
	See also D.C. Code §§ 4-201.01-4-221.01, particularly §4-20.24; 22 D.C. Municipal Regulations Chapter 33; Department of Human Services IMA Policy Manual; and DC	surgical, and GYN)	Applications may be obtained by calling 1 (888) 557-1116, picking one up at Giant, Safeway, CVS, Rite Aid, or a library, or at: http://app.doh.dc.gov/services/he althy_families/healthy_families_02_26_04.shtm.
	HealthCare Alliance Manual. Additional information may be searched for at		DC HealthCare Alliance
	http://fast.dc.gov/match.asp x.		To be eligible for program benefits, a person must be a presently living in DC voluntarily and not for a

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			temporary purpose and have no current intention of moving out of DC. The individual does not need to be a U.S. citizen or a qualified alien. Application for and verification of Social Security numbers is not required. The individual must have no health insurance and have a family income equal to or below 200% of the Federal Poverty Level.
			The following persons are <u>not</u> eligible for HCA:
			 persons eligible for Medicaid, persons receiving Medicare Part A or Part B benefits, fugitive felons, probation or parole violators, persons penalized for misrepresenting their residence to receive assistance in two or more states, persons who refuse to provide information needed to determine their eligibility
			Individuals must fill out an application. If approved, the applicant will receive a membership card. Once enrolled, the individual must fill out a form every 12 months to prove continued eligibility. Forms may be filled out at the following locations:
			 DC General, 1900 Massachusetts Avenue SE Greater Southeast Hospital, 1310

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			Southern Avenue SE Congress Heights Clinic, 3720 M. L. King, Jr. Avenue SE Anacostia Clinic, 1328 W Street SE Hunt Place Clinic, 4130 Hunt Place NE Woodridge Clinic, 2146 24th Place NE Walker-Jones Clinic 1100 First Street NW Southwest Community Center, 850 Delaware Avenue SW
			See also Department of Human Services IMA Policy Manual, DC HealthCare Alliance Manual.
Florida	Under F. S. A. § 409.904, Florida authorizes payment of medical assistance and related services for low-income individuals who meet all other requirements for Medicaid except citizenship. Eligibility begins on the first day of the emergency and is limited in duration to the period of the emergency. Florida Administrative Code, § 65A-1.702(2)(c).	Florida Medicaid regulations (F. S. A. § 409.901) define an "emergency medical condition" to be: (a) A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain or other acute symptoms, such that the absence of immediate medical attention could reasonably be expected to result in any of the following: 1. Serious jeopardy to the health of a patient, including a pregnant woman or a fetus. 2. Serious impairment to bodily functions. 3. Serious dysfunction of any bodily organ or part.	Service providers will provide the required documentation after services are rendered. All provider claims must be accompanied by documentation of the emergency nature of the service, except for labor and delivery, which is payable without additional documentation, provided that an emergency indicator is entered on a claim form. Non-qualified immigrants who receive emergency services but are subsequently billed may obtain Medicaid authorization after treatment by submitting proof from a medical professional stating that the treatment was due to an emergency condition.

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		(b) With respect to a pregnant woman:	
		1. That there is inadequate time to effect safe transfer to another hospital prior to delivery.	
		2. That a transfer may pose a threat to the health and safety of the patient or fetus.	
		3. That there is evidence of the onset and persistence of uterine contractions or rupture of the membranes.	
		Florida's Medicaid Provider General Handbook includes a section under "Emergency Medicaid for Aliens" which explains that the program "reimburses for emergency services provided to aliens who meet all Medicaid eligibility requirements except for citizenship or alien status." The Handbook defines "emergency" using the same text as the first paragraph of Florida's Medicaid regulations (F. S. A. § 409.901(a), without including § 409.901(b)).	
		The Handbook further provides that "[e]ligibility can be authorized only for the duration of the emergency. Medicaid will not pay for continuous or episodic services after the emergency has been alleviated."	
Georgia	An individual determined ineligible for Medicaid solely because s/he does not meet the citizenship/alienage requirement is potentially eligible for emergency medical assistance under	Coverage for emergency Medicaid is limited to "emergency medical conditions" as defined in federal law 1903(v) of the Social Security Act and 42 CFR 440.255.	To receive emergency Medicaid a physician must determine the need for an emergency medical service and verify that the service has been rendered. The physician must verify the emergency medical services by completing DMA Form 526.

	Statement for
http://www.odis.dhr.state.ga .us/3000 fam/3480 medicai d/MANUALS/2215.doc http://www.odis.dhr.state.ga .us/3000 fam/3480 medicai d/MANUALS/2054.doc Guam Guam does not have any state regulations relating to the provision of emergency Medicaid. Guam Regulations provide that no funds appropriated from the General Fund of the government of Guam, or any fund where the revenues deposited therein are of local origin, may be used to provide public assistance to	ledical Assistance," itten statement.
d/MANUALS/2215.doc http://www.odis.dhr.state.ga _us/3000 fam/3480 medicai d/MANUALS/2054.doc Guam Guam does not have any state regulations relating to the provision of emergency Medicaid. Guam Regulations provide that no funds appropriated from the General Fund of the government of Guam, or any fund where the revenues deposited therein are of local origin, may be used to provide public assistance to	
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that no funds appropriated from the General Fund of the government of Guam, or any fund where the revenues deposited therein are of local origin, may be used to provide public assistance to	
citizen or a permanent resident alien of the United States and registered as such with the United States Immigration and Naturalization Service. For the purposes of this section only, the term "public assistance' is defined as assistance provided through one or more of the following programs administered by the Department of Public Health and Social Services:	
(a) General Assistance (b) Aid to Families with Dependent Children (c) Medically Indigent	

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	Program (d) Medicaid		
	Funds appropriated from the General Fund, or from other funds collected locally, shall be used in support of the provision of services to individuals who are not U.S. Citizens or permanent resident aliens of the United States, but are citizens of a state in Free Association with the United States, only upon the event that the Governor of Guam enters into a valid contract with either an instrumentality of the government of the United States or the governments of the Freely Associated States (being the Federated States (being the Federated States of Micronesia, the Republic of Palau, and the Republic of the Marshall Islands). The terms of said contract must, at a minimum, establish the immediate reimbursement to Guam of all costs associated with the financial impact of the Compacts of Free Association of the various Freely Associated States listed herein, such impact to be defined and quantified by the government of Guam.		
	See 10 Guam Admin. R. & Regs. § 2201.1 (2006).		
Hawaii	Hawaii's Med-quest program makes special provision for emergency medical assistance to "illegal aliens" if all other categorical and financial	Coverage is limited to the care necessary to address the emergency condition as defined in the previous column.	Applicants for emergency care may receive a temporary Hawaii Med-Quest identification card. Hi. A.D.C. § 17-1711-17.
	eligibility requirements are met. Hi. A.D.C. § 17-1723-1, 3.	Such individuals may receive emergency services if there is a "medical condition, including emergency labor and delivery,	Information may be obtained through the Med-Quest Division of the Department of Human Services. The most convenient

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	The purpose of this program is to provide emergency coverage to "aliens who do not qualify for non-emergency related medical	manifesting itself in acute symptoms of sufficient severity such that the absence of immediate medical attention could be expected to result in	way to obtain this information is at http://www.hawaii.gov/dhs/healt h/medquest or http://www.medquest.us/.
	assistance[.]" Hi. A.D.C. § 17-1723-1, 3. The only criteria waived under the provisions of this section is that an individual be either a U.S. citizen or legal permanent resident alien.	 (1) Placing the patient's health in serious jeopardy. (2) Serious impairment to bodily functions. (3) Serious dysfunction to any bodily organ or part." Hi. A.D.C. § 17-1723-5(b). 	No social security number is required to receive emergency services. Hi. A.D.C. §17-1723-5(b)(4).
		Organ transplants are specifically excluded. Otherwise, medical care is provided through the existing fee-for-service program. Hi. A.D.C. § 17-1723-6.	
Idaho	Individuals who are not U.S. citizens or qualified noncitizens are eligible for emergency medical services if they meet all other conditions of eligibility for a Title XIX or XXI Medicaid program (Idaho Administrative Code 16.03.01.240 (Eligibility for Health Care Assistance for Families and Children – Individuals Who Do Not Meet the Citizenship or Qualified Non-Citizen Requirements)) and are residents of Idaho. Idaho Administrative Code 16.03.01.210 (Eligibility for Health Care Assistance for Families and Children – Residency)	The Idaho Administrative Code does not define either "emergency medical assistance" or "emergency medical assistance" or "emergency medical services." Idaho Administrative Code 16.03.09.010.20 (Medicaid Basic Plan Benefits – Definitions – Emergency Medical Condition) defines "emergency medical condition" as "a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following: - Placing the health of the individual, or, with respect to a pregnant woman, the health of the woman or unborn child, in serious jeopardy; - Serious impairment to	The State of Idaho does not publish details relating to the eligibility determinations or applying for emergency medical assistance. Idaho Administrative Code 16.03.01.110 provides that a person seeking coverage must complete and sign an application for healthcare assistance and certify that the information provided on the form is truthful. In addition, a Health Questionnaire must be submitted together with the application. The application and Health Questionnaire are available on the website of the Idaho Department of Health and Welfare at: http://www.healthandwelfare.ida ho.gov. The application contains some general instructions and statements. An applicant should contact the Idaho Department of Health and Welfare prior to concluding that coverage is unavailable based on

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	person have a social security number in order to receive benefits is waived in the case of an emergency medical condition suffered by a non-qualified alien due to the inability of a non-qualified alien to be issued a social security number. Idaho Administrative Code 16.03.01.250. (Eligibility for Health Care Assistance for Families and Children – Emergency Medical Condition)	bodily functions; or - Serious dysfunction of any bodily organ or part. The Department of Health and Welfare determines if a condition meets the criteria of an "emergency condition." (Idaho Administrative Code 16.03.01.205) An emergency medical condition is deemed to include labor and delivery, but not pre-natal care or post-partum care. (Idaho Administrative Code 16.03.01.250 (Eligibility for Health Care Assistance for Families and Children – Emergency Medical Condition) and Idaho Health and Welfare Department Manual – Health Coverage (Medicaid) for Families and Children) The eligibility of non-qualified non-citizens to receive emergency medical assistance is limited to the date(s) of the emergency condition. Idaho Administrative Code 16.03.01.240.01 (Individuals Who Do Not Meet the Citizenship or Qualified Non- Citizen Requirements – Limited Eligibility and Emergency Medical Condition)	the general information in the application. An applicant should call the Department to find out where to submit the application and questionnaire at 1-800-926-2588. When a person has (or believes he or she has) an emergency medical condition and goes to the hospital or other licensed health care facility, the hospital or health care facility should help the person to complete the application and other required paperwork and should submit it to the Idaho Department of Health and Welfare. (Telephone call with the Idaho Department of Health and Welfare, August 9, 2006) A determination as to coverage will be made by the Bureau of Medicaid Policy and Reimbursement.
Illinois	Illinois provides for emergency medical care for any individual, regardless of immigration status, so long as the income standards and eligibility standards are met. 89 Ill. A.C. § 120.310(b).	Medical Condition) Emergency services may be provided if they are "required after the sudden onset of a medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to	Under the Department of Human Services Medical Assistance Programs, the Department pays participating providers for treatment for emergency medical conditions. Coverage for an emergency medical condition can only be
	The Illinois Department of Human Service's 'Cash, Food Stamp, and Medical	result in: A placing the non-citizen's health in serious jeopardy; B. serious impairments to bodily	authorized after the services are provided. Eligibility cannot be authorized for a future period.
		Emarganay Madigaid for Nor	

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	Manual,' section PM I-03- 04, titled Emergency Medical for Non-citizens' provides that non-citizens with an emergency medical	functions; or C. series dysfunction of any organ or part.	The person applying for emergency medical benefits must need, or have received,
	need may qualify for Assist or AABD Medical. They do not have to be lawfully admitted for permanent residency or reside in the U.S. with the knowledge and approval of the Bureau of Citizenship and Immigration Services (BCIS). They also do not need a Social Security Number. They must meet all	89 Ill. A.C. § 120.310(b)(3). Illinois generally provides coverage for medical services related to the emergency medical condition. See 89 Ill. A.C. § 140.3-7. However, organ transplants are not covered. 89 Ill. A.C. § 140.2(a)(7).	emergency medical services in the month of application or during the 3 months before the month of application. An ineligible noncitizen who comes to Illinois solely to receive medical care does not qualify. Medical coverage is given only to the person with the emergency medical condition; other family members are not eligible.
	income, asset, and other rules of the AABD Medical or Assist programs.	The Illinois Department of Human Service's 'Cash, Food Stamp, and Medical Manual,' section PM 06-05-00 provides	Non-citizens who are lawfully admitted for permanent residency may receive emergency medical during the 5-
	Section PM 06-05-00, titled Emergency Medical for Ineligible Non-citizens provides that individuals	that medical coverage is given only to the person with the emergency medical condition.	year period that they are disqualified from receiving ongoing benefits. The following 2 groups of children age 18 and younger are eligible for KidCare
	who are not eligible for medical benefits because they do not meet the citizenship requirement, may qualify for medical for emergencies. They must meet all the program requirements for Parent Assist, KidCare Assist,	Chronic conditions and terminal illness do not meet the requirement for emergency medical coverage. Need for long term care services does not qualify the person for emergency medical coverage. The person must also have an emergency medical condition as defined	Assist, KidCare Share, and KidCare Premium: children lawfully admitted for permanent residence on or after 08/22/96; and children who are permanently residing under color of law (PRUCOL).
	KidCare Moms and Babies, or AABD Medical, except for a Social Security Number and verification of immigration status. People who meet these requirements are called ineligible non-citizens and, unless pregnant, are only eligible for short-term medical coverage for emergency care. Ineligible non-citizens are ineligible for cash and regular medical	above. Coverage for an emergency medical condition is very limited. Only medical care that is strictly of an emergency nature, such as treatment in an emergency room, or treatment in a critical care unit or intensive care unit, meets this requirement.	A pregnant ineligible noncitizen who does not meet the Parent Assist or KidCare Assist eligibility requirements, may still be eligible for KidCare Moms and Babies (see PM 06-09-00).
	benefits, including organ transplants.	Eligibility for payment of services lasts only until the emergency condition is stabilized. The period of time for which services are	

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		authorized cannot be more than 30 consecutive days.	
		In those rare situations where the emergency medical condition extends beyond 30 consecutive days, contact the Illinois Department of Public Aid, Bureau of Medical Eligibility Policy, at 217-557-7158 for guidance.	
		For more information see:	
		http://www.dhs.state.il.us/ts/cfsm m/	
		onenet.aspx?item=19608	
Indiana	Indiana makes provision for emergency care to "nonresidents" if the "onset" of the medical condition occurred in Indiana and the individual meets the other standards of the ordinarily applicable assistance plan. This	An emergency condition is defined as a "medical condition that was manifested by symptoms of sufficient severity that the absence of immediate medical attention would probably result in any of the following:	The Hoosier Health Care member identification card and enrollment information may be obtained through regional enrollment centers or from the Hoosier Healthwise website. The instructions at this site are quite clear.
	coverage is provided through package E of the Hoosier Healthwise Plan.	(1) Placing the individual's life in jeopardy.(2) Serious impairment to bodily	The most efficient way to obtain information is the Hoosier
		functions. (3) Serious dysfunction of any	Healthwise help line at 1-800-889-9949.
	Under the state's Hospital Care for the Indigent	bodily organ or part.	
	Program (Ind. Code §§ 12-	Ind. Code §§ 12-16-3.5-1, 5.2.	
	16-7.5-1.2, et seq.) which applies to payments for health service other than Medicaid, the state of Indiana "is not responsible under the hospital care for the indigent program for the payment of any part of the costs of providing care in a	The Indiana Health Coverage Programs Provider Manual explains that claim forms must specifically designate the services as rendered in an emergency situation.	
	hospital to an individual who is not either a citizen of the United States [or] a lawfully admitted alien.	"Labor and delivery services are considered emergency medical conditions." IHCPPM chap. 2 § 3.	

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Iowa	Under Iowa Administrative Code/Human Resources Department §§ 441- 75.11(2), (4), non-qualified immigrants who meet general Medicaid income and residency requirements are eligible for care and services that are necessary for the treatment of an emergency medical condition. Non-qualified immigrants are those who are not lawfully residing in the United States, as well as those who entered the United States after 8/22/1996 and have not overcome PRWORA's five year bar.	As defined in § 441-75.11(1) the term "emergency medical condition" means "a medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in any of the following: (1) Placing the patient's health in serious jeopardy. (2) Serious impairment to bodily functions. (3) Serious dysfunction to any bodily organ or part."	If a provider believes that an individual may be eligible for Medicaid emergency benefits, the provider refers him or her to the local Department of Human Services office. The local office will verify the emergency through the use of Form 470-4299, Verification of Emergency Health Care Services, which is submitted by the applicant, but also includes a section to be completed and signed by the provider wherein the emergency care is described. Once the Department determines that the person is eligible for emergency services, it issues a special Medical Assistance
	As defined in § 441-75.11(1) and expanded in the Iowa Medicaid Enterprise manual, "care and services necessary for the treatment of an emergency medical condition" means "services provided in a hospital, clinic, office or other facility that is equipped to furnish the required care after the sudden onset of an emergency medical condition."	Payment for treatment of an emergency medical condition is limited to: (1) inpatient or outpatient hospital services, (2) physicians services, and (3) services of an independent diagnostic laboratory or x-ray facility. Medicaid only pays for the 3 days of care beginning with the date the patient presented for treatment of the emergency condition, regardless of the length of time the emergency condition exists.	Eligibility Card (Limited Benefits), Form 470-2188, to the person. The person has to present this card to the providers of emergency care, and the providers can then submit a claim for Medicaid payment. This card, which is violet, is issued monthly to each eligible member.
	To receive Medicaid benefits, an applicant must be a resident of Iowa and meet certain income requirements. County welfare departments determine residency. No period of residency is required as a condition of eligibility, however the applicant (an adult over 21) must be living in Iowa with the intent to remain permanently or indefinitely		

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	in Iowa, or living in Iowa with a job commitment or seeking employment (whether or not currently employed).		
Kansas	The Kansas Department of Social and Rehabilitation Services (SRS) provides emergency medical assistance to unqualified non-citizens and undocumented aliens under the "SOBRA" program established under the Kansas Economic and Employment Support Manual (KEESM) §2691. The Policy Memo "EES Policy No. 00-12-03," states that SOBRA entitles otherwise eligible individuals who are non-qualifying legal immigrants, as well as undocumented aliens, to emergency medical services that are necessary for the treatment of the emergency medical conditions in accordance with federal requirements under PRWORA.	The term "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following: (1) Placing the patient's health in serious jeopardy. (2) Serious impairment to bodily functions. (3) Serious dysfunction to any bodily organ or part. Emergency Medicaid services are limited to emergency services and subsequent inpatient hospital services related to the emergency until the patient is stabilized, including any related physician services. No other services are to be covered. (KEESM §2691) The coverage is for approved emergency medical conditions, determined based on analysis of the individual's medical condition as well as the location in which treatment of the condition was provided. Only the SOBRA program manager in the Health Care Policy Division, Medical/Medicaid (HCP) or designated fiscal agent staff may determine whether a condition constitutes an emergency.	To receive SOBRA benefits, an applicant must meet the general eligibility requirements of KEESM §2100 except for the SSN requirements of KEESM §2130 and the alienage provisions of KEESM §2140. A medical form (Form MS-2156) is used to capture the information regarding the condition. The completed MS-2156 form and required supporting documentation obtained from the medical provider shall be set to the fiscal agent for decision. The MS-2156 form is required for each emergent episode, except for labor and delivery. Episodes regarding women who have recently delivered may be analyzed for eligibility without the MS-2145 form. However, any payment for services other than routine labor and delivery will require an MS-2156 form to establish emergency, including the requirement of a live or still birth verification. A medical card is issued locally covering the month(s) in which the emergency service was rendered and specifically designated "for emergency services only."
			§2100, Kansas Family Medical

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			Assistance Manual (KFMAM) §2051 requires that a client for medical programs be a resident of the state. A resident is defined as one who is living in the state voluntarily and not for a temporary purpose. However, residence can be established for persons who are living in the state with a job commitment or who are seeking employment in the state, including temporary stays such as migrant works, and for family members living with them.
			See following link for more information:
			http://www.da.ks.gov/hpf/medic alpolicy/MedicalAssistance/
			BasicEligibilityRequirementHea lthBenefitPrograms.htm
Kentucky	According to the Department for Community Based Services, Division of Family Support Operation Manual, Volume 1, MS 2075, any alien who does not meet the qualified alien requirements for ongoing medical assistance, may be eligible for time-limited	The term "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:	To apply, a social security number may be provided but is not required. If the applicant does not have a social security number, a pseudo-number will be assigned by the Kentucky Automated Management Eligibility System (KAMES).
	medical assistance due to an "emergency medical condition." (<i>See also</i> 907 Ky. Admin. Regs. 1:011 §5(12)(b))	(1) Placing the patient's health in serious jeopardy.(2) Serious impairment to bodily functions.	The emergency medical condition must be verified by a written statement from the medical provider containing information about the details of the condition and whether the
	To receive the emergency medical assistance benefits, the applicant must be a resident of Kentucky and	(3) Serious dysfunction to any bodily organ or part. Eligible individuals are entitled to	medical provider considers the condition to be an emergency medical condition. (Operation Manual, Vol. 1, MS 2075)
	meet certain income requirements. Aliens currently in this country on a temporary visa, including students and tourists, may also be eligible for time-	medical care and services, including limited follow up, necessary for the treatment of the emergency medical condition as certified by the attending physician or other appropriate	The emergency medical condition must have occurred in the month of the application or within the 3 months prior to the application. (907 Ky. Admin.

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	limited emergency Medicaid coverage, if technical and financial eligibility requirements are met. (Operation Manual, Vol. 1, MS 2075)	provider. (907 Ky. Admin. Regs. 1:011 §5(12)(b)) Normal delivery of a baby is considered an emergency and is covered. Coverage period includes the month of delivery and the following month; however, the individual is not eligible for postpartum coverage. (Operation Manual, Vol. 1, MS 2075)	Regs. 1:011 §5(12)(b)(3)) Time-limited emergency Medicaid coverage includes the first day of the month in which the emergency medical condition begins and continues through the following month. (907 Ky. Admin. Regs. 1:011 §5(12)(b)(4)) The Division of Family Support Operation Manual is available at:
			http://manuals.chfs.ky.gov/dcbs manuals/DFS/ index_dfs.asp
Louisiana	Undocumented immigrants are eligible for "emergency services" if they, apart from citizenship and lack of Social Security Number, would qualify for Medicaid. No officer, employee, or member of the medical staff of a hospital licensed by the Department of Health and Hospitals shall deny emergency services available at the hospital to a person diagnosed by a licensed physician as requiring emergency services because the person is unable to establish his ability to pay for the services or because of race, religion, or national ancestry. For more information:	An "emergency medical condition" is after sudden onset, a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. Emergency Medical Services do not include any organ transplant procedure or routine prenatal or postpartum care. "Emergency Services" are services that are usually and customarily available at the respective hospital and that must be provided immediately to stabilize a medical condition which, if not stabilized, could reasonably be expected to result in the loss of the person's life, serious permanent disfigurement or loss or impairment of the function of a bodily member or	Louisiana DHH's interpretation has been that aliens qualify emergency hospital services, which requires an after-the-fact Medicaid for application and review for "emergency." For more information: Medicaid in Louisiana

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	24 LR 601 La. R.S. 40:2113.4 La. R.S. 40:2113.6	organ, or which is necessary to provide for the care of a woman in active labor if the hospital is so equipped and, if the hospital is not so equipped, to provide necessary treatment to allow the woman to travel to a more appropriate facility without undue risk of serious harm. Pharmacists can release a 72 hour supply of a drug without prior approval if they or the prescriber determine and endorse that an emergency situation exists.	
Maine	MaineCare: The Social Security Act provides Medicaid coverage for emergency medical care for ineligible aliens who meet all eligibility requirements for a federally funded Medicaid program except citizenship/alien status. Coverage is for the specific emergency only.	MaineCare coverage for emergency services for undocumented non-citizens extends only to those services necessary to stabilize the emergency condition. MaineCare does not cover any further treatment or rehabilitation resulting from the emergency even though such treatment may be necessary.	Providers should contact the local Family Support Division office and identify the services and the nature of the emergency. State staff identify the emergency nature of the claim and add or deny coverage for the period of the emergency only. Claims are reimbursed only for the eligibility period identified on the recipient's eligibility file.
	MaineCare Benefits Manual: http://www.maine.gov/sos/c ec/rules/10/ch101.htm	An emergency medical condition is defined as follows:	
	MaineCare Member Handbook: http://mainegov- images.informe.org/bms/pdf s_doc/mainecare%20membe r%20handbook/summer 06 rev4.pdf	After sudden onset, the medical condition (including emergency labor and delivery) manifests itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in: • Placing the patient's	
		health in serious jeopardy; or Serious impairment to bodily functions; or Serious dysfunction of any bodily organ or part. All labor and delivery is considered an emergency for	

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		purposes of this eligibility provision.	
Maryland	In Maryland, undocumented immigrants may obtain emergency services if they meet income and residency requirements. Md. Code Regs. 10.09.24.05. The income and residency requirements are the same as those general requirements for Medicaid eligibility. No period of residency is required as a condition of eligibility; however, the applicant must have the intent to remain indefinitely in Maryland. Md. Code Regs. 10.09.24.05.	Emergency services are services provided by a licensed medical practitioner after the onset of a medical condition manifesting itself by symptoms of sufficient severity that the absence of immediate medical attention could reasonably be expected by a prudent layperson, possessing average knowledge of health and medicine, to result in: (1) placing health in serious jeopardy; (2) serious impairment to bodily functions; (3) serious dysfunction of ay bodily organ or part; (4) or development or continuance of severe pain. Md. Code Regs. 10.09.24.02. Emergency services include labor and delivery. Typically applicants receive retroactive coverage; however, in limited circumstances (e.g., cancer, dialysis, and end stage renal disease) there may be coverage for limited ongoing treatment.	Applicants must file an application with the Local Department of Social Services ("LDSS") in the city or county where they live. No social security number is required for emergency medical coverage. A card is not issued because coverage is generally limited to payment for emergency medical services that have already been received. The Department of Health and Mental Hygiene (DHMH) determines if the services received were emergency in nature. To locate an LDSS see: http://www.dhmh.state.md.us/mma/dss/index.html
Massachusett	In Massachusetts, undocumented immigrants may obtain MassHealth Limited benefits if they meet the requirements for MassHealth Standard (e.g., classification, income, and residency requirements, but not citizenship) and have an emergency medical condition. No period of residency is required as a condition of eligibility; however, the applicant must have the intent to remain indefinitely in Massachusetts. 130	MassHealth Limited only provides services for treatment of a medical condition (including labor and delivery) that manifests itself by acute symptoms of sufficient severity that the absence of immediate medical attention reasonably could be expected to result in: (1) placing the member's health in serious jeopardy, (2) serious impairment to bodily functions, (3) serious dysfunction of any bodily organ or part. 130 Mass. Code Regs. 450.105(G). Organ transplants are not covered services. 130 Mass. Code Regs. 450.105(G).	To receive MassHealth Limited benefits, an applicant must submit a Medical Benefit Request ("MBR") to any MassHealth Enrollment Center or MassHealth Outreach worker at a designated outreach site. 130 Mass. Code Regs. 502.001. No social security number is required for medical coverage under MassHealth Limited. Coverage begins on the 10th day before the date the MBR is received. 130 Mass. Code Regs. 505.008. Thus, patients can receive benefits (i.e. payment to the service provider) after the

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	Mass. Code Regs. 503.002.		emergency treatment has been provided. Alternatively, Massachusetts has a preapproval process. Persons who would qualify for emergency medical treatment can apply in advance and obtain a card to indicate they are eligible for restricted MassHealth Limited, which can be used for emergency treatment.
Michigan	In Michigan, undocumented immigrants may obtain emergency Medicaid benefits if they meet Michigan income and residency requirements that are identical to those for general Medicaid eligibility. See Mich. Comp. Laws § 400.06	An emergency medical condition means the sudden occurrence of serious symptoms, such as severe pain or mental disorientation. It is considered an emergency medical condition if failure to get immediate medical attention would: • endanger the patient's health; • seriously impair bodily functions; or • cause serious dysfunction to a body organ or body part. Patients that are eligible for coverage can receive inpatient and outpatient care from a physician or other appropriate provider that is necessary to treat the emergency medical condition. Inpatient/outpatient care can include laboratory and x-ray services, medical supplies, mental health stabilization, pharmacy, and medical detoxification for substance abuse only if lifethreatening. Coverage does not include continuation of services or follow-up care after the emergency is resolved. For more information see:	To receive these Medicaid benefits, an individual must be a resident of Michigan. No specific period of residency is required, but the patient must have the intent to stay in Michigan indefinitely or entered with a job commitment or to look for work. The Michigan Department of Human Services ("MDHS") determines eligibility for Medicaid benefits. For more information see: http://www.michiganlegalaid.org/MPLP/Issues/mplpissue.2006-04-13.5315793175 Patients can receive benefits (i.e. payment to the service provider) after the emergency treatment has been provided. Alternatively, Michigan has a pre-approval process. Thus, persons who would qualify for emergency medical treatment can apply in advance and obtain a card to indicate they are eligible for Emergency Services Only coverage, which can be used for emergency treatment. Applicants must file a simplified application with their county. No social security number is required for emergency medical

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		http://www.michigan.gov/documents/MSA 05-61 142996 7.pdf Michigan Medicaid Provider Manual, Emergency Services Only Medicaid Program, at http://www.mdch.state.mi.us/dchmedicaid/manuals/MedicaidProviderManual.pdf	coverage under Medicaid. The application for a card to receive Emergency Services Only Medicaid benefits may be submitted at any time. See Michigan Medicaid Provider Manual, Beneficiary Eligibility, at http://www.mdch.state.mi.us/dch = medicaid/manuals/MedicaidProv iderManual.pdf
Minnesota	In Minnesota, undocumented immigrants may obtain Medicaid benefits through the Medical Assistance program if they meet Minnesota income and residency requirements, and have an emergency medical	Patients that are eligible for coverage can receive inpatient and outpatient care, by a physician or other appropriate provider, that is necessary to treat an "emergency medical condition." <i>See</i> Min. Stat. § 256B.06, Subd. 4(h).	To receive these Medicaid benefits, an individual must be a Minnesota resident and meet the income and asset eligibility requirements; however, nonresident immigrants may receive certain benefits under statefunded medical assistance. See Min. Stat. § 256B.06.
	condition. See Min. Stat. § 256B.06, Subd. 4(g). The income and residency requirements are the same as those general requirements for Medicaid eligibility.	A qualifying emergency medical condition may be either a short-term, acute condition (including labor and delivery) or an ongoing chronic condition. For short-term emergencies, eligibility exists for the duration of the emergency only and may begin or end midmonth. Emergency medical assistance for services related to chronic conditions meeting the	Applicants must file a simplified application with their county. Applications are reviewed and a notice will be sent to the applicant within 45 days of filing, unless the applicant is pregnant in which case notice will be provided within 15 days. See Min. Stat. § 256B.08.
	The relevant Minnesota law will provide for inpatient and outpatient care for eligible patients. <i>See</i> Min. Stat. § 256B.0625; Minnesota Health Care	emergency definition may continue indefinitely. For more information see:	Medical assistance may pay for medical bills going back up to three months before an application is filed.
	Provider Manual, Emergency Medical Assistance at http://www.dhs.state.mn.us/main/groups/business partn	http://www.dhs.state.mn.us/main/groups/business partners/documents/pub/dhs_id_008922.hcsp#ema	For more information and the application see:
	ers/documents/pub/DHS_id _000094.hcsp	Emergency medical services may include inpatient and outpatient hospital care, emergency	http://dhs.state.mn.us/main/groups/healthcare/documents/pub/dhs_id_006918.hscp

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	transportation, laboratory services, medical equipment and supplies, rehabilitative therapy, mental health services.	
	For more information see:	
	See Min. Stat. § 256B.0625; Minnesota Health Care Provider Manual, Emergency Medical Assistance at http://www.dhs.state.mn.us/main/ groups/business partners/docume nts/pub/DHS_id_000094.hcsp	
An alien who is not lawfully admitted for permanent residence in the US or permanently residing in the US under color of law ("nonqualified alien") is not eligible for Medicaid except emergency services. Nonqualified aliens must otherwise meet eligibility requirements, i.e., federally mandated income and resource standards. http://www.dom.state.ms.us/CHIP/chip.html	The term "emergency medical condition" means the sudden onset of a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in any of the following: (1) Placing the patient's health in serious jeopardy; (2) Serious impairment to bodily functions; or (3) Serious dysfunction to any bodily organ; or part. Specifically excepted from this definition are care and services related to either an organ transplant procedure or routine prenatal or post-partum care.	Inquiries regarding eligibility for coverage of emergency services under Medicaid may be by contacting the regional Medicaid office. A listing may be found at: http://www.dom.state.ms.us/CHI P/chip.html Unqualified aliens need not be verified through SAVE (Systematic Alien Verification for Entitlements) Program. Questions regarding eligibility may also be directed to: Mississippi Division of Medicaid Eligibility Division 1-800-421-2408
	An alien who is not lawfully admitted for permanent residence in the US or permanently residing in the US under color of law ("nonqualified alien") is not eligible for Medicaid except emergency services. Nonqualified aliens must otherwise meet eligibility requirements, i.e., federally mandated income and resource standards.	transportation, laboratory services, medical equipment and supplies, rehabilitative therapy, mental health services. For more information see: See Min. Stat. § 256B.0625; Minnesota Health Care Provider Manual, Emergency Medical Assistance at http://www.dhs.state.mn.us/main/groups/business partners/docume nts/pub/DHS id 000094.hcsp The term "emergency medical condition" means the sudden onset of a medical condition" including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in any of the following: (1) Placing the patient's health in serious jeopardy; (2) Serious impairment to bodily functions; or (3) Serious dysfunction to any bodily organ; or part. Specifically excepted from this definition are care and services related to either an organ transplant procedure or routine

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		emergency services predetermined to be covered by Medicaid. All other conditions must be submitted to the Eligibility Department of the Mississippi Medicaid office for case-by-case review and approval.	
Missouri	The Social Security Act provides Medicaid coverage for emergency medical care for ineligible aliens, who meet all eligibility requirements for a federally funded Medicaid program except citizenship/alien status. Coverage is for the specific emergency only.	An emergency medical condition is defined as follows: After sudden onset, the medical condition (including emergency labor and delivery) manifests itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in: Placing the patient's health in serious jeopardy; or Serious impairment to bodily functions; or Serious dysfunction of any bodily organ or part. Labor and delivery is considered an emergency for purposes of this	Providers should contact the local Family Support Division office and identify the services and the nature of the emergency. State staff identifies the emergency nature of the claim and approves or denies coverage for the period of the emergency only. Claims are reimbursed only for the eligibility period identified on the recipient's eligibility file.
Montana	For additional information contact, Public Information Officer,	eligibility provision. Emergency Medicaid covers persons who experience an emergency including life	A person can apply at the local office of public assistance. If a person is hospitalized with an
	Montana Department of Health & Human Services 406.444.2596	threatening illness or extreme pain and covers such person until they are stable. Emergency Medicaid covers labor and delivery; in addition, it covers prenatal care if a doctor determines that the pregnancy is high risk.	emergency condition, a hospital social worker will aid that person in applying for emergency Medicaid coverage.
Nebraska	Nebraska provides medical assistance to qualified immigrants, regardless of their date of entry, though deeming applies. This decision requires the state to pay the full cost of the	All emergency services are covered regardless of immigration status . Medical condition with acute symptoms that could lead to	Nebraska has a presumption of Medicaid eligibility for all pregnant women. Thus a woman need only demonstrate that she is pregnant and be 185% below the federal poverty line.

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	Medicaid for those individuals who arrived after August 22, 1996. Under some circumstances undocumented immigrant women and children can become qualified for benefits if they are the victims of abuse and:	serious injury or health risks are covered. The SCHIP program covers all pre-natal care for the unborn child. Nebraska considers unborn children citizens for the purposes of Medicaid coverage. Thus, medical care for the child and mother are covered, at least as relating to the pregnancy.	A pregnant woman can be treated, and then apply with Nebraska's Department of Health and Human Services. For other emergencies, application may be made after receipt of treatment.
	1. The abused woman/parent is married to a Lawful Permanent Resident or she is married to a U.S. citizen, or the abused child is the child or step-child or a U.S. citizen or Lawful Permanent Resident, AND 2. She and/or the child is battered by a member of the household, not necessarily by the U.S. citizen or LPR spouse/parent, AND 3. She and/or the child has a pending or approved self-petition or family based petition filed by her husband or the abused child's father or step-father, AND 4. She and/or the child need benefits because of the abuse, AND 5. She and/or the child either no longer live with the batterer or plan to leave when they get benefits.	There is no monetary cap on prenatal services.	
	Emergency services include labor and delivery and any emergency. This covers all pregnant women regardless		

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Nevada	of status, provided the woman is below 185% of the federal poverty level. Coverage also includes prenatal care regardless of status. http://www.neappleseed.org /oldsite/nac/PFP/WDPP/We lfBrochures/ImmigrantWelf Rights.htm Nevada provides only emergency services to undocumented aliens. Adults must be NV residents. Income cannot exceed 133% of Federal Poverty Level. Resources cannot exceed \$2000. Different standards apply for families and children. See: http://www.hrsa.gov/reimburs ement/states/Nevada-Eligibility.htm	An emergency medical condition is one with acute and severe symptoms, including severe pain. It includes emergency labor and delivery. An emergency medical condition exists if the failure to get immediate medical attention would result in: • putting the person's health in serious jeopardy; • serious impairment of bodily functions; or • serious dysfunction of a bodily organ or body part.	Applicants must apply for emergency Medicaid after emergency services are provided.
Nov	There are limited	Nevada's emergency care only provides emergency room treatment.	An applicant for Medical
New Hampshire	There are limited emergency medical services available for some non-qualified aliens, and a Department of Health and Human Services District Office should be contacted for specific cases.	An emergency medical condition is one with acute and severe symptoms, including severe pain. It includes emergency labor and delivery. An emergency medical condition exists if the failure to get immediate medical attention would result in:	An applicant for Medical Assistance should 1) Visit a DHHS District Office and speak with a DHHS worker who will assist the applicant through the application interview process; and
	(http://www.dhhs.state.nh.us/DHHS/MEDASSISTELIG/ELIGIBILITY/medical-general-financial.htm) Under the MCPW program:	 putting the person's health in serious jeopardy; serious impairment of bodily functions; or serious dysfunction of a bodily organ or body 	2) Provide copies of any information that may be needed (http://www.dhhs.state.nh.us/DH HS/MEDASSISTELIG/ ELIGIBILITY/default.htm)
	qualifications: - Income cannot exceed 185% of the federal poverty	part.	Applicants, including pregnant women already receiving services at certain community agencies, such as hospitals, well

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	income limits. - No resource limit. Contact the Medicaid Program by phone:		child or prenatal clinics or Women Infant & Children clinics may apply at those sites for Healthy Kids or Medical Coverage for Pregnant Women. Applications for Healthy Kids
	Description Phone Number Hours		and Medical Coverage for Pregnant Women (MCPW) may also be filed by mail.
	Main Number 603-271- 5254 8-4:30 M-F		(http://www.dhhs.state.nh.us/DH HS/MEDASSISTELIG/
	Toll Free Number 800-852- 3345 x5254 8-4:30 M-F		ELIGIBILITY/default.htm)
	TDD Number 800-735- 2964 8-4:30 M-F		The DHHS district office contact information can be found at http://www.dhhs.nh.gov/DHHS/Contact+
	Street Address: 97 Pleasant Street		Directory/default.htm.
	Concord, NH 03301 Mailing Address: NH DHHS Office of Medicaid Business & Policy Medicaid Program 129 Pleasant Street Concord, NH 03301-3857		Medicaid applicants, pregnant women and non-citizens are assessed by the Division of Family Assistance, Office of Program Operations, Dept. of Health and Human Services for their financial eligibility and all non-financial eligibility. (http://www.dhhs.nh.gov/DHHS/MEDASSISELIG/default.htm)
			If you disagree with any decision the Division of Family Assistance makes on your case, you may request an Administrative Appeals hearing.
			(http://www.dhhs.nh.gov/DHHS/ MEDASSISELIG
			/default.htm) - procedures for the administrative appeal can be found at http://www.dhhs.nh.gov/DHHS/MEDASSIS
			ELIG/default.htm)

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			Pregnant women applying at Department of Health and Human Services district offices as well as to pregnant women applying at non-district office sites shall be given a "presumptive eligibility period" as provided in 42 U.S.C. 1396r-1. (RSA. TITLE XII.167.68.II.(c))
			If the pregnant woman is eligible for and receiving medical assistance on the day her pregnancy ends, continue her medical assistance for 60 days post-partum without regard to any other eligibility criteria. Terminate 60 day post-partum medical assistance on the last day of the month in which the 60th day falls.
			If the pregnant woman is eligible for and receiving medical assistance on the day her child is born, continue medical assistance for the newborn for up to 1 year, as long as the child lives with the mother and one of the following applies: • the mother remains eligible for medical assistance, or
			the mother would be eligible if she were pregnant.
			(http://www.hrsa.gov/reimburse ment/states/New-Hampshire- Eligibility.htm)
New Jersey	An alien who meets all Medicaid eligibility requirements (residency, income, resources) except citizenship/alien status may be eligible for Medicaid	"Emergency medical condition" is defined as: 1. one of sudden onset that manifests itself by acute symptoms of sufficient severity	Application process for the Medical Emergency Payment Program for undocumented residents: 1. Inform the hospital office staff
	coverage for the treatment of an emergency medical	(including severe pain) such that	that you wish to apply for this program.

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	condition only. (Medicaid Only Manual. N.J.A.C. 10:71-3.3.(e). p.17-18) A "Resident" is defined as "a person who is living in the State voluntarily and not for a temporary purpose, that is, with no intention of presently removing therefrom." (Medicaid Only Manual. N.J.A.C. 10:71-3.5.(a). p.20)	the absence of immediate medical attention could reasonably be expected to result in: i. Placing the patient's health in serious jeopardy; ii. Serious impairment to bodily functions; or iii. Serious dysfunction of any bodily organ or part. 2. An emergency medical condition includes all labor and delivery for a pregnant woman. It does not include routine prenatal or post-partum care. 3. Services related to an organ transplant procedure are not covered under services available	 If an application form is available, you will be asked to fill it out immediately. If an application is not available, the staff member will notify the County Board of Social Services that you are interested in applying. After the emergency medical treatment, the applicant must call the County Board of Social Services to schedule an interview. Bring any bills that you received for emergency treatment with you to the County Board interview. For emergency services to be covered, an application must be completed with 3 months of the
		for treatment of an emergency medical condition. (Medicaid Only Manual. N.J.A.C. 10:71-3.3.(e). p.17-18) NJ FamilyCare	date services were provided. (http://www.njfamilycare.org/pa ges/rest_who.html) Medicaid: How to Apply - Medicaid hotline
		Any applicant in a "qualified" immigrant status is able to apply for NJ FamilyCare, regardless of the date that they entered the United States. They do not have to wait five years to be eligible. "Qualified" status includes: - An applicant under the Violence Against Women Act (http://www.njfamilycare.org/pag es/rest_who.html)	Monday through Friday, 8:30 to 4:30 (800) 356-1561 A list of the County Board of Social Services: http://www.state.nj.us/humanser vices/CWALIST.pdf
New Mexico	The State's Medicaid program will pay for necessary emergency services provided to undocumented aliens who reside in the State and meet the requirements for Medicaid eligibility.	Medicaid requires that the individual have, after sudden onset, a medical condition (including emergency labor and delivery) that involves acute symptoms that are so severe that if immediate medical attention is not provided: (1) the individual's health will be placed in serious	The individual must complete an application at the local county income support division office (ISD) and provide information that proves that he or she meets the eligibility requirements. The ISD will determine the individual's eligibility after the individual has received

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		jeopardy; (2) the individual will suffer serious impairment to his or her bodily functions; or (3) the individual will suffer serious dysfunction to a bodily organ or part. Medicaid will cover medical services that are necessary to treat and/or evaluate an "emergency." Only emergency medical services provided in the State are covered. Services that are not covered include: long term care; organ transplants; rehabilitation services; surgical procedures, including scheduled cesarean section, other than unscheduled emergency procedures; psychiatric or psychological services; durable medical equipment or supplies;	emergency services. The individual must apply for Medicaid coverage at the ISD office no later than the last day of the third month following the month in which he or she received emergency medical services. The individual must notify the provider regarding whether or not their Medicaid coverage was approved or denied. If the individual misses the deadline to apply for Medicaid coverage, or if coverage is denied, the individual must pay the provider's bill. For more information, see: 8.325.10.12 and 8.325.10.16 NMAC (2006)
	Eligpamphlet.pdf	 eyeglasses; hearing aids; outpatient prescriptions; podiatry services; prenatal care; well child care; routine dental care; routine dialysis services; medical service provided by a border or out-of-state provider; non-emergency transportation; and preventive care. 	
		For more information, see: 8.325.10.15 NMAC (2006)	
New York	An undocumented immigrant may receive medical assistance for care and services needed to treat an emergency medical condition.	An emergency medical condition is one with acute and severe symptoms, including severe pain. It includes emergency labor and delivery. An emergency medical condition exists if the failure to	An undocumented immigrant must meet all eligibility requirements, including state residency. However, no specific term of residency is required.

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	For more information, see: NY Social Services Law § 122(1)(e) (2006)	get immediate medical attention would result in: • putting the person's health in serious jeopardy; • serious impairment of bodily functions; or • serious dysfunction of a bodily organ or body part. Coverage may vary based on the local district where services are sought and that district's interpretation of "emergency medical condition."	To apply for coverage, undocumented immigrants must submit the following form to their Local Depart of Social Services: http://www.health.state.ny.us/health_care/Medicaid/publications/docs/adm/04adm-7atte1.pdf
		Coverage does not include care or services related to organ transplants.	
		For additional information, see the following Administrative Directive:	
		http://www.health.state.ny.us/heal th_care/Medicaid/publications/do cs/adm/04adm-7.pdf	
North Carolina	Under NC Family and Children's Medicaid MA- 3330, a non-qualified alien who meets the N.C. residency requirement (living in N.C. with the intent to remain) as well as the financial eligibility requirement for Medicaid (i.e. for a family of 3, within 185% of the Federal Poverty Level) can receive Medicaid for emergency medical services if she is a caretaker for a child who is eligible for Medicaid or (under NC Adult Medicaid) has a permanent disability,	The NC Adult Medicaid Manual, MA-330 (B), defines the term "emergency medical services," as inclusive of labor and delivery, (including by Caesarean section) and treatment after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in the following: (1) Placing the patient's health in serious jeopardy, or (2) Serious impairment to bodily	The North Carolina Division of Medical Assistance (DMA) is the state agency responsible for the NC Medicaid program and for providing authorization for Medicaid-covered services; however, the North Carolina Department of Social Services (DSS) county-level offices are responsible for determining applicant's eligibility and maintaining recipient eligibility and managed care files. A non-qualified or qualified alien can receive emergency medical services through MAF, assuming she meets the

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	deemed as such by the North Carolina Department of Social Services (DSS). The 2 main ways in which a non-qualified alien can receive Medicaid coverage for emergency medical services include Adult Medicaid and Medicaid Assistance for Families (MAF). Medicaid Assistance for Families covers those who are the caretaker for a Medicaid eligible child. A non-qualified alien can qualify to receive emergency medical services through MAF, assuming she meets the residency and income requirements, if she was the caretaker of a child that was eligible for Medicaid (usually meaning that he/she was born in the U.S.) during the time when she needed emergency medical services. Adult Medicaid provides coverage for emergency medical services only to those who meet the income and residency requirements as well as have a permanent disability as deemed as such by DSS. Adult Medicaid is available to both qualified and non-qualified aliens. The 5-year disqualification period does not apply to qualified aliens applying only for emergency Medicaid. Under NC Adult Medicaid Manual, MA- 2504(IV)(E), refugees and asylees, Cuban and Haitian Entrants, trafficking victims, and	functions, or (3) Serious dysfunction of any bodily organ or part. As a general rule, once the emergency medical condition is stabilized, even if it remains serious or results in death, it is no longer deemed to be an emergency and thus a basis for continued emergency Medicaid coverage. For this reason, emergency labor and delivery services, for example, do not include postpartum care.	residency and income requirements, if she was the "caretaker" of a child that was eligible for one of the Medicaid programs during the time when she needed emergency medical services. The child does not need to have been receiving Medicaid but would need to have been eligible for Medicaid in order for the caretaker to be eligible for the emergency Medicaid. In order to be eligible to receive coverage for emergency medical services through Adult Medicaid, one must meet the income and residency requirements as well as have a permanent disability as deemed as such by DSS. Adult Medicaid is available to both qualified and non-qualified aliens. At some hospitals in North Carolina, there are social workers or Medicaid workers able to assist qualified or non- qualified aliens with the process of completing paperwork and applying for emergency Medicaid coverage. Thus, patients seeking such coverage should ask a hospital staff member if there are any social workers or Medicaid workers who could assist them. In order to apply for MAF or Adult Medicaid, a patient should visit the DSS office in her county and ask to speak to a case worker about filling out an application.

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	aliens whose deportation is being withheld are exempt from the 5-year mandatory disqualification period and may receive <u>full Medicaid</u> if otherwise eligible.		
North Dakota	Undocumented immigrants may obtain North Dakota Medicaid benefits if they meet income and residency requirements, and have an emergency medical condition not related to an organ transplant.	An emergency medical condition is one with acute and severe symptoms, including severe pain. It includes emergency labor and delivery. An emergency medical condition exists if the failure to get immediate medical attention would result in:	North Dakota residency is necessary, though no term is specified. The patient must have the intent to stay in North Dakota permanently or indefinitely or must have entered the state with a job commitment or seeking employment. Patients must also meet certain income
	Income and residency requirements mirror those for general Medicaid eligibility.	 putting the person's health in serious jeopardy; serious impairment of bodily functions; or serious dysfunction of a bodily organ or body part. 	and asset requirements. County social service agencies determine eligibility. See N.D. Admin. Code § 75-02-02.1. Patients may seek benefits, such
	Undocumented aliens are exempt from the requirement to furnish social security numbers and verify alien status.	Inpatient and outpatient care is covered for eligible patients. N.D. Admin. Code § 75-02-02.	as payment to the service provider, after emergency treatment is provided.
	Certain aliens lawfully admitted for a short period of time are ineligible for coverage, presumably because they do not meet the residency requirement. These include:		
	 Foreign government representatives on official business, Visitors, Foreign students, and 		
	 Temporary workers including agricultural 		

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	workers. See N.D. Admin. Code § 75-02-02.1-18.		
Ohio	Alien Emergency Medical Assistance Provides coverage for treatment of an emergency medical condition for certain individuals who do not meet the Medicaid citizenship requirements. Ohio Administrative Code 5101:1-41-20. http://www.uhcanohio.org/newsletter/reports/fact immigrant.html The individual must be a non-qualified alien, optional qualified alien, or a qualified alien within the five year period of ineligibility for Medicaid. Ohio Administrative Code 5101:1-41-20.	An emergency medical condition is one with acute and severe symptoms, including severe pain. It includes emergency labor and delivery. An emergency medical condition exists if the failure to get immediate medical attention would result in: • putting the person's health in serious jeopardy; • serious impairment of bodily functions; or • serious dysfunction of a bodily organ or body part. Labor and delivery are covered.	Individual that received treatment must submit an application for medical assistance for each emergency medical assistance episode. However, the individual is not required to participate in a face-to-face interview, submit verification of a social security number, or submit verification of immigration/alien status.
Oklahoma	Provides coverage for treatment of an emergency medical condition for certain individuals who do not meet the Medicaid citizenship requirements. Oklahoma Administrative Code § 317:35-5-25. Non-qualified aliens and illegal aliens are eligible for emergency Medicaid. Ineligible aliens (foreign students, visitors, temporary workers) are not eligible for emergency Medicaid. Oklahoma Administrative Code § 317:35-5-25(a).	An emergency medical condition is one with acute and severe symptoms, including severe pain. It includes emergency labor and delivery. An emergency medical condition exists if the failure to get immediate medical attention would result in: • putting the person's health in serious jeopardy; • serious impairment of bodily functions; or • serious dysfunction of a bodily organ or body part. Labor and delivery are covered.	Preauthorization is required for payment of emergency medical services rendered to non-qualified and illegal aliens. The care provider must indicate on the Notification of Needed Medical Services form whether the care provided was an emergency. Oklahoma Administrative Code § 317:35-3-3.

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	contact Oklahoma Healthcare Authority, Legal Division, Howard Pallotta, General Counsel at (405) 522-7300.		
Oregon	Under Oregon Administrative Rule 410- 120-1210(2)(f), non- qualified aliens that are not eligible for other Medicaid programs due to their immigration status are eligible for Citizen Alien- Waived Emergency Medical Assistance (CAWEM). CAWEM coverage is limited to emergency services, including labor and delivery.	CAWEM clients are only eligible for emergency medical care, including childbirth. Diagnostic services and on-going medical treatment, including prenatal and postnatal care, are not covered. Under Oregon Administrative Rule 410-120-1210(3)(f), the CAWEM Benefit Package provides emergency medical services and labor and delivery services as follows: (A) A CAWEM client is eligible for services only after sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part; (B) The following services are not covered for CAWEM clients, even if they are seeking	To qualify for CAWEM coverage, a person must meet all the non-financial and financial eligibility requirements for Oregon's medical assistance programs (excluding the Children's Health Insurance Program (CHIP), which has a higher income standard), except the citizen/alien status and Social Security number requirements. The individual must be a resident of Oregon with the intent to remain in Oregon. There is no minimum amount of time a person must live in Oregon to be a resident. CAWEM clients do not need a Social Security number or verification that they have applied for one. Individuals can apply at any time, not just when they have an emergent need. Once eligibility is determined and the case is opened, the client is eligible for six months. The client will get a Medical Care Identification (ID) good for emergency services. The ID contains the following
		emergency services: (i) Prenatal or postpartum care; (ii) Sterilization; (iii) Family Planning; (iv) Preventive care; (v) Organ transplants and	statement, "CAWEM- Emergency Services Coverage is limited to emergency medical services. Labor and delivery for pregnant women are considered an emergency." The client should reapply for the ID card every six months to maintain eligibility. A new application is required.

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		transplant-related services;	
		(vi) Chemotherapy;	The client's ID is confirmation
		(vii) Hospice;	of eligibility for medical services, subject to the
		(viii) Home Health;	limitations contained in Oregon
		(ix) Private Duty Nursing;	Administrative Rules and appropriate individual medical
		(x) Dialysis;	provider rules.
		(xi) Dental Services provided outside of an Emergency Department Hospital setting;	Under Oregon Administrative Rule 410-120-1140, there are
		(xii) Outpatient drugs or over-the-counter products;	three different types of IDs by which eligibility can be
		(xiii) Non-emergency Medical Transportation;	confirmed:
		(xiv) Therapy services;	(a) Form OMAP 1417 - Office
		(xv) Durable Medical Equipment and medical supplies;	of Medical Assistance Programs (OMAP) ID. This is a computer-generated notice that is mailed to
		(xvi) Rehabilitation services.	the client once a month or anytime there is a change to the case (e. g., address change);
		See also Oregon Department of Human Services CAWEM Program Manual and Oregon Administrative Rule 461-135- 1070.	(b) Form OMAP 1086 - Temporary ID. The responsible branch office issues this handwritten form;
			(c) Form WMMMID1C-A - Temporary ID. This is a computer-generated form that is signed by an authorized person in the responsible branch office.
			It is the responsibility of the medical provider to verify that the individual receiving medical services is, in fact, an eligible individual on the date of service for the service provided and whether OMAP is responsible for reimbursement. The provider assumes full financial risk in serving a person not identified as eligible or not confirmed by OMAP as eligible for the service

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			service.
			The ID is not transferable, and is valid only for the individual(s) listed on the card.
			Eligibility is verified either:
			(a) From the ID, which shows the dates on which the client is eligible and indicates each client's benefit package; or
			(b) If a patient identifies him or herself as eligible, but does not have a valid ID, the provider may either:
			(A) Contact the OMAP Automated Information System (AIS), which is available on the Internet or via telephone;.
			(B) Providers who have contracted with an Electronic Eligibility Verification Service (EEVS) vendor can access client eligibility data 24 hours a day, 7 days a week; or
			(C) Providers may contact the local Department of Human Services (DHS) branch office during regular working hours to confirm eligibility if the information is not available electronically.
			See also Oregon Department of Human Services CAWEM Program Manual and Oregon Administrative Rule 461-135- 1070.
Pennsylvania	A lawful temporary alien, undocumented alien or illegal alien may receive	An "Emergency Medical Condition" is a medical condition with acute symptoms of such	To receive Medical Assistance benefits, an individual, or a third-party authorized by power

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	Pennsylvania Medical Assistance to cover an Emergency Medical Condition if he or she meets all other requirements for Medical Assistance. 55 Pa. Code § 150.11; Pennsylvania Department of Public Welfare (DPW) Medical Assistance Bulletin 99-88-05 (April 13, 1988); Pennsylvania Medicaid Eligibility Handbook, Section 322.32 (available at www.dpw.stateoimpolicyma nuals/manuals/bop/ma.) See also A Guide For Determining Your Eligibility For Free Health Care Coverage Through Medical Assistance (MA), published by the Pennsylvania Health Law Project (available at www.phlp.org/healthprogra ms.asp) (hereafter PaHLP Guide).	severity, including severe pain, that, without immediate attention, the result will be: (i) the patient's health is in serious jeopardy; (ii) serious impairment to bodily functions; or (iii) serious dysfunction of any body organ or part. An Emergency Medical Condition includes labor and delivery services but does not include care and services related to organ transplant procedures. 55 Pa. Code § 150.11; <i>Medicaid Eligibility Handbook</i> , Section 322.32. <i>See also</i> 55 Pa. Code § 1101.21. Coverage extends only to Emergency Medical Conditions, as defined by regulation. <i>See</i> Relevant State Laws, <i>supra</i> . For labor and delivery services, the County Assistance office will authorize Medical assistance beginning the date active labor begins and ending the date delivery is complete and the mother and child are stabilized. There is no post-partum coverage. A child born to an alien mother whose delivery and labor were covered by Medical Assistance is eligible for Medical Assistance for one year from the date of birth under the same conditions as a child born to a citizen. <i>Medicaid Eligibility Handbook</i> , Sections 322.32 and 338.41.	of attorney to act on the individual's behalf (e.g. a hospital or medical provider), must submit an application to the County Assistance Office. 55 Pa. Code §§ 123.72 and 123.82; Medicaid Eligibility Handbook, Section 304.1. Application can be made on-line at www.compass.state.pa. The alien must verify that an emergency medical condition exists by providing a written statement from a medical provider. The written statement must: (i) identify the Emergency Medical Condition; (ii) specify that the medical treatment was necessary because of the medical condition; and (iii) provide a date on which the emergency is expected to end. 55 Pa. Code § 150.11; Medicaid Eligibility Handbook, Section 322.32. The applicant must be a resident of Pennsylvania and meet needs based (income) criteria. 62 P.S. §§ 432.2 and 432.4; 55 Pa. Code § 148.1; Medicaid Eligibility Handbook, Sections 323.1, et seq An alien in need of Emergency Medical Services is not required to: (i) sign a Citizenship/Alienage Declaration form; (ii) verify alien status; or (iii) verify his/her Social Security number. 55 Pa. Code § 150.11; Medicaid Eligibility Handbook, Section 322.32. See PaHLP Guide, p. 5 ("Undocumented aliens have been able to obtain Emergency Medical Care with no INS problems.")
			The County Assistance office determines whether or not an applicant is eligible for Medical Assistance Services. If the applicant is determined eligible, DPW issues a Medical Services Eligibility card. 55 Pa. §

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			1101.33.
Puerto Rico	Research has revealed no emergency Medicaid program for non-qualified aliens in Puerto Rico.		
Rhode Island	Section 12-25-19 (2006) of the General Laws of Rhode Island provides that every health care facility that has an emergency medical care unit shall provide to every person prompt life saving medical care treatment in an emergency, and a sexual assault examination for victims of sexual assault without discrimination on account of economic status or source of payment, and without delaying treatment for the purpose of a prior discussion of the source of payment unless the delay can be imposed without material risk to the health of the person. R.I. Gen. Laws § 23-17-26 (2006).		A person can go to a local DHS office to apply or can print a copy of the application and apply by mail. (www.dhs.ri.gov) The applications are in English and Spanish. If one is applying for RIte Care and you is not a U.S. citizen, information about one's immigration status will be necessary. • The receipt of RIte Care will not affect your immigration papers, your ability to become a citizen, or your ability to become a legal permanent resident.
	Section 42-12.3-4 of the General Laws of Rhode Island establishes a payor of last resort program for comprehensive health care for children until they reach nineteen (19) years of age, to be known as "RIte track". This expands Medicaid coverage through expanded family income disregards for children, until they reach nineteen (19) years of age, whose family income levels are up to two hundred fifty percent (250%) of the federal poverty level; provided, however, that health care coverage under this section shall also be		

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	provided without regard to the availability of federal financial participation to a noncitizen child lawfully residing in the United States and to a noncitizen child residing in Rhode Island, provided that the child satisfies all other eligibility requirements, and (effective January 1, 2007) is receiving medical assistance on or before December 31, 2006.		
South Carolina	Undocumented immigrants receive emergency service in South Carolina only under the federal regulations. See, http://www.scjustice.org/Br ochures%20for%20Web%202009/Health/Emergency%20Medicaid%20for%20Immigrants%202009.pdf	Emergency Medicaid only covers very serious emergencies that put one's health or body in danger. The Department of Health & Human Services determines whether an emergency is serious enough to be covered by Emergency Medicaid on a case-by-case basis. Labor and delivery of a baby would be covered by Emergency Medicaid, but prenatal care is not. A heart attack or stroke would probably be covered, but a black eye or a broken ankle would likely not. Emergency Medicaid does not cover organ transplants.	Applicants must meet with a DHHS caseworker to fill out the formal application. Neither the service provider nor DHHS must inquire about immigration status. A Social Security Number is not required.
South Dakota	Pub. L. No. 104-193 requires emergency medical treatment coverage for non- qualified aliens. South Dakota Statute 26-6-1 authorizes the Department of Social Services to provide medical services on behalf of persons having	An emergency medical condition is one with acute and severe symptoms, including severe pain. It includes emergency labor and delivery. An emergency medical condition exists if the failure to get immediate medical attention would result in: • putting the person's health in serious jeopardy;	South Dakota Administrative Rule 67:46:01:11 provides that, subject to certain exceptions (none of which relate to aliens), "an individual desiring medical assistance under this article or someone acting on that individual's behalf, must submit a completed, written, and signed application for assistance to the department."

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	insufficient income and resources to meet the necessary costs thereof in accordance with rules which the secretary of social services shall promulgate and may include (6) Such other requirements as may be necessary to obtain federal financial participation in the medical assistance program." Since Pub. L. No. 104-193 requires emergency coverage for aliens, S.D. Stat. 26-6-1 authorizes the Department of Social Services to implement rules allowing emergency treatment of undocumented aliens, although no specific rules on that topic have been promulgated. Emergency medical assistance may be available regardless of citizenship, immigration status, or having a social security number." http://dss.sd.gov/formspubs/docs/	serious impairment of bodily functions; or serious dysfunction of a bodily organ or body part. Output Description:	
Tennessee	TennCare	The term "emergency medical	The Department of Human
	An alien who is not lawfully admitted for permanent residence in the US or permanently residing in the US under color of law ("nonqualified alien") is not eligible for Medicaid <i>except</i> emergency services. Nonqualified aliens must otherwise meet eligibility requirements, <i>i.e.</i> , income	condition" means the sudden onset of a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in any of the following: (1) Placing the patient's health in	Services (DHS) takes applications from nonqualified aliens requiring emergency services. Due to the emergency nature of the services available to nonqualified aliens, it is expected that most applications will be made after the services are rendered. DHS contacts the TennCare Office of the Medical Director if there is a question about whether the service needed by the nonqualified alien

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	and resource standards.	serious jeopardy; (2) Serious impairment to bodily functions; or (3) Serious dysfunction to any bodily organ; or part. Quick Guide to TennCare Services, http://state.tn.us/sos/rules/1200/1 200-13/1200-13-13.20100903.pdf	qualifies as an emergency. DHS is responsible for making eligibility determinations, providing eligibility notice and appeal rights. TennCare Office of the Medical Director is responsibility for determining the presence/absence of an emergency. TennCare Division of Information Services is responsible for the enrollment of nonqualified aliens into the system. DHS Office Locator,
			http://www.state.tn.us/humanser v/st_map.htm
Texas	In Texas, undocumented immigrants may obtain Medicaid benefits if they meet Texas income, asset and certain other eligibility requirements, and also have an "emergency medical condition." See 1 Tex. Admin. Code § 354.2101. Applicants for emergency medical condition Medicaid benefits must meet requirements established for the Medically Needy and Children and Pregnant Women Programs, except for the citizenship and residence requirement. See 1 Tex. Admin. Code § 354.2103. This means that applicants must be (1) pregnant women who meet certain income and asset eligibility limits, (2) children under age 19 who meet certain income and asset eligibility limits or (3) adult caretakers of dependent children meeting the requirements for Temporary Assistance for Needy Families (TANF)	An emergency medical condition is one with acute, severe symptoms, such as severe pain. It is considered an emergency medical condition if failure to get immediate medical attention would: • endanger the patient's health; • seriously impair bodily functions; or cause serious dysfunction to a body organ or body part. See 1 Tex. Admin. Code § 354.2103. Patients that are eligible for coverage can receive inpatient and outpatient care, by a physician or other appropriate provider, that is necessary to treat the emergency medical condition. Inpatient/outpatient care may include pharmacy, laboratory, radiology, pathology, labor, delivery and newborn care. Coverage does not include continuation of services or follow-up care after the emergency medical condition is	To receive these Medicaid benefits, an individual is not required to be a U.S. citizen or a resident of Texas, but must meet the other Medicaid eligibility requirements for <i>Medically Needy and Children and Pregnant Women Programs. See</i> 1 Tex. Admin. Code § 354.2103. Applicants must file a simplified application with their local office of the Texas Health and Human Services Commission. <i>See</i> 1 Tex. Admin. Code §§ 354.1556, 75. For more information and an application see: http://www.dads.state.tx.us/forms/h1010-b/h1010-b.pdf

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	income and asset eligibility limits. <i>See</i> 1 Tex. Admin. Code §§ 354.1555–58, 354.1574-77.	stabilized. For more information see:	
		Texas Medicaid Provider Procedures Manual, Texas Medicaid Services at http://www.tmhp.com/TMHP_Fil e_Library/Provider_Manuals/TM PPM/Archive%202006%20TMP PM/2006%20TMPPM.pdf	
Utah	The Utah Medicaid Agency administers the emergency Medicaid program for alien residents who would qualify for another Medicaid program except for the requirement to be either a U.S. citizen or legal, permanent resident. Persons who may be eligible include: temporary entrants such as students, visitors, exchange visitors, and aliens granted legal temporary residence and undocumented aliens. Income and asset limits are based on the program the person would otherwise be eligible for if the person was a U.S. citizen or legal, permanent resident. See Emergency Services Only, for Non-Citizens, Utah Medicaid Program, available at http://health.utah.gov/medicaid/provhtml/emergency_medical.html.	Emergency shall mean a medical condition for which the absence of immediate medical attention could reasonably be expected to result in death or permanent disability to the person, or in the case of a pregnant woman, to the unborn child. Emergency services shall be those rendered from the moment of onset of the emergency condition, to the time the person's condition is stabilized at an appropriate medical facility, or death results. The definition of emergency services shall include labor and delivery services, but not prenatal or post-partum services. Emergency services shall not include prolonged medical support, medical equipment, or prescribed drugs which are required beyond the point at which the emergency condition has been resolved. Emergency services also shall not include long term care or organ transplants. See Utah Medicaid Provider Manual, at 13-7 (Apr. 2005), available at http://health.utah.gov/medicaid/manuals/pdfs/Medicaid%20Provide r%20Manuals/Section%20I%20(All%20Providers)/Archive/2008/SectionI-1-08.pdf.	Individuals who qualify only for Emergency Services have a special card issued by Medicaid which states "EMERGENCY SERVICES". The client is eligible only for the restricted scope of emergency service defined by the Social Security Act and Medicaid's definition of emergency as noted above. These services are covered only until the condition is stabilized. A condition is stabilized when the severity of illness and the intensity of service is such that the patient can leave the facility. Services rendered subsequent to the patient leaving the facility, such as follow-up visits, follow-up treatment or visits scheduled in the future, are not covered by this program. Only labor and delivery services are paid for the Emergency Services client without documentation and review. Prenatal and post-partum services ARE NOT covered for a non-citizen. Physicians and certified nurse midwives may use only the non-global delivery codes specified in SECTION 2 of the Utah Medicaid Provider Manual for Physician Services and for Certified Nurse Midwife Services.
		<u> </u>	See Utah Medicaid Provider

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		Coverage is limited to the month in which the emergency occurred. See Emergency Services Only, for Non-Citizens, Utah Medicaid Program, available at http://health.utah.gov/medicaid/provhtml/emergency_medical.html .	Manual, at 13-7 (Apr. 2005), available at http://health.utah.gov/medicaid/manuals/pdfs/Medicaid%20Provider%20Manuals/Section%20I%20(All%20Providers)/Archive/2008/SectionI-1-08.pdf.
			Medicaid does not report undocumented aliens who apply for Emergency Medicaid to immigration authorities. See Emergency Services Only, for Non-Citizens, Utah Medicaid Program, available at http://health.utah.gov/medicaid/provhtml/emergency medical.htm
Vermont	In Vermont, an individual who does not meet the citizenship requirement is eligible for emergency services, provided such care and services are not related to either an organ transplant procedure or routine prenatal or post-partum care, if both of the following conditions are met: 1. The non-citizen has, after sudden onset, a medical condition, including emergency labor and delivery, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in serious: . jeopardy to the patient's health,	"Emergency services" means health care items and services furnished or required to evaluate and treat an emergency medical condition. See Vt. Medicaid Regulations, Soc. Welfare 95-49, § M103.3(A)(14). "Emergency medical condition" means the sudden and, at the time, unexpected onset of an illness or medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by the prudent layperson, who possess an average knowledge of health and medicine, to result in: a. placing the member's physical or mental health in serious jeopardy; or	Any individual who wants Medicaid must file a Medicaid application with the Department for Children and Families: Vermont Department for Children and Families 103 South Main Street Waterbury, VT 05676-1201 1-800-287-0589 or 1-802-241-2100
	. impairment of bodily functions, or . dysfunction of any bodily organ or part.	c. serious dysfunction of any bodily organ or part.	

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	2. The non-citizen must meet all other eligibility requirements for Medicaid except verification of alien status and, for illegal non-citizens, verification of a social security number. <i>See</i> Vt. Admin. Code 12-3-211:4177.	See Vt. Medicaid Regulations, Soc. Welfare 95-49, § M103.3(A)(13).	
Virginia	In Virginia, unqualified aliens are eligible for Medicaid coverage of emergency medical care only. This care must be provided in a hospital emergency room or as an inpatient in a hospital. The Virginia Department of Medical Assistance Services or a local department of social service determines both whether services are considered emergency services and the period of coverage. Emergency services are defined as emergency treatment of accidental injury or medical condition (including emergency labor and delivery) manifested by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical/surgical attention could reasonably be expected to result in: 1. Placing the patient's health in serious jeopardy; 2. Serious impairment of bodily functions; or 3. Serious dysfunction of any bodily organ or part. See 12 Va. Admin. Code § 30-50-310(B).	If the applicant is found eligible and is certified for emergency services, eligibility exists only for the period of coverage certified by Virginia Department of Medical Assistance Services or a local department of social services staff on the Emergency Medical Certification form, # 032-03-628. Once an eligibility period is established, additional requests for coverage of emergency services within 6 months will not require a new Medicaid application. However, each request for Medicaid coverage of an emergency service or treatment requires a new, separate certification and a review of the alien's income and resources and any change in situation that the alien reports. An emergency services alien must file a new Medicaid application after the 6-month eligibility period is over if he/she receives an emergency service and wants Medicaid coverage for that service. See Va. Dep't Social Serv., Medical Assistance Manual, Vol. XIII TN#75, § M0220.700, available at http://www.dss.virginia.gov/files/division/bp/medical_assistance/m anual_transmittals/manual/m02.p df.	Submit application to local department of social services For contact information for local departments of social services, see http://www.dss.virginia.gov/localagency/
	definition, emergency treatment of a medical		

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	condition does not include care and services related to either an organ transplant procedure or routine prenatal or postpartum care. <i>See</i> 12 Va. Admin. Code § 30-50-310(B).		
Washington	In Washington, undocumented immigrants who have a condition that meets the definition of emergency medical condition may obtain Alien Emergency Medical (AEM) benefits if they would be eligible for other state Medicaid programs except	"Emergency medical condition" means the sudden onset of a medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: (1) placing the patient's	Under this program, certification is only valid for the period of time the person is receiving services under the established criteria. <i>See</i> Wash. Admin. Code § 388-438-0115.
	for the citizenship or alien status requirements. See Wash. Admin. Code § 388- 438-0110; Wash. Admin. Code § 388-438-0115.	health in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part. Wash. Admin. Code § 388-500-0005.	benefits at the local community services office or online. To locate a local community services office see:
	A person is not eligible for the AEM program if they entered the state specifically to obtain medical care. Wash. Admin. Code § 388-438-0110. For more information see: https://fortress.wa.gov/dshs/	Covered services under the AEM are limited to those necessary for treatment of the person's emergent medical condition. AEM does not cover: organ transplants; prenatal care (except for labor and delivery); schoolbased services; personal care services; waiver services; or nursing facility services. <i>See</i> Wash. Admin. Code § 388-438-	https://fortress.wa.gov/dshs/f2ws 03esaapps/ onlinecso/findservice.asp For more information on the online application: https://fortress.wa.gov/dshs/f2ws 03esaapps/ onlineapp/introduction_1.asp
	f2ws03esaapps/onlinecso/ali enemergencymedical.asp	0110; Wash. Admin. Code § 388-438-0115.	For more information on the application process: http://www1.dshs.wa.gov/esa/ea zmanual/ Sections/AppsFiling.htm
West Virginia	In West Virginia, illegal/ineligible aliens who meet the residence and other Medicaid eligibility criteria will be eligible for Medicaid only for treatment of an emergency medical	An emergency medical condition is defined as a situation where the illegal/ineligible alien has, after sudden onset, a medical condition (including emergency labor and delivery) showing acute symptoms of sufficient severity	Applications from or on behalf of these aliens must be made within 30 days of the need for emergency medical care. See W.Va. Income Maintenance Manual, ch. 16, § 16.6(H)), available at

State ²	State Laws Concerning Emergency Medicaid	Coverage	Application Process
	condition. To be eligible for emergency services, an illegal/ineligible alienmust	(including severe pain) such that the absence of reasonable medical attention could reasonably be expected to result in:	http://www.wvdhhr.org/bcf/polic y/imm/new_manual/IMManual/ Manual_PDF_Files/Chapter_16/ ch16_6.pdf.
	meet the income, asset and deprivation considerations (except for alien status) of either AFDC Medicaid or SSI and diagnosed as having a emergency medical condition. See W.Va. Income Maintenance Manual, ch. 16, § 16.6(H), available at http://www.wvdhhr.org/bcf/policy/imm/new_manual/IM_manual/Manual_PDF_Files/Chapter_16/ch16_6.pdf .	 placing the patient's health in serious jeopardy serious impairment to bodily functions or serious dysfunction of any bodily organ or part Coverage may not be related to either an organ transplant procedure or routine prenatal or postpartum care. See W.Va. Income Maintenance Manual, ch. 18, § 18.9, available at http://www.wvdhhr.org/bcf/polic y/imm/new_manual/IMManual/M anual_PDF_Files/Chapter_18/ch18_9.pdf. Eligibility for emergency Medicaid coverage ends on the day that the medical emergency ends. 	In order to obtain benefits, an application form on OFS-2 is required. The application may be signed by the illegal/ineligible alien or his or her representative. The illegal/ineligible alien or his or her representative must also submit to an interview. This must be submitted within a reasonable period of time as agreed upon with the case worker. When the verification is received and the illegal/ineligible alien is eligible for benefits, medical coverage is retroactive to the date of the medical emergency. See W.Va. Income Maintenance Manual, ch. 1, § 1.17, available at http://www.wvdhhr.org/bcf/policy/imm/new_manual/IMManual/Manual PDF Files/Chapter 01/ch1 17.pdf .
Wisconsin	In Wisconsin, ineligible aliens may be eligible for emergency services if other Medicaid eligibility requirements are met. See Wis. Medicaid Fact Sheet, available at http://www.dhs.wisconsin.g ov/Medicaid/Publications/p-10055.pdf.	An emergency means a medical condition where lack of immediate medical attention results in: • Serious risk to the patient's health; or • Serious harm to bodily functions; or • Serious dysfunction of a bodily organ or part. See Wis. Medicaid Fact Sheet, available at http://www.dhs.wisconsin.gov/M edicaid/Publications/p-10055.pdf.	For most emergency services, application for reimbursement is made after-the-fact. The applicant may get a form from the medical provider stating that emergency treatment was given. This form may be included with one's application, but is not strictly necessary. Applications are received at the local county/tribal human or social services agency.

State ²	State Laws Concerning Emergency Medicaid	Coverage	Application Process
		Emergency Medicaid begins on the first day medical care is received, and ends when one's condition is no longer an	Non-citizens are not required to provide a SSN or information about their immigration status to receive emergency Medicaid.
		emergency. See Badgercare Plus and Wisconsin Medicaid — Emergency Services, available at http://www.dhs.wisconsin.gov/medicaid/Publications/p-10072.pdf .	Pregnant women may apply for emergency Medicaid one month before their due date. Coverage continues until 60 days after the delivery date.
			Pregnant women who qualify for emergency Medicaid are also likely to qualify for BadgerCare Prenatal care. For more information on BadgerCare see: http://www.badgercareplus.org/.
			See Badgercare Plus and Wisconsin Medicaid — Emergency Services, available at http://www.dhs.wisconsin.gov/medicaid/Publications/p-10072.pdf.
Wyoming	EqualityCare	"Emergency" means the sudden	EqualityCare
	EqualityCare is a state public health insurance program designed to help pay for certain health care services and is available to both qualified and non-qualified aliens.	onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) thatthe absence of immediate medical attention could reasonably be expected to result in: (i) Placing the patient's health in serious jeopardy;	Applicants obtain an application and submit it to their local Department of Family Services (DFS) office. Applications can be obtained through a DFS office or at a Public Health office, Women, Infants and Children office, or various
	Individuals who are non citizens and meet all	(ii) Serious impairment to bodily functions; or	doctors' offices. <i>See generally</i> Wy. Stat. Ann. § 42-4-106.
	eligibility requirements under an EqualityCare group, except for citizenship, identity and social security number, may be eligible for Emergency Services. See http://health.wyo.gov/health carefin/medicaideligibility/	(iii) Serious dysfunction of any bodily organ or part. See Wy. Medicaid Rules, ch. 26, § 4 (tt), available at http://soswy.state.wy.us/Rules/R ULES/6252.pdf.	Applications will be reviewed by a benefit specialist who will determine eligibility. Applicants who are eligible for EqualityCare will receive a letter explaining the coverage. Applicants who are determined to be ineligible will receive a

State ²	State Laws Concerning Emergency Medicaid	Coverage	Application Process
	Emergency Medicaid WYECWhoiseligible.html Emergency hospital services are those necessary to prevent the death of serious impairment of an individual. See 42 C.F.R. § 440.170(e); Wy. Medicaid Rules, ch. 26, § 4 (vv), available at http://soswy.state.wy.us/Rul es/RULES/6252.pdf.	Benefits are limited to emergency services such as labor and delivery. Other emergency services may be covered from the time treatment is first given for a condition until that same condition is no longer considered an emergency. These services must be determined as an emergency by EqualityCare's fiscal agent. A co-payment may be required for adults 21 years of age or older on EqualityCare's Emergency Services program. See http://health.wyo.gov/healthcarefin/medicaideligibility/EmergencyServices.html. Coverage questions may be answered by calling the EqualityCare Client Help Line at 1-800-251-1269. For emergency services coverage, the emergency center would need to diagnose the situation an emergency in over for the medical bills to be covered.	letter explaining the reason for the denial. See generally Wy. Stat. Ann. § 42-4-106. Applicants may appeal a denial, change or termination of EqualityCare benefits by requesting an administrative hearing within 30 days of being notified of the denial, change or termination. The request for an administrative hearing should be made on the back of the notice and mailed or hand delivered to the applicant's local DFS office. See generally Wy. Stat. Ann. § 42-4-108. If a request for medical services was denied by the Office of Medicaid, a request for an administrative hearing must be made in writing and include the individual's name, address and the reason for the hearing request. The hearing request should be mailed to: Office of Medicaid, 2300 Capitol Avenue, Cheyenne, WY 82002.
			Requests for administrative hearings will be reviewed, and if a hearing is granted, notice will be sent regarding the date and time of the hearing.
Utah	The Utah Medicaid Agency administers the emergency Medicaid program for alien residents who would qualify for another Medicaid program except for the requirement to be either a U.S. citizen or legal, permanent resident. Persons who may be eligible include: temporary entrants	Emergency shall mean a medical condition for which the absence of immediate medical attention could reasonably be expected to result in death or permanent disability to the person, or in the case of a pregnant woman, to the unborn child. Emergency services shall be those rendered from the moment of onset of the emergency condition, to the time the person's condition is stabilized at an appropriate	Individuals who qualify only for Emergency Services have a special card issued by Medicaid which states "EMERGENCY SERVICES". The client is eligible only for the restricted scope of emergency service defined by the Social Security Act and Medicaid's definition of emergency as noted above. These services are covered only until the condition is stabilized. A condition is stabilized when

State ²	State Laws Concerning Emergency Medicaid	Coverage	Application Process
	such as students, visitors, exchange visitors, and aliens granted legal temporary residence and undocumented aliens. Income and asset limits are based on the program the person would otherwise be eligible for if the person was	medical facility, or death results. The definition of emergency services shall include labor and delivery services, but not prenatal or post-partum services. Emergency services shall not include prolonged medical support, medical equipment, or prescribed drugs which are required beyond the point at	the severity of illness and the intensity of service is such that the patient can leave the facility. Services rendered subsequent to the patient leaving the facility, such as follow-up visits, follow-up treatment or visits scheduled in the future, are not covered by this program.
	a U.S. citizen or legal, permanent resident. See Emergency Services Only, for Non-Citizens, Utah Medicaid Program, available at http://health.utah.gov/medicaid/provhtml/emergency m edical.html.	which the emergency condition has been resolved. Emergency services also shall not include long term care or organ transplants. See Utah Medicaid Provider Manual, at 13-7 (Apr. 2005), available at http://health.utah.gov/medicaid/manuals/pdfs/Medicaid%20Provider%20Manuals/Section%20I%20(All%20Providers)/Archive/2008/SectionI-1-08.pdf.	Only labor and delivery services are paid for the Emergency Services client without documentation and review. Prenatal and post-partum services ARE NOT covered for a non-citizen. Physicians and certified nurse midwives may use only the non-global delivery codes specified in SECTION 2 of the Utah Medicaid Provider Manual for Physician Services and for Certified Nurse Midwife Services.
		Coverage is limited to the month in which the emergency occurred. See Emergency Services Only, for Non-Citizens, Utah Medicaid Program, available at http://health.utah.gov/medicaid/provhtml/emergency_medical.html .	See Utah Medicaid Provider Manual, at 13-7 (Apr. 2005), available at http://health.utah.gov/medicaid/ manuals/pdfs/Medicaid%20Prov ider%20Manuals/Section%20I% 20(All%20Providers)/Archive/2 008/SectionI-1-08.pdf.
			Medicaid does not report undocumented aliens who apply for Emergency Medicaid to immigration authorities. See Emergency Services Only, for Non-Citizens, Utah Medicaid Program, available at http://health.utah.gov/medicaid/provhtml/emergency_medical.htm 1.
Vermont	In Vermont, an individual who does not meet the citizenship requirement is eligible for emergency services, provided such care and services are not related	"Emergency services" means health care items and services furnished or required to evaluate and treat an emergency medical condition. <i>See</i> Vt. Medicaid Regulations, Soc. Welfare 95-49,	Any individual who wants Medicaid must file a Medicaid application with the Department for Children and Families:

State ²	State Laws Concerning Emergency Medicaid	Coverage	Application Process
	to either an organ transplant procedure or routine prenatal or post-partum care, if both of the following conditions are met: 1. The non-citizen has, after sudden onset, a medical condition, including emergency labor and delivery, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in serious: . jeopardy to the patient's health, . impairment of bodily functions, or . dysfunction of any bodily organ or part. 2. The non-citizen must meet all other eligibility requirements for Medicaid except verification of alien status and, for illegal non-citizens, verification of a social security number. See Vt. Admin. Code 12-3-211:4177.	§ M103.3(A)(14). "Emergency medical condition" means the sudden and, at the time, unexpected onset of an illness or medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by the prudent layperson, who possess an average knowledge of health and medicine, to result in: a. placing the member's physical or mental health in serious jeopardy; or b. serious impairment to bodily functions; or c. serious dysfunction of any bodily organ or part. See Vt. Medicaid Regulations, Soc. Welfare 95-49, § M103.3(A)(13).	Vermont Department for Children and Families 103 South Main Street Waterbury, VT 05676-1201 1-800-287-0589 or 1-802-241-2100
Virginia	In Virginia, unqualified aliens are eligible for Medicaid coverage of emergency medical care only. This care must be provided in a hospital emergency room or as an inpatient in a hospital. The Virginia Department of Medical Assistance Services or a local department of social service determines both whether services are considered emergency services and the period of	If the applicant is found eligible and is certified for emergency services, eligibility exists only for the period of coverage certified by Virginia Department of Medical Assistance Services or a local department of social services staff on the Emergency Medical Certification form, # 032-03-628. Once an eligibility period is established, additional requests for coverage of emergency	Submit application to local department of social services For contact information for local departments of social services, see http://www.dss.virginia.gov/localagency/

State ²	State Laws Concerning Emergency Medicaid	Coverage	Application Process
	coverage. Emergency services are defined as emergency treatment of accidental injury or medical condition (including emergency labor and delivery) manifested by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical/surgical attention could reasonably be expected to result in: 1. Placing the patient's health in serious jeopardy; 2. Serious impairment of bodily functions; or 3. Serious dysfunction of any bodily organ or part. See 12 Va. Admin. Code § 30-50-310(B). For purposes of this definition, emergency treatment of a medical condition does not include care and services related to either an organ transplant procedure or routine prenatal or postpartum care. See 12 Va. Admin. Code §	services within 6 months will not require a new Medicaid application. However, each request for Medicaid coverage of an emergency service or treatment requires a new, separate certification and a review of the alien's income and resources and any change in situation that the alien reports. An emergency services alien must file a new Medicaid application after the 6-month eligibility period is over if he/she receives an emergency service and wants Medicaid coverage for that service. See Va. Dep't Social Serv., Medical Assistance Manual, Vol. XIII TN#75, § M0220.700, available at http://www.dss.virginia.gov/files/division/bp/medical_assistance/m anual_transmittals/manual/m02.p df.	
Washington	In Washington, undocumented immigrants who have a condition that meets the definition of emergency medical condition may obtain Alien Emergency Medical (AEM) benefits if they would be eligible for other state Medicaid programs except for the citizenship or alien status requirements. See Wash. Admin. Code § 388-438-0110; Wash. Admin. Code § 388-438-0115.	"Emergency medical condition" means the sudden onset of a medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: (1) placing the patient's health in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part. Wash. Admin. Code §	Under this program, certification is only valid for the period of time the person is receiving services under the established criteria. See Wash. Admin. Code § 388-438-0115. A person can apply for AEM benefits at the local community services office or online.
		388-500-0005. Covered services under the AEM	services office see: https://fortress.wa.gov/dshs/f2ws

State ²	State Laws Concerning Emergency Medicaid	Coverage	Application Process
	A person is not eligible for the AEM program if they entered the state specifically to obtain medical care. Wash. Admin. Code § 388-438-0110. For more information see: https://fortress.wa.gov/dshs/f2ws03esaapps/onlinecso/alienemergencymedical.asp	are limited to those necessary for treatment of the person's emergent medical condition. AEM does not cover: organ transplants; prenatal care (except for labor and delivery); schoolbased services; personal care services; waiver services; or nursing facility services. See Wash. Admin. Code § 388-438-0110; Wash. Admin. Code § 388-438-0115.	onlinecso/findservice.asp For more information on the online application: https://fortress.wa.gov/dshs/f2ws 03esaapps/ onlineapp/introduction 1.asp For more information on the application process: http://www1.dshs.wa.gov/esa/eazmanual/ Sections/AppsFiling.htm
West Virginia	In West Virginia, illegal/ineligible aliens who meet the residence and other Medicaid eligibility criteria will be eligible for Medicaid only for treatment of an emergency medical condition. To be eligible for emergency services, an	An emergency medical condition is defined as a situation where the illegal/ineligible alien has, after sudden onset, a medical condition (including emergency labor and delivery) showing acute symptoms of sufficient severity (including severe pain) such that the absence of reasonable medical attention could reasonably be expected to result in:	Applications from or on behalf of these aliens must be made within 30 days of the need for emergency medical care. See W.Va. Income Maintenance Manual, ch. 16, § 16.6(H)), available at http://www.wvdhhr.org/bcf/policy/imm/new_manual/IMManual/Manual/PDF_Files/Chapter_16/ch16_6.pdf .
	illegal/ineligible alienmust meet the income, asset and deprivation considerations (except for alien status) of either AFDC Medicaid or SSI and diagnosed as having a emergency medical condition. See W.Va. Income Maintenance Manual, ch. 16, § 16.6(H), available at http://www.wvdhhr.org/bcf/policy/imm/new_manual/IM_manual/Manual PDF_Files/Chapter_16/ch16_6.pdf .	 placing the patient's health in serious jeopardy serious impairment to bodily functions or serious dysfunction of any bodily organ or part Coverage may not be related to either an organ transplant procedure or routine prenatal or postpartum care. See W.Va. Income Maintenance Manual, ch. 18, § 18.9, available 	In order to obtain benefits, an application form on OFS-2 is required. The application may be signed by the illegal/ineligible alien or his or her representative. The illegal/ineligible alien or his or her representative must also submit to an interview. This must be submitted within a reasonable period of time as agreed upon with the case worker. When the verification is received and the illegal/ineligible alien is eligible for benefits, medical coverage is
		at http://www.wvdhhr.org/bcf/polic y/imm/new_manual/IMManual/M anual_PDF_Files/Chapter_18/ch1	retroactive to the date of the medical emergency.

State ²	State Laws Concerning Emergency Medicaid	Coverage	Application Process
		8_9.pdf. Eligibility for emergency Medicaid coverage ends on the day that the medical emergency ends.	See W.Va. Income Maintenance Manual, ch. 1, § 1.17, available at http://www.wvdhhr.org/bcf/policy/imm/new_manual/IMManual/Manual/Manual PDF Files/Chapter 01/ch1_17.pdf .
Wisconsin	In Wisconsin, ineligible aliens may be eligible for emergency services if other Medicaid eligibility requirements are met. <i>See</i> Wis. Medicaid Fact Sheet, <i>available</i> at http://www.dhs.wisconsin.g ov/Medicaid/Publications/p-10055.pdf.	An emergency means a medical condition where lack of immediate medical attention results in: • Serious risk to the patient's health; or • Serious harm to bodily functions; or • Serious dysfunction of a bodily organ or part. See Wis. Medicaid Fact Sheet, available at http://www.dhs.wisconsin.gov/M edicaid/Publications/p-10055.pdf.	For most emergency services, application for reimbursement is made after-the-fact. The applicant may get a form from the medical provider stating that emergency treatment was given. This form may be included with one's application, but is not strictly necessary. Applications are received at the local county/tribal human or social services agency.
		Emergency Medicaid begins on the first day medical care is received, and ends when one's condition is no longer an emergency. See Badgercare Plus and Wisconsin Medicaid — Emergency Services, available at http://www.dhs.wisconsin.gov/medicaid/Publications/p-10072.pdf .	Non-citizens are not required to provide a SSN or information about their immigration status to receive emergency Medicaid. Pregnant women may apply for emergency Medicaid one month before their due date. Coverage continues until 60 days after the delivery date.
			Pregnant women who qualify for emergency Medicaid are also likely to qualify for BadgerCare Prenatal care. For more information on BadgerCare see: http://www.badgercareplus.org/.
			See Badgercare Plus and Wisconsin Medicaid — Emergency Services, available at http://www.dhs.wisconsin.gov/m

State ²	State Laws Concerning Emergency Medicaid	Coverage	Application Process
			edicaid/Publications/p-10072.pdf.
Wyoming	EqualityCare is a state public health insurance program designed to help pay for certain health care services and is available to both qualified and non-qualified aliens. Individuals who are non citizens and meet all eligibility requirements under an EqualityCare group, except for citizenship, identity and social security number, may be eligible for Emergency Services. See http://health.wyo.gov/health carefin/medicaideligibility/WYECWhoiseligible.html Emergency hospital services are those necessary to prevent the death of serious impairment of an individual. See 42 C.F.R. § 440.170(e); Wy. Medicaid Rules, ch. 26, § 4 (vv), available at http://soswy.state.wy.us/Rul es/RULES/6252.pdf.	"Emergency" means the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) thatthe absence of immediate medical attention could reasonably be expected to result in: (i) Placing the patient's health in serious jeopardy; (ii) Serious impairment to bodily functions; or (iii) Serious dysfunction of any bodily organ or part. See Wy. Medicaid Rules, ch. 26, § 4 (tt), available at http://soswy.state.wy.us/Rules/R ULES/6252.pdf. Benefits are limited to emergency services such as labor and delivery. Other emergency services may be covered from the time treatment is first given for a condition until that same condition is no longer considered an emergency. These services must be determined as an emergency by EqualityCare's fiscal agent. A co-payment may be required for adults 21 years of age or older on EqualityCare's Emergency Services program. See http://health.wyo.gov/healthcarefin/medicaideligibility/EmergencyServices.html.	EqualityCare Applicants obtain an application and submit it to their local Department of Family Services (DFS) office. Applications can be obtained through a DFS office or at a Public Health office, Women, Infants and Children office, or various doctors' offices. See generally Wy. Stat. Ann. § 42-4-106. Applications will be reviewed by a benefit specialist who will determine eligibility. Applicants who are eligible for EqualityCare will receive a letter explaining the coverage. Applicants who are determined to be ineligible will receive a letter explaining the reason for the denial. See generally Wy. Stat. Ann. § 42-4-106. Applicants may appeal a denial, change or termination of EqualityCare benefits by requesting an administrative hearing within 30 days of being notified of the denial, change or termination. The request for an administrative hearing should be made on the back of the notice and mailed or hand delivered to the applicant's local DFS office. See generally Wy. Stat. Ann. § 42-4-108. If a request for medical services was denied by the Office of Medicaid, a request for an administrative hearing must be
		Coverage questions may be answered by calling the	made in writing and include the individual's name, address and

State ²	State Laws Concerning Emergency Medicaid	Coverage	Application Process
		EqualityCare Client Help Line at 1-800-251-1269. For emergency services coverage, the emergency center would need to diagnose the situation an emergency in over for the medical bills to be covered.	the reason for the hearing request. The hearing request should be mailed to: Office of Medicaid, 2300 Capitol Avenue, Cheyenne, WY 82002.
			Requests for administrative hearings will be reviewed, and if a hearing is granted, notice will be sent regarding the date and time of the hearing.

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17.4

Pre-Natal Care For Qualified And Non-Qualified Immigrants¹

By Legal Momentum and Morgan Lewis, LLP

Introduction and General Guidelines

This information is current as of November 18, 2010. It is intended to provide an overview regarding health benefits and emergency Medicaid for each state. Victims in need of legal advice should contact their local domestic violence/sexual assault program for referrals.

Generally speaking, there is a distinction drawn between qualified immigrants and non-qualified immigrants as to pre-natal care, although there are important exceptions on a state-by-state basis. Consequently, emergency medical care is the only route in many states for non-qualified immigrants to receive pre-natal care or services. Necessarily, therefore, while emergency medical services include labor and delivery, "emergency services" generally do not include any non-emergency pre-natal services, as discussed below in the section dealing with "Emergency Pre-Natal Care."

For qualified immigrants who satisfy Medicaid and other state-specific eligibility requirements, a package of services that includes pre-natal care is generally available, including early risk assessment, health promotion and medical monitoring.

For a definition of "qualified" and "non-qualified" immigrants, reference the Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which has certain exceptions of importance for pre-natal care. The operative definitions of this Act are discussed below.

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Notable exceptions to the general principles outlined above include California, which provides for pre-natal care for both "qualified" and "non-qualified" immigrants, including undocumented immigrants. All immigrants may receive pre-natal care under Medi-Cal regardless of immigration status, assuming Medi-Cal's standard income and residency requirements are met (see below).

The District of Columbia also provides pre-natal care for non-qualified immigrants enrolled in the DC HealthCare Alliance, which is designed to provide medical assistance to needy DC residents not eligible for Medicaid. Individuals must be DC residents, have no health insurance and have family income no greater than 200% of the Federal Poverty Level.

Guam provides a full range of pre-natal care and nutritional education, screening and counseling through Maternal Child Health Program ("MCHP"). In order to qualify for the MCHP, a woman must be resident of Guam who meets income eligibility requirements.

Massachusetts also provides pre-natal care for non-qualified immigrants through the Healthy Start Program. Pregnant women and unborn children are eligible if they meet income requirements, do not have other MassHealth coverage, are residents of Massachusetts and are not otherwise insured. Free Care is also available to Massachusetts residents meeting certain income requirements, regardless of immigration status.

Georgia, Indiana, Michigan, Minnesota, Nebraska, New York, North Carolina, Rhode Island and the State of Washington also currently provide some form of pre-natal care and/or nutritional education and similar pregnancy-related support regardless of immigration status.

Pre-natal care is generally available in all states (except where noted below) for "qualified" immigrants, as defined by the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (discussed below). In addition to immigrants legally residing in the United States, "qualified alien" is defined to include:

- Refugees and asylees;
- Cuban or Haitian entrants;
- Battered immigrants and victims of trafficking as defined by the Trafficking Victims Prosecution Act of 2000; and
- Immigrants granted conditional entry, whose deportation is being withheld, or granted parole for at least one year, as defined by §§ 203, 212, 241 and 243 of the federal Immigration and Naturalization Act.

Certain states have included other groups, such as veterans and Native Americans as "qualified" immigrants. Please refer to the information below and referenced legal attributes.

South Carolina does not provide for pre-natal care, even on an emergency basis, including for undocumented immigrants.

Below are relevant discussions of emergency medical care provisions that are relevant in circumstances where non-qualified immigrants fit within the requirements for emergency treatment for pre-natal care.

Emergency Pre-Natal Care

Most states not providing pre-natal care for all immigrants, regardless of immigration status, do provide some coverage for emergency medical services. While program features and restrictions vary somewhat across the states, most have borrowed essential definitions and restrictions from federal law. Thus, there is some degree of conceptual uniformity. For example, because the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("PRWORA") allow the provision of only emergency benefits to nonqualified immigrants, most states have borrowed the federal definition of "emergency medical condition" in order to ensure their compliance.

The condition for which treatment is sought must generally be severe and acute, such that the absence of immediate attention may lead to either placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of a bodily organ or part. This standard will preclude most pre-natal services for most non-qualified immigrants, except in those states that do not regard immigration status as a bar to receipt of pre-natal services. In addition, nearly every state requires the non-qualified immigrant to meet all other criteria for the state's general Medicaid enrollment. These restrictions are generally designed to ensure that the recipient of the public benefit is truly in financial need, and that has a legitimate connection to the state that will bear the cost. Such restrictions often include residency, income, and resource limitations. Applicants must research these provisions carefully, however, as there is substantial variance in these requirements from state to state.

The procedures for receiving such aid vary significantly by state. Several states require or allow individuals to be preauthorized as emergency Medicaid participants prior to the receipt of services. Others refuse to accept applications without a detailed description of the emergency service required; thereby eliminating the possibility of advance authorization. It is important that applicants check their state's rules to determine what steps must be taken in order to qualify for emergency Medicaid, as failure to follow the proper procedures and meet the stated deadlines may prevent eligibility and place the full financial burden for all services on the applicant.

Relevant Federal Law

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("PRWORA"), P.L. 104-193, provides that only "qualified aliens" are permitted access to federal and state public benefits. Under the PRWORA, non-qualified immigrants (including undocumented immigrants) can only receive limited federal and state public benefits, including medical care under Medicaid, for care and services necessary for treatment of an emergency medical condition (except organ transplants) if the non-qualified immigrant otherwise meets Medicaid eligibility requirements. "Emergency medical condition" is defined at §1903(v)(3) of the Social Security Act ("SSA") (42 U.S.C. §1396b(v)(3)) as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in (1) placing the patient's health in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part. Although the PRWORA severely limits what public benefits a state can provide to non-

qualified immigrants, it allows states to provide additional state funded benefits if state laws enacted after August 22, 1996 affirmatively provide for such eligibility. In addition to emergency medical services covering those services necessary to protect life and safety, federally funded Community Health Centers and Migrant Health Centers provide services to underserved populations, which may include undocumented immigrants.

In addition, Chapter XXI of the SSA created the State Children's Health Insurance Program ("SCHIP") (42 U.S.C. §§1397aa, et seq.) Under SCHIP, the Federal Government provides funding to the states to expand health care services for low-income children through stand alone SCHIP plans, Medicaid plans or a combination of both. In 2002, the Dept. of Health and Human Services issued a final regulation (67 Fed. Reg. 61955 (Oct. 2, 2002)) that stated that the definition of the term "children" includes the period from conception to birth and that SCHIP funds may be used by states to provide pre-natal services for the benefit of the child, regardless of the mother's immigration status. As stated in the final rule "requiring exclusion of unborn children on the basis of immigration status is neither legally mandated nor desirable" and "it does not make sense to try to impute an immigration status to an unborn child based on the status of the mother." (See 67 Fed. Reg. 61955, 61967).

SCHIP state plan information can be obtained at:

http://www.cms.hhs.gov/LowCostHealthInsFamChild/SCHIPASPI/list.asp#TopOfPage

State	Programs that Provide Pre-Natal Services for	Coverage	Eligibility/Application Process
	Qualified and Non- Qualified Immigrants		
Alabama	All Kids is Alabama's SCHIP program. It offers insurance to children under the age of 19. Pregnant women are covered under SOBRA Medicaid.	Only citizens or qualified immigrants are covered. Alabama Administrative Code, Rule 560-X-2514 "Pregnant Women and Young Children With Income Equal To or Below 133% of the Federal Poverty Level and Children With Income Equal To or Below 100% of the Federal Poverty Level." states "The person to be covered must be living in Alabama and must be a United States citizen or meet alienage requirements." Id. at 560-X-2514(1)(d). See: http://www.medicaid.alabama.gov/ADMIN Code/5A-AdmCode.Ch25-Eligibility 5-16-06.pdf.	Application for SOBRA Medicaid is available on-line at http://www.medicaid.alabama.gov/documents/apply/2C-Forms/2-CSOBRA AppForm219 4-05.pdf Eligibility for SOBRA Medicaid is limited to U.S. citizens or noncitizens in a "satisfactory immigration status." See also, http://www.medicaid.alabama.gov/documents/apply/2B-Qualifying/2-BSobra MLIF handout 2-1-06 b.pdf
Alaska	Denali KidCare is Alaska's SCHIP program.	Alaska used its SCHIP fund to expand its Medicaid-based Denali KidCare Program. As such, it has the same rules as	Application is available on-line. http://www.hss.state.ak.us/dhcs/D enaliKidCare/PDF/printapp.pdf

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non- Qualified Immigrants		
	Qualified Immigrants	Medicaid eligibility (only qualified aliens are eligible). It provides full medical insurance, including checkups, screenings, visual, and dental. It is available to children and pregnant women. Alaska Medical Assistance Manual, § 5300. This manual specifically notes that "An emergency medical condition does not include care and services related to either an organ transplant procedure or routine prenatal or postpartum care." Manual, § 5600A(3)	A social security number, or verification that one has been applied for, is required. See application instructions, above link. Income guidelines apply and are available on-line. http://www.hss.state.ak.us/dhcs/DenaliKidCare/PDF/ DKC_2006_Income_Standards.p
	A D G 24 2002 02	See also, The Emergency Medicaid Chart for Alaska.	
Arizona	A.R.S. 36-3903.03 provides that a noncitizen who does not claim and provide verification of qualified immigrant status but is otherwise entitled to Medicaid may only receive	The Arizona Health Care Cost Containment System (AHCCCS) Medical Policy Manual (Chapter 1100) provides that the term "emergency medical condition" "refers to a medical condition (including emergency labor and	Application is by mail, with subsequent eligibility review. A social security number is not required for emergency coverage only.
	emergency services as provided under Section 1903(v) of the Social Security Act.	delivery) manifesting itself by acute symptoms of sufficient severity (including extreme pain) such that the absence of	For more information, the AHCCCS Policy and Eligibility Manuals are available at:
	Undocumented immigrants may apply for coverage in	immediate medical attention could reasonably be expected to result in:	http://www.ahcccs.state.az.us/Publications/ GuidesManuals/
	the same manner as other Arizona residents and must meet income and residency requirements, but will only be entitled to coverage for emergency services	 Placing the patient's health in serious jeopardy Serious impairment to bodily functions, or Serious dysfunction of any bodily organ or part. 	
		The focus must be on the person's "current medical condition" (which must be manifesting itself by sufficiently severe, acute symptoms) and whether that condition satisfies the above criteria when service is rendered. Although an initial	

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for Qualified and Non-		
	Qualified Immigrants		
		injury may be stabilized, such stabilization does not necessarily mark the end of the emergency medical condition.	
California	Prenatal services are available under the State Children's Health Insurance Program (SCHIP). Pregnant women who have family incomes of up to 200 percent of the federal poverty level and who are not eligible for Medicaid, most often because of their immigration status are eligible for benefits under the program. Pregnant women with income up to 200% of Federal Poverty Level may be eligible for limited coverage if they meet certain income, resource and other criteria, including prenatal, delivery, postpartum and conditions which may complicate the pregnancy. Coverage continues through the pregnancy and until the end of the month that the 60 th day postpartum falls. NOTE: Pregnant women eligible for coverage as non-qualified immigrants or qualified immigrants who have not met the five-year residency requirement are not required to meet the social security enumeration requirement. http://www.arkansas.gov/dh hs/webpolicy/Medical%20S ervices/MS%2012100.htm	Presumptive eligibility: Arkansas' Medicaid program provides for presumptive eligibility for pregnant qualified aliens. Presumptive eligibility allows uninsured pregnant women to obtain immediate prenatal care while their Medicaid eligibility is being processed. Qualified aliens not meeting the five-year residency requirement and unqualified aliens will not be eligible for presumptive eligibility.	For information on Medicaid eligibility and enrollment, call 1-800-482-8988. Applications are handled by the Dept of Health and Human Services (DHHS) office in each county.
California	Medi-Cal	Medi-Cal	Medi-Cal

State	Programs that Provide Pre-Natal Services for Qualified and Non- Qualified Immigrants	Coverage	Eligibility/Application Process
	All aliens may receive prenatal care under Medi-Cal regardless of immigration status (lawfully present in the U.S. or not). To receive these Medi-Cal benefits, a patient must meet Medi-Cal's standard income and residency requirements. If these requirements are met, the patient may receive medically necessary "pregnancy-related services." Cal. Welf. & Inst. Code §14007.7 (signed into law on July 22, 1999, to meet federal requirement that state funded benefits may be provided to non-qualified aliens if a state law	"Pregnancy-related services" means those services that are required to assure the health of the pregnant woman and the fetus. These services include pre-natal care, services for complications of pregnancy, labor, delivery, postpartum care and family planning services. Pregnancy-related services may be provided pre-natally from the day that pregnancy is medically established. Drug coverage prescribed for pregnancy-related services and dispensed within this eligibility time period includes the full scope of Medi-Cal pharmaceutical benefits.	To receive Medi-Cal, an applicant must meet residency and income requirements. County welfare departments determine residency. No period of residency is required as a condition of eligibility; however, the applicant must have the intent to remain indefinitely in California. Cal. Welf. & Inst. Code §§14007 & 14007.1. An applicant for Medi-Cal benefits is required to file a simplified application with the county. No social security number is required to receive medically necessary pregnancy related services. See Cal. Welf. & Inst. Code §14011.2(c) and §14011.15.
	is enacted after August 22, 1996.) Full Medi-Cal benefits are available to qualified aliens who entered the U.S. before August 22, 1996 or to those who entered on or after August 22, 1996 and who have maintained the status of qualified alien for five (5) years. However, the five (5) year limitation does not apply to certain aliens including refugees and asylees. Access for Infants and Mothers ("AIM")	related and post-partum care services for an additional 60 days beginning on the last day of pregnancy. "Postpartum services" means those services provided after childbirth, child	Medi-Cal benefits are available to pregnant women and infants if the family income is less than 200% of the federal poverty level. Cal. Welf. & Inst. Code §14148 and §14048.5. The application process is handled at the county level, so the appropriate county must be contacted. The following link has the websites for all California Counties: http://www.dhs.ca.gov/mcs/medicalhome/CountyListing1.htm Presumptive Eligibility
	Women who do not qualify	delivery, or miscarriage. Cal. Welf. & Inst. Code §14005.18.	Presumptive Eligibility ("PE") for

to receive Medi-Cal may

enroll in the AIM program

and receive health services

during pregnancy. There do

not appear to be any

restrictions on receiving

AIM benefits based on the

immigration status of the

applicant. Cal. Ins. Code

Access

Pregnant Women is a Medi-Cal Family planning services may be program designed to provide provided beyond the 60-day immediate, temporary coverage postpartum period if the for prenatal care pending a formal recipient presents the provider Medi-Cal application. Any with a Medi-Cal card valid for woman who thinks she is the month of service. pregnant and whose family income is under a certain amount **Infants** for and is eligible for PE. A patient must

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for Qualified and Non- Qualified Immigrants		
	§12698.	AIM provides health care coverage for at least one pregnancy, and for 60 days following the pregnancy. Coverage includes physician services, outpatient services, inpatient hospital services, diagnostic tests, preventive health services and medically necessary prescription drugs. Cal. Ins. Code §12698.30. (AIM also provides healthcare care to children under two years old if the child's mother was enrolled in AIM before July 1, 2004. If children do not qualify for AIM benefits, they automatically receive benefits under Healthy Families, which is the California SCHIP program.)	seek this care through a participating provider who will determine eligibility for this program. The PE provider will request the applicant to complete a Statement of California Residency and a "Presumptive Eligibility for Pregnancy Only" application. If the application indicates that the woman is eligible for PE, the provider will conduct a pregnancy test. If the pregnancy test is negative, the applicant will not be eligible for PE. If the test is positive, the applicant will be issued a temporary Medi-Cal card (paper) for specific PE services up to 2 months. A formal application for Medi-Cal must be submitted to the County Department of Social Services and proof of application must be provided to the PE provider before the expiration date on the temporary Medi-Cal card (paper). The county will determine if the applicant is eligible to receive Medi-Cal. If determined to be eligible for Medi-Cal, the applicant will then be mailed a Medi-Cal Beneficiary Identification Card. More information is available from the PE Support Unit at 1-800-824-0088 Access for Infants and Mothers An applicant for AIM must be a resident of California for at least six (6) continuous months prior to the application and have a household income that does not exceed 300% of the federal poverty level. Cal. Ins. Code §12698. See the following link for more

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for	G	
	Qualified and Non-		
	Qualified Immigrants		
			details:
			http://www.aim.ca.gov/english/AI
			MHome.asp
Colorado	Prenatal State Program		Prenatal State Program
	Colorado offers prenatal		The applicant must get her
	care for documented aliens		pregnancy medically verified in
	who are not eligible for		writing by a medical professional
	Medicaid because they have		(a certified medical assistant or
	not resided in the state for		higher level position supervised
	the last five years.		by a registered nurse or doctor), if
	Eligibility		her pregnancy is not observable.
	The individual's income		For additional information, please
	cannot exceed her		contact:
	proportionate share of 133%		Colorado Department of Health
	of the federal poverty level		Care Policy and Financing
	and her total family income		(303) 866-3513
	cannot exceed 133% of the		1(800) 221-3943
	federal poverty level.		1(000) 221 05 10
	T T T T T T T T T T T T T T T T T T T		Colorado Dep't of Public Health
	<u>Coverage</u>		and Environment
	Covered benefits include		Primary Care Office
	those related to pregnancy		PSD, A-4
	including prenatal, labor and		4300 Cherry Creek Drive South
	delivery, and post-partum		Denver, CO 80246
	care.		303-692-2229
			800-688-7777
	The individual will be		
	covered beginning on the		CHP+ Prenatal Care
	date of her application for		The applicant can enroll by
	medical assistance through		calling CHP+ Customer Service,
	60 days after the date her		Monday through Friday, 8 a.m. to
	pregnancy ends.		6 p.m. at 1-800-359-1991.
	(Col. Dep't. of Health Care		For additional information,
	Policy, 8.101.1K)		contact
			Child Health Plan Plus
	CHP+ Prenatal Care		P.O. Box 929
			Denver, CO 80211
	<u>Eligibility</u>		800-359-1991
	Pregnant women who are 19		
	years old or older who are		Emergency Medicaid
	not eligible for Medicaid.		The applicant can apply for
	They must be Colorado		emergency medical services
	residents and either a U.S.		based on her pregnancy within
	citizen or a permanent U.S.		two months of her due date. The
	resident for the last 5 years.		application will be denied if it is
	The applicant cannot be		filed more then two months prior

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non-		
	Qualified Immigrants		
	covered by health insurance. Coverage: Covered benefits include all		to the due date because it is not considered a medical emergency.
	prenatal care, labor and		
	delivery, post-delivery care, physicals, other doctor visits and hospital services.		
	If found eligible, the pregnant woman will be covered from the date of the		
	application until 60 days after the last day of the month in which her pregnancy ends		
	Emergency Medicaid		
	If the applicant is not a legal immigrant, she can receive		
	healthcare for her labor and delivery expenses only		
	through Colorado's Emergency Medicaid.		
Connecticut	Both qualified and non-qualified immigrants are		A pregnant woman is not required to apply for Emergency Medicaid.
	eligible to receive Emergency Medicaid		It is not a pre-approval type of service. Rather, a Medical
	benefits, as long as they meet the other requirements		Review Team at the Connecticut Department of Social Services
	for Medicaid, which include		reviews the medical bill
	the costs associated with labor and delivery for pregnant women.		submitted by the hospital or healthcare provider to determine whether it qualifies as an
	Emergency Medicaid does		emergency.
	not cover prenatal or post partum care.		For additional information, please contact:
	If the pregnant woman has complications due to her		Connecticut Department of Social Services
	pregnancy or if the unborn baby is at risk, then the		25 Sigourney Street Hartford, CT 06105
	Emergency Medicaid will cover the medical expenses		1-800-842-1508 (860) 424-4926
	associated with the complications.		(000) 727 7720
	Emergency Medicaid will also cover the cost of an abortion if the mother's life		
	is in danger, but not if it is		

State	Programs that Provide Pre-Natal Services for Qualified and Non- Qualified Immigrants	Coverage	Eligibility/Application Process
	an elected procedure.		
Delaware	Undocumented aliens can only receive healthcare for labor and delivery expenses through Delaware's Emergency Medicaid. Prenatal and post partum care are not available. An emergency is defined as: - a sudden serious medical situation that is life threatening; OR - a severe acute illness or accidental injury that demands immediate medical attention or surgical attention; AND - without the treatment a person's life could be threatened or the person could suffer serious long lasting disability. This includes labor and delivery services but routine prenatal and post partum care are not covered. Emergency ambulance services to transport the individuals to and from the services defined above are also covered. Delaware's Administrative Code Title 16; 14360 Treatment of a Medical Emergency		To be eligible for Emergency Medicaid, the individual must meet all eligibility requirements for a specific Medicaid eligibility group. The individual does NOT have to meet the requirement concerning a declaration of satisfactory immigration status and verification of that status For Additional Information contact: Delaware Medical Assistance Program Customer Support 1-800-372-2022 The Division of Social Services The Lewis Building 1-800-372-2022
District of	Emergency Medicaid	Emergency Medicaid	Emergency Medicaid
Columbia	Non-qualified aliens are eligible for Emergency Medicaid services. Emergency Medicaid is limited to emergency services, including labor and delivery.	Emergency Medicaid Emergency Medicaid does not cover pre-natal care. DC Healthy Families DCHF covers pregnancy related services, including:	DC Healthy Families Pregnant qualified aliens are eligible for DCHF. To qualify for DCHF coverage, a person must meet all the non-financial and
	Emergency Medicaid does	Doctor visits	financial eligibility requirements

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for	9	
	Qualified and Non-		
	Qualified Immigrants		
	not cover pre-natal care. Non-qualified aliens are eligible for the DC HealthCare Alliance (see below). DC Healthy Families Pregnant qualified aliens are eligible for DC Healthy Families (DCHF). To receive DCHF benefits, a patient must meet DCHF's income requirements and be a resident of DC. DCHF benefits are available to a qualified alien who	 Immunizations Emergency care Hospital Stays Prescription medicines Prenatal care Labor and delivery Family planning Transportation to doctor appointments Home health care Durable medical equipment Health education services Mental health services Drug and alcohol treatment 	for the program. To be eligible for program benefits, a person must be a resident of the District of Columbia. However, no durational residency requirement is imposed. Individuals must fill out a DC Healthy Families application. Applications may be obtained by calling 1 (888) 557-1116, picking one up at Giant, Safeway, CVS, Rite Aid, or a library, or at: http://app.doh.dc.gov/services/hea lthy_ families/healthy_families_02_26_
	 entered the country before August 22, 1996; meets the veteran exemption; meets the Native American exception; entered the country on or after August 22, 1996 and has been in the U.S. in 	Other health care needs DC HealthCare Alliance Pregnant qualified and non-qualified aliens enrolled in HCA will receive comprehensive health care, including pregnancy related services such as: Pre-natal care, exams, tests and education Care and services for a	O4.shtm. DC HealthCare Alliance To be eligible for program benefits, a person must be a presently living in DC voluntarily and not for a temporary purpose and have no current intention of moving out of DC. The individual does not need to be a U.S. citizen or a qualified alien.
	 a 'qualified status' for more than 5 years, or is a refugee, asylee, or other member of a specific category. DC HealthCare Alliance	miscarriage Nurse midwife services Post-partum care	Application for and verification of Social Security numbers is not required. The individual must have no health insurance and have a family income equal to or below 200% of the Federal Poverty Level.
	The DC HealthCare Alliance (HCA) program is designed to provide medical assistance to needy DC residents who are not eligible for Medicaid, including both qualified and non-qualified aliens. Individuals must be residents of DC, have no health insurance and have a family income equal to or		The following persons are not eligible for HCA: • persons eligible for Medicaid, • persons receiving Medicare Part A or Part B benefits, • fugitive felons, • probation or parole violators, • persons penalized for

State	Programs that Provide	Coverage	Eligibility/Application Process
State	Pre-Natal Services for	Coverage	Zigiomey/rippired/for 1 Toccis
	Qualified and Non-		
	Qualified Immigrants		
	below 200% of the Federal		misrepresenting their
	Poverty Level.		residence to receive
			assistance in two or more
	HCA provides		states,
	comprehensive pregnancy		• persons who refuse to
	health services, including		provide information
	preventative, primary, acute and chronic care services		needed to determine
	such as clinic services,		their eligibility
	emergency care,		Individuals must fill out an
	immunizations, in-patient		application. If approved, the
	and out-patient hospital		applicant will receive a
	care, physician services,		membership card. Once enrolled,
	prescription drugs, and pre-		the individual must fill out a form
	natal care. Services are		every 12 months to prove
	free.		continued eligibility. Forms may
			be filled out at the following
	Note: Medicaid has		locations:
	requested federal approval		
	to make unborn children of		• DC General, 1900
	pregnant immigrant women		Massachusetts Avenue
	eligible for Medicaid. If		SE
	this happens, such Medicaid eligible individuals would		• Greater Southeast
	no longer be eligible for		Hospital, 1310 Southern
	HCA.		Avenue SE
	Tieri.		• Congress Heights Clinic, 3720 M.L. King, Jr.
			Avenue SE
	See also D.C. Code §§ 4-		Anacostia Clinic, 1328
	201.01-4-221.01,		W Street SE
	particularly §4-20.24; 22		Hunt Place Clinic, 4130
	D.C. Municipal Regulations		Hunt Place NE
	Chapter 33; Department of		Woodridge Clinic, 2146
	Human Services IMA		24th Place NE
	Policy Manual; and DC		• Walker-Jones Clinic,
	HealthCare Alliance		1100 First Street NW
	Manual. Additional information may be		• Southwest Community
	information may be searched for at		Center, 850 Delaware
	http://fast.dc.gov/match.asp		Avenue SW
	X.		
			See also Department of Human
			Services IMA Policy Manual, DC
Florida	Under F. S. A. § 419.095,	For qualified aliens under	HealthCare Alliance Manual.
rioriua	Florida imposes federal	For qualified aliens under Florida's Medicaid program,	Qualified aliens may apply for Medicaid benefits in the same
	standards for qualified	Florida's Medicaid Provider	manner as other Florida residents.
	aliens which must be	Physician Services Handbook	However, the immigration status
	satisfied in order to receive	describes available prenatal	of all non-US citizens applying
	Florida Medicaid benefits.	services as part of general	for Medicaid must be confirmed
	In addition, the Department	obstetrical services (which	by eligibility specialists at the
<u> </u>	, are Department	Services ("Men	operation at the

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non-		
	Qualified Immigrants		
State	Pre-Natal Services for Qualified and Non-	include prenatal, delivery and postpartum care). Prenatal visits are limited to a maximum of 10 for low-medical risk recipients, and 14 for high-medical risk recipients (a high-medical risk pregnancy is "one in which the medical history and diagnosis indicate that, without consideration of a cesarean section, a normal uncomplicated pregnancy or delivery will not occur"). Two postpartum visits within 90 days may be reimbursed when medically necessary. Prenatal care includes administration of Florida's Healthy Start Prenatal Risk Screening, used to identify those at risk of poor birth, health and developmental outcomes. Florida has implemented the Presumptively Eligible Pregnant Women (PEPW) program, permitting qualified providers to make a presumptive determination of Medicaid eligibility for low-income pregnant women. The program allows a woman to access prenatal care while the Department of Children and Families' eligibility staff makes a regular determination of eligibility. PEPW services are limited to outpatient or office services and do not include inpatient, labor, delivery, or	Department of Children and Family Services using the SAVE program. Noncitizens who would experience hardship or those with a medical disability will be considered for benefits resolution of verification issues, but those individuals will be subject to recoupment if benefits are paid and the individual is determined to be ineligible.
		postpartum services. Note: Florida's Medicaid Provider Physician Services Handbook specifies that labor and delivery are considered emergency medical services and will be payable when an emergency is indicated on provider claim forms. However, routine prenatal and postpartum	

State	Programs that Provide Pre-Natal Services for Qualified and Non- Qualified Immigrants	Coverage	Eligibility/Application Process
		services are not emergencies and no reimbursement is available for those services.	
Georgia	Georgia Supplemental Nutrition Program for Women, Infants, and Children ("WIC") The WIC Program provides supplemental foods, nutrition education and referrals to health care, at no cost, to low-income pregnant, breastfeeding and postpartum women, infants, and children up to age 5 who are determined to be at nutritional risk. WIC does not distinguish between the eligibility of qualified and non-qualified immigrants. Nutrition risk is any medical or health problem which can be corrected or lessened by proper amounts and types of food intake. Examples of nutrition risk are: (i) low iron levels; (ii) insufficient growth, i.e. low weight for age, low weight for height; (iii) premature delivery; and (iv) inadequate dietary intake (types or amounts of food) Link to website: http://health.state.ga.us/programs/wic/	WIC provides these services: nutrition assessment, health screening, medical history, body measurement (weight and height), hemoglobin check, nutrition education, breast- feeding support and education, and vouchers for food supplements.	In order to qualify for this benefit program, you must be a resident of the State of Georgia, pregnant, breastfeeding and postpartum woman, infant or child up to 5 years of age and: (1) are individually determined by a health professional to be at nutrition risk; and, (2) meet an income standard, or are determined automatically income eligible. Women may apply for WIC through their local health department. Local health departments may be found at: http://health.state.ga.us/regional/ Georgia also provides for presumptive eligibility for pregnant women who meet certain financial requirements. Presumptive eligibility continues while a formal determination of eligibility for Medicaid is pending. All Medicaid services given by any participating Medicaid provider are covered during the presumptive eligibility period with exceptions of inpatient hospital and delivery services. The presumptive eligibility period begins the first day of the month in which the qualified provider determines the woman is eligible and ends the last day of the month in which the Medicaid application is either approved or denied. See

State	Programs that Provide Pre-Natal Services for Qualified and Non-	Coverage	Eligibility/Application Process
	Qualified Immigrants		http://www.odis.dhr.state.ga.us/30 00_fam/3480_medicaid/MAN348 0.doc
Guam	Maternal Child Health Program ("MCHP") provides a plan for the development, implementation and evaluation of services related to improving the health status of women and children in Guam. The primary responsibility of MCHP is to assure access to quality health care for all mothers and children of Guam. The provision of MCHP services does not exclude or distinction between qualified and non-qualified aliens. See 26 Guam Admin. R. & Regs. § 1401 et. seq.	MCHP provides prenatal, natal and postpartum care, as well as family planning services, continuing health care maintenance and supervision of children from birth through infancy, childhood and adolescence. The target population are the low-income, high-risk, women and children. The services include: (i) prenatal interview, including risk assessment to determine high-risk pregnancy; (ii) prenatal laboratory tests; (iii) diagnostic procedures, x-rays, and other special lab tests ordered by attending physician and authorized by MCH based on availability of funds; (iv) vitamins and iron supply at a public health pharmacy or public health clinic; (v) referral to a medical social worker for screening and assistance identifying financial options for prenatal care coverage/service; (vi) early prenatal counseling classes and prepared childbirth classes; (vii) physicians' fees for prenatal clinic visits, hospital delivery and postpartum visit, routine hospital newborn care and 6 weeks post-partum clinic visit will be authorized by the MCHP based on availability of funds; and (viii) community health nursing follow-up during the prenatal and post partum period.	To be eligible for coverage under the MCHP, a person must be a resident of Guam who and must meet the financial eligibility requirements of MCHP. A woman may apply anytime during her pregnancy. She is required to complete the information and data sheet as required by the MCHP. The eligibility period covers the first prenatal visit to postpartum (six weeks after delivery).
Hawaii	Section § 321-331 (2006) of Hawaii's Revised Statues provides that the department of health may adopt rules to ensure that all	The Med-Quest program provides prenatal care and pregnancy-related services at no charge. This coverage extends sixty days past delivery.	Med-Quest's website states that to receive services an applicant must be a U.S. citizen or qualified alien and provide a Social Security Number.

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non-		
	Qualified Immigrants		
	pregnant women in this		
	State are offered appropriate		Information may be obtained
	information, quality testing,		through the Med-Quest Division
	diagnostic services, and		of the Department of Human
	follow-up services		Services. The most convenient
	concerning neural tube		way to obtain this information is
	defects and other disorders		at
	amenable to prenatal		http://www.hawaii.gov/dhs/health
	diagnosis. The purpose of		/medquest or http://www.med-
	prenatal screening and		quest.us/.
	diagnosis is to obtain vital		
	information for the pregnant		The website for the Med-Quest
	woman and her family as		program is quite user friendly,
	well as for the providers of		and the application specifically
	her health care. It can be		notes that an unborn child
	used to provide appropriate		qualifies even though a mother
	care and to assist the woman		may not herself meet
	and her family to achieve		qualifications; it also states that
	optimal health outcomes.		applying for benefits will not
	Nothing in this section shall		affect immigration status.
	be construed to mean that		
	prenatal screening and		Additional information may be
	testing are mandatory. Haw.		obtained through the Mothers'
	Rev. Stat. § 321-331 (2006)		Care telephone number, 808-535-
	The demonstrate of health		7988.
	The department of health		Mad Overt's website states that
	may, among other things: (1) Provide educational		Med-Quest's website states that
	resources to all women in		to receive services an applicant must be a U.S. citizen or qualified
	the State before and early in		alien and provide a Social
	pregnancy about the		Security Number.
	availability of prenatal tests,		Security Number.
	including non-directive		
	counseling and impartial		
	information on the benefits,		
	risks, and limitations of		
	prenatal tests; (2) Make		
	available prenatal screening		
	and diagnosis tests to all		
	pregnant women in this		
	State who choose to be so		
	screened; Hawaii's Rev.		
	Stat. § 321-331 (2006)		
	Hawaii provides prenatal		
	services and pregnancy-		
	related care to Hawaiian		
	residents through its Med-		
	Quest program. Pregnant		
	women with an income		
	level between 186-200% of		

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for Qualified and Non-		
	Qualified Immigrants		
	the federal poverty level		
	may participate.		
	Mad Owest's such site states		
	Med-Quest's website states that to receive services an		
	applicant must be a U.S.		
	citizen or qualified alien and		
	provide a Social Security		
	Number.		
	Various healthcare		
	providers are participants in		
	a Perinatal Support Clinic		
	system. Also, a service called "Mother's Care"		
	links pregnant women with		
	organizations providing		
	prenatal care and support		
	services.		
Idaho	Medicaid	Medicaid	The State of Idaho does not
	Pre-natal care under Idaho	Qualified non-citizens resident	publish details relating to the
	medicaid is available only to	in Idaho who qualify for Idaho	eligibility determinations or
	U.S. citizens and qualified	medicaid are entitled to limited	medicaid application processes.
	non-citizens who are residents of Idaho.	pregnancy-related services beginning after confirmation of	Idaho Administrative Code 16.03.01.110 provides that a
	residents of Idano.	pregnancy and extending	person seeking coverage must
	Emergency Medicaid	through the end of the month in	complete and sign an application
	- Pre-natal care is	which the 60th day after delivery	for healthcare assistance and
	not covered under	occurs. These services are	certify that the information
	Idaho's emergency medicare	limited to: - Two individual or	provided on the form is truthful. In addition, a Health
	provisions.	family social services	Questionnaire must be submitted
	Normal delivery of	visits;	together with the application.
	a baby is	- "Maternity Nursing	
	considered an	Visit" services for	Questionnaire are available on the
	emergency medical condition and is	women unable to obtain private pre-natal care.	website of the Idaho Department of Health and Welfare at:
	covered by Idaho's	A maximum of nine	http://www.healthandwelfare.idah
	emergency	visits with a registered	o.gov. The application contains
	medicare	nurse for the purpose of	some general instructions and
	provisions.	checking the progress	statements. An applicant should
	(Section 16.03.01.250	of the pregnancy are permitted and coverage	contact the Idaho Department of Health and Welfare prior to
	(Emergency	ends when the woman	concluding that coverage is
	Medical Condition)	finds private medical	unavailable based on the general
	Idaho Health and	services;	information in the application.
	Welfare	- Two nursing visits at	An applicant should call the
	Department Provider Manual –	the pregnant woman's home to assess her	Department to find out where to submit the application and
	Health Coverage	home to assess her living situation and	submit the application and questionnaire at 1-800-926-2588.
	(Medicaid) for	provide appropriate	1.330.00
	(Medicaid) for	provide appropriate	

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non- Qualified Immigrants		
	Families and Children) Presumptive Eligibility A pregnant woman can get "limited ambulatory" prenatal care as a presumptively eligible (PE) pregnant woman through the end of the month after the month the health care provider completes the PE determination. A pregnant woman is eligible for only one period of PE coverage during each pregnancy. Idaho Administrative Code 16.03.01.502 (Eligibility for Health Care Assistance for Families and Children – Presumptive Eligibility for Pregnant Women)	education and referrals; and - Certain nutritional services. (Idaho Administrative Code 16.03.09.890 and 892) To qualify for pre-natal care under Idaho medicaid, a pregnant woman must reside in Idaho and be a U.S. citizen or a qualified non-citizen. She must also have counted income of no greater than 133% of the federal poverty guidelines (Idaho Administrative Code 16.03.01.500.01; see also 16.03.01.500 - 502) and meet other income coverage eligibility guidelines, which depend on family size and other factors and are set forth in Idaho Administrative Code 16.03.01.315 - 342, 345 - 388, 395, and 400 - 424 pursuant to 16.03.01.301.	Idaho Administrative Code 16.03.09.125 states that when a applies for person is determined eligible for medical assistance, the Idaho Department of Health and Welfare will issue a Medicaid identification card to the participant and will provide information to medical service providers so that medical services may be provided.

State	Programs that Provide Pre-Natal Services for	Coverage	Eligibility/Application Process
	Qualified and Non- Qualified Immigrants		
Illinois	Through the program previously known as KidCare Moms and Babies (now apparently called "Allkids" or "Allkids Moms and Babies"), Illinois provides prenatal care for all resident pregnant women with a family income below a certain level. This program was put into effect on July 1, 2006. See 215 Ill. Code § 170/1 et seq "Resident" for these purposes means individuals who are in the state for "other than a temporary or transitory purpose." 215 Ill. Code § 170/10. The program does not contain any immigration provisions, and the application form specifically provides that pregnant women without an alien registration number are eligible for insurance. It also states in bold letters that information about participants without alien registration numbers will not be conveyed to the INS. An attorney with the Illinois Department of Healthcare and Family Services confirmed that prenatal care is provided regardless of immigration status. In addition, the Family Case Management program provides outreach information through local agencies to help inform pregnant women of prenatal services.	This plan includes "health care benefits" provided under the Illinois Public Aid Code. 215 Ill. Code § 170/10. Prenatal and perinatal care are specifically discussed in the Public Aid Code as including "all prenatal and perinatal health care services that are provided for the purpose of preventing low-birthweight infants." _305 Ill. Code 5/5.23. Services extend for sixty days following the last day of pregnancy. 305 Ill. Code § 5/5.2(5)(a). The attorney with whom I spoke confirmed that this was the coverage period and that essentially all pregnancy-related services were included.	The implementing statute requires the Department to provide assistance in enrolling in the program and to engage in "outreach and marketing." 215 III. Code §§ 170.25, 30. The website, http://www.allkidscovered.com, includes application forms and provides some information about the program, but it is difficult to ascertain that there is coverage for pregnant women, as it is folded within the children's health coverage form and not specifically identified as applying to pregnant women. The application itself, however, is straightforward. Information may also be obtained at 1-866-ALLKIDS. Attorneys are asked to call 217-782-1233. The Family Case Management Program uses local organizations to assist pregnant women in enrolling in the KidCare program.
Indiana	Indiana's Hoosier Healthwise Packages A and	Coverage includes prenatal and pregnancy-related services. <u>See,</u>	The Hoosier Health Care member identification card and enrollment

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for Qualified and Non- Qualified Immigrants		
	B provides coverage for prenatal care and care for conditions that may complicate the pregnancy. Pregnant women with incomes at or below certain levels; depending on the asset levels may participate. A woman may qualify for package A (full coverage) or B (pregnancy coverage) depending on income level. 407 In. A.D.C. § 2-2-2; http://www.healthcareforho osiers.com (plan summaries and costs). The Hoosier Healthcare website states that immigration information may be collected. However, the same website (and the application instructions) explains that undocumented immigrants are not reported. In addition, a representative at the help line (1-800-889-9949) confirmed that undocumented immigrants may participate in the pregnancy package. Besides the Hoosier Healthcare Services program allocates grants to local providers to cover prenatal services.	e.g., 407 In. A.D.C. § 3-3-1. The Indiana Health Coverage Programs Provider Manual details items covered under the "pregnancy package." IHCPPM chap. 2 § 3 and table 2.4. Covered items include case management as well as all other services "related to pregnancy." In addition, the Prenatal Healthcare Services program prenatal projects provide "preventive health services to pregnant women including physical exams, nutrition, social services, dental and health screening, education, counseling, interventions, and referral service as appropriate." See http://www.in.gov/isdh/program s/mch	information may be obtained through regional enrollment centers or from the Hoosier Healthwise website. The instructions at this site are quite clear. In addition, women seeking prenatal care can obtain information through the Family Help Line, 1-800-433-0746, or the Hoosier Healthwise help line, 1-800-889-9949. Both provide information on local providers of prenatal services. Efforts to call the Family Help Line resulted in long hold times with no assistance. The Hoosier Healthwise help line was promptly answered, however. Some information is also available at www.indianamedicaid.com and http://www.in.gov/isdh/programs/mch. These websites are not particularly user friendly. A more useful website is http://www.healthcareforhoosiers.com/Member/MemberPage.html. The Hoosier Healthcare website has an application form and clear instructions for completing it.
Iowa	Iowa Medicaid provides pre-natal services to qualified immigrants, which are legal immigrants who otherwise meet the residency and income requirements for Medicaid and, if they entered the United States after August 22, 1996, have overcome the five year bar under the Personal Responsibility and Work Opportunity	Under Iowa Medicaid, all medical services provided to a pregnant woman, including dental and vision, are considered pre-natal care. But, labor and delivery services are not considered pre-natal care. Iowa Medicaid provides for "presumptive eligibility for pregnant women." See Iowa Administrative Code/Human Services Department §	A woman who is determined to be presumptively eligible for Medicaid is eligible for Medicaid services beginning with the date of the eligibility determination. Eligibility continues up to the last day of the month following the month of the presumptive eligibility determination. If the woman files a Medicaid application within this period, Medicaid coverage continues until a decision is made on the

State	Programs that Provide	Coverage	Eligibility/Application Process
State	Pre-Natal Services for	Coverage	Lingionity/rippireution 11 occss
	Qualified and Non-		
	Qualified Immigrants		
	coverage due to her		
	immigration status. Once		
	that happens, the woman		
	will only be eligible for		
	emergency services.		
	Iowa has not adopted the		
	definition of child that		
	would permit it to provide		
	pre-natal services through		
	the State Children's Health		
	Insurance Program		
	("SCHIP").		
77	TT 1/1 40		<u> </u>
Kansas	Healthwave 19 Pre-natal care under	Pre-natal care under Medicaid in	To receive any medical assistance
	Pre-natal care under Medicaid in Kansas is	Kansas covers all necessarily pre-natal medical services,	in Kansas (except for SOBRA), an applicant must meet residency,
	available only to <u>U.S.</u>	including pre-natal physician	citizenship or immigration status,
	citizens and qualified non-	visits, ultrasound or fetal non-	and income requirements. While
	citizens that meet standard	stress tests, delivery, and post-	no period of residency is required
	income and residency	natal care up to 60 days. (Kan.	as a condition of eligibility, the
	requirements (i.e., lawfully	Family Med. Assistance Man.	applicant must have the intent to
	present in the U.S. who	§2302)	remain indefinitely in Kansas.
	entered the U.S. before		(Kan. Family Med. Assistance
	August 22, 1996 or to those		Man. §§2041, 2051, Kan. Econ.
	who entered on or after		& Employment Support Man.
	August 22, 1996 and who		§2140)
	have maintained the status		A magnant warman is aliaible for
	for 5 years).		A pregnant woman is eligible for medical assistance based on
	Healthwave 21		income level that does not exceed
	Healthwave 21 is the SHCIP		150% of the federal poverty level.
	program in Kansas and is		(Kan. Family Med. Assistance
	also available only to <u>U.S.</u>		Man. §2211)
	citizens and qualified non-		
	<u>citizens</u> . Qualified non-		Income is based on earned and
	citizen women under 20		unearned income of the pregnant
	years old who do not meet		woman and the father of the
	Medicaid poverty levels to		unborn child if the father lives
	be eligible for Healthwave 19 may still be covered		with the pregnant woman. A monthly countable income level
	under Healthwave 21.		is based on family size. Family
	under Heurinwave 21.		size is determined by counting the
	SOBRA (Emergency		pregnant woman, the unborn
	Medicaid)		child, and the father of the unborn
	Labor and delivery services		child if the father lives with the
	are available to non-		pregnant woman. If the pregnant
	qualified aliens under		woman lives with her parents,
	SOBRA. However,		then the parents are included. If
	SOBRA does not provide		the income is below the standard
	for pre-natal care (i.e.,		income level of the following

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for Qualified and Non-		
	Qualified Immigrants		
	medical care before birth). (Kan. Econ. & Employment Support Man. §2690)		chart, the pregnant woman qualifies for Medicaid:
	Support Mail. §2070)		Family Size Monthly Income Standard \$1,650 3 \$2,075 4 \$2,500 5 \$2,925 6 \$3,350 (http://www.srskansas.org/service s/ medical assistance.htm)
			Expedited Approval Applications for pregnant women who meet income level requirements are expedited to issue a medical card within 10 days from the date of the application to provide immediate, temporary coverage for prenatal care pending a formal application review process. Verification of whether the applicant meets the other eligibility requirements are postponed to meet the 10-day requirement.
			See following link for additional information:
			http://www.da.ks.gov/hpf/medical policy/ MedicalAssistance/medassist_pre gnant_women.htm
Kentucky	KenPAC Pre-natal care under Medicaid is available only to <u>U.S. citizens</u> and qualified non-citizens that meet standard income and residency requirements. (i.e., lawfully present in the U.S. who entered the U.S.	Pre-natal care under full Medicaid benefits cover all medically necessary services related to pregnancy, maternity, and newborn care. See the following link for more details:	To receive KenPAC, an applicant must meet residency and income requirements. No period of residency is required as a condition of eligibility. Conditions for determining state residency is based on 42 C.F.R. §435.403. (907 Ky. Admin. Regs. 1:011(12))
	before August 22, 1996 or to those who entered on or after August 22, 1996 and who have maintained the	http://chfs.ky.gov/dms/services.h tm Presumptive Eligiblity Presumptive Eligiblity	Presumptive Eligibility Presumptive Eligibility ("PE") is a program designed to provide
	status for 5 years). Emergency Medicaid	Pre-natal coverage under PE is limited to ambulatory outpatient pre-natal care services including	immediate, temporary coverage for prenatal care pending a formal application for full Medicaid

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non-		
	Qualified Immigrants		
	Normal delivery of a baby is considered an emergency and is covered by the emergency Medicaid provisions for unqualified non-citizens. While coverage period includes the month of delivery and the following month, pre-natal or postpartum care are not covered. (Operation Manual, Vol. 1, MS 2075). Presumptive Eligibility Limited pre-natal care may be available to unqualified non-citizens through the presumptive eligibility program, which allows pregnant women to get temporary medical coverage while applying for full Medicaid benefits.	services from primary care provider, laboratory services, x-ray services, dental services, emergency room services, emergency and non-emergency transportation, and pharmacy services. (907 Ky. Admin. Regs. 1:810 §6)	benefits. Any woman who thinks she is pregnant and whose family income is under a certain amount is eligible for PE. To be eligible for PE, the woman: - must be pregnant; - is a resident of Kentucky; - have not yet applied for Medicaid; - has not been previously granted PE for the same pregnancy; and - income is less than the amount below. Family Size Monthly Income* 2 no more than \$1,978 3 no more than \$2,481 4 no more than \$2,984 5 no more than \$3,486 6 no more than \$3,486 6 no more than \$3,989 * changes every year.
Louisiana	Medicaid	Medicaid	Medicaid
	Female Medicaid Recipients of child bearing age are eligible for Medicaid. To receive these Medicaid benefits, the pregnant woman's family income must not be greater than 200 percent of the federal poverty level. Eligibility criteria for pregnant adolescents are based on the income of the pregnant adolescent and not on the income of her parents. Full Medicaid benefits are available to qualified aliens who entered the U.S. before August 22, 1996 or to those	Covered services include office visits, lab services and "other pre and post natal care" and delivery. Medicaid recipients are eligible for prescription drug benefits. Undocumented immigrants and qualified aliens who are otherwise ineligible for Medicaid are eligible for emergency services and/or emergency labor and delivery services. Routine prenatal care is not included in this category. Nurse Family Partnership ("NFP")	To receive Medicaid, an applicant must meet residency and income requirements. The applicant must fill an application form and apply via mail or personally at a local Medicaid office or application center. No face-to-face interview is required. Each Parish maintains a Medicaid office. Starting July 1, 2006, all Medicaid applicants and enrollees will have to provide original documents to prove citizenship and identity. A decision will be made and the applicant will be notified within 45 days (with some exceptions) after application. If the

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non- Qualified Immigrants		
	Who entered on or after August 22, 1996 and who have maintained the status of qualified alien for five (5) years. However, the five (5) year limitation does not apply to certain aliens including refugees, asylees and "battered immigrants." Louisiana has presumptive Medicaid eligibility for pregnant women. A Medicaid eligibility representative said that	The NFP nurses are scheduled to visit families once a week for the first month after registration and then every other week through delivery. After delivery, the nurses are scheduled to visit once a week for the first six weeks and then every other week until the 21st month postpartum. From 21 to 24 months postpartum, the nurses visit once a month. LaMOMS	application is based on disability, it may take up to 90 days. Coverage may start as early as 3 months before the month of application. The applicant may be reimbursed for services incurred between application and registration provided the service provider is an eligible Medicaid provider and the applicant was eligible on the date that the service was rendered. There is no program to provide pregnant women with interim care while waiting for their
	undocumented immigrants could receive services at charity hospitals or federally-funded clinics. 24 Louisiana Register 601 Nurse Family Partnership ("NFP")	LaMOMS pays for pre-natal pregnancy-related services, delivery and care up to 60 days after pregnancy ends including doctor visits, lab work/tests, prescription medicines and hospital care.	nurse Family Partnerships ("NFP") NFP requires a physician's statement, medical records and legal documents and/or birth certificates to prove eligibility for the program.
	First-time mothers under the age of 21 that are eligible for Medicaid and are less than 28 weeks of gestation qualify for the NFP Program provided that their income is less than 200 percent of the federal poverty level. Legal documents and/or birth certificate are required to prove eligibility for this program. For more information, see link Nurse Family Partnership Program LaMOMS is no cost booth.		Only eligible Medicaid recipients can qualify for the NFP program. LaMOMS Applicants must fill out an application form. If needed, someone can assist in completing the form. You can get an application form from the Medicaid office in the parish of residence, at any of the participating Medicaid Application Centers, from the Web site by clicking: http://www.dhh.louisiana.gov/offices/publications.asp?ID=137&Detail=99 or by calling 1-888-342-6207. The application form with the applicant's information can be
	LaMOMS is no-cost health coverage for any pregnant women, married or single, who fall into new expanded		mailed to the local Medicaid office. Pregnant women may get

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non- Qualified Immigrants		
	income guidelines. Eligibility for LaMOMS is based on elgibility for Medicaid. Undocumented immigrants otherwise ineligible for Medicaid may be eligible for emergency services and labor and delivery services. For More Information, see links Frequently Asked Questions		coverage while waiting for their eligibility to be decided.
Maine	Maine's Medicaid program is called MaineCare. Under MaineCare, an alien who is not lawfully admitted for permanent residence in the US or permanently residing in the US under color of law ("nonqualified alien") are not eligible for prenatal care except as provided by Medicaid as a qualifying "emergency service." Nonqualified aliens must otherwise meet income eligibility requirements. Income must not exceed 200% of Federal Poverty Level (FPL): Single with annual income of \$19,140 or less Married with annual combined income of \$25,660 or less There is no resource limit.	Presumptive eligibility: Maine's Medicaid program provides for presumptive eligibility for all pregnant women. Presumptive eligibility allows uninsured pregnant women to obtain immediate prenatal care while their Medicaid eligibility is being processed. Undocumented women receive important care during the processing period while their Medicaid eligibility is being processed.	At a minimum, labor and delivery are considered emergency services and available to all aliens, qualified or otherwise. Documented Aliens are eligible for the following early prenatal services: Early prenatal services is a visit which provides a recipient with a start in her prenatal care and counseling on the importance of continued, regular prenatal care. The continuation of prenatal care is established during this visit with a confirmed appointment to a prenatal provider. A prenatal provider is a professional providing services within the scope of practice of his or her profession as defined by State Law and licensed under State Law to practice medicine or osteopathy, or a professional who is currently licensed to practice in the State as a registered professional nurse and is legally authorized under State law or regulations to practice as a nurse-midwife in collaboration with a licensed physician.
	Family Planning Services - I qualify for this benefit progra		The family planning agency will maintain a list of at least three prenatal providers who will

State	Programs that Provide	Coverage	Eligibility/Application Process
State	Pre-Natal Services for	Coverage	Englomey/Application r rocess
	Qualified and Non-		
	Qualified Immigrants		
	characterize your financial sit	uation as very	accept clients for continued care
	low income, you or your fam		from which the client may
	member must be pregnant, or		choose. Family planning
	parent or primary caregiver re		agencies may only provide early
	children under the age of 19 y	ears.	prenatal visits under a written
			physician's protocol. The prenatal provider must agree to accept
	Description		results of any laboratory tests
	The purpose of the Family Pla		completed at the early prenatal
	Program is to assist in the esta		visit, and the family planning
	operation of voluntary family		agency must transfer copies of
	projects which consist of the comprehensive medical, and		client records to the prenatal
	necessary to aid individuals to		provider. To ensure continuity of
	freely the number and spacing		care, the family planning agency
	children.	p - · · · 	will use the medical chart of the
			prenatal provider receiving the
	Managing Organization		referral.
	U.S. Department of Health an	d Human	
	Services		
	http://www.hhs.gov/		
	Program contact information	n & web	
	resources	,	
	For more information please		
34 1 1	http://opa.osophs.dhhs.gov/tit	•	
Maryland	Children's Health Program	Children's Health Program	Children's Health Program
	Trogram	Children's Health Program	Applicants must file an
	Children's Health Program	benefits for qualified aliens and	application with the Local
	benefits are available to	refugees and asylees include	Department of Social Services
	qualified aliens who entered	prenatal and post-partum doctor	("LDSS") in the city or county
	the U.S. before August 22,	visits; hospital delivery; doctor	where they live.
	1996 or to those who	visits not related to pregnancy;	
	entered on or after August	lab work and tests; dental care;	For more information on
	22, 1996 and who have		
Ī		vision care; prescription	Maryland's MCHP program:
	maintained the status of	medicines (including vitamins);	http://www.dhmh.state.md.us/mm
	maintained the status of qualified alien for 5 years	medicines (including vitamins); transportation to medical	
	maintained the status of	medicines (including vitamins);	http://www.dhmh.state.md.us/mm
	maintained the status of qualified alien for 5 years who meet income (up to	medicines (including vitamins); transportation to medical appointments; mental health	http://www.dhmh.state.md.us/mm a/mchp/
	maintained the status of qualified alien for 5 years who meet income (up to 25% of FPL) and residency requirements. However, the 5 year limitation does not	medicines (including vitamins); transportation to medical appointments; mental health services; substance abuse	http://www.dhmh.state.md.us/mma/mchp/ To locate an LDSS:
	maintained the status of qualified alien for 5 years who meet income (up to 25% of FPL) and residency requirements. However, the 5 year limitation does not apply to certain aliens	medicines (including vitamins); transportation to medical appointments; mental health services; substance abuse services; and after delivery, family planning services.	http://www.dhmh.state.md.us/mma/mchp/ To locate an LDSS: http://www.dhmh.state.md.us/mm
	maintained the status of qualified alien for 5 years who meet income (up to 25% of FPL) and residency requirements. However, the 5 year limitation does not apply to certain aliens including refugees and	medicines (including vitamins); transportation to medical appointments; mental health services; substance abuse services; and after delivery, family planning services. Coverage continues for the	http://www.dhmh.state.md.us/mma/mchp/ To locate an LDSS: http://www.dhmh.state.md.us/mm
	maintained the status of qualified alien for 5 years who meet income (up to 25% of FPL) and residency requirements. However, the 5 year limitation does not apply to certain aliens	medicines (including vitamins); transportation to medical appointments; mental health services; substance abuse services; and after delivery, family planning services. Coverage continues for the postpartum period until the end	http://www.dhmh.state.md.us/mma/mchp/ To locate an LDSS: http://www.dhmh.state.md.us/mm
	maintained the status of qualified alien for 5 years who meet income (up to 25% of FPL) and residency requirements. However, the 5 year limitation does not apply to certain aliens including refugees and asylees.	medicines (including vitamins); transportation to medical appointments; mental health services; substance abuse services; and after delivery, family planning services. Coverage continues for the postpartum period until the end of the 2nd month following the	http://www.dhmh.state.md.us/mma/mchp/ To locate an LDSS: http://www.dhmh.state.md.us/mm
	maintained the status of qualified alien for 5 years who meet income (up to 25% of FPL) and residency requirements. However, the 5 year limitation does not apply to certain aliens including refugees and asylees. Qualified aliens that have	medicines (including vitamins); transportation to medical appointments; mental health services; substance abuse services; and after delivery, family planning services. Coverage continues for the postpartum period until the end	http://www.dhmh.state.md.us/mma/mchp/ To locate an LDSS: http://www.dhmh.state.md.us/mm
	maintained the status of qualified alien for 5 years who meet income (up to 25% of FPL) and residency requirements. However, the 5 year limitation does not apply to certain aliens including refugees and asylees. Qualified aliens that have not been in the country for	medicines (including vitamins); transportation to medical appointments; mental health services; substance abuse services; and after delivery, family planning services. Coverage continues for the postpartum period until the end of the 2nd month following the end of the pregnancy.	http://www.dhmh.state.md.us/mma/mchp/ To locate an LDSS: http://www.dhmh.state.md.us/mma/dss/index.html
	maintained the status of qualified alien for 5 years who meet income (up to 25% of FPL) and residency requirements. However, the 5 year limitation does not apply to certain aliens including refugees and asylees. Qualified aliens that have not been in the country for five years and are not	medicines (including vitamins); transportation to medical appointments; mental health services; substance abuse services; and after delivery, family planning services. Coverage continues for the postpartum period until the end of the 2nd month following the	http://www.dhmh.state.md.us/mma/mchp/ To locate an LDSS: http://www.dhmh.state.md.us/mm
	maintained the status of qualified alien for 5 years who meet income (up to 25% of FPL) and residency requirements. However, the 5 year limitation does not apply to certain aliens including refugees and asylees. Qualified aliens that have not been in the country for	medicines (including vitamins); transportation to medical appointments; mental health services; substance abuse services; and after delivery, family planning services. Coverage continues for the postpartum period until the end of the 2nd month following the end of the pregnancy.	http://www.dhmh.state.md.us/mma/mchp/ To locate an LDSS: http://www.dhmh.state.md.us/mma/dss/index.html

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for	<u> </u>	
	Qualified and Non-		
	Qualified Immigrants	11.	
	(due to budget constraints). Emergency Medicaid	labor and delivery.	Department of Social Services in the city or county where they live. No social security number is required for emergency medical
	Qualified aliens that have		coverage.
	not been in the country for		To locate on LDCC.
	five year and are not refugees or ayslees, and non-qualified aliens may obtain emergency services		To locate an LDSS: http://www.dhmh.state.md.us/mm a/dss/index.html
	(including labor and delivery) if they meet income and residency		
	requirements. Md. Code Regs. 10.09.24.05. The income and residency		
	requirements are the same as those general requirements for Medicaid		
	eligibility. No period of residency is required as a condition of eligibility;		
	however, the applicant must		
	have the intent to remain		
	indefinitely in Maryland.		
	Md. Code Regs. 10.09.24.05.		
	10.09.24.05.		
Massachusett s	MassHealth Standard	MassHealth Standard	MassHealth Standard
	Full MassHealth Standard	MassHealth Standard provides a	To receive any MassHealth
	benefits are available to	full range of coverage for	benefits, an applicant must submit
	qualified aliens who entered the U.S. before August 22,	hospital services; doctor visits; laboratory tests; prescription	a Medical Benefit Request ("MBR") to any MassHealth
	1996 or to those who	drugs; mental health services;	Enrollment Center or MassHealth
	entered on or after August	durable medical equipment;	Outreach worker at a designated
	22, 1996 and who have	including benefits during	outreach site. 130 Mass. Code
	maintained the status of qualified alien for 5 years.	pregnancy.	Regs. 502.001. A social security number is required for
	However, the 5 year		MassHealth Standard benefits.
	limitation does not apply to		Coverage begins on the 10th day
	certain aliens including		before the date the MBR is
	refugees and asylees. Qualified aliens must also	MassHealth Prenatal	received. 130 Mass. Code Regs. 505.008.
	meet the category, income,	Massicani i i Chadi	503.000.
	and residency requirements	MassHealth Prenatal provides	
	for MassHealth Standard.	for ambulatory prenatal care	MassHealth Prenatal
	MassHealth Prenatal	(i.e., routine doctor visits) provided by a MassHealth provider. MassHealth Prenatal	To receive any MassHealth benefit, an applicant must submit
	MassHealth Prenatal	does not cover labor or delivery	a Medical Benefit Request

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for	-	
	Qualified and Non-		
	Qualified Immigrants benefits are available to	services.	("MBR") to any MassHealth
	qualified aliens who entered	services.	Enrollment Center or MassHealth
	the U.S. before August 22,		Outreach worker at a designated
	1996 or to those who		outreach site. 130 Mass. Code
	entered on or after August		Regs. 502.001. A social security
	22, 1996 and who have		number is required for
	maintained the status of		MassHealth Prenatal benefits.
	qualified alien for 5 years.		Coverage begins on the 10th day
	However, the 5 year		before the date the MBR is
	limitation does not apply to		received. 130 Mass. Code Regs.
	certain aliens including		505.008.
	refugees and asylees. Qualified aliens must also		Proof of income is not required
	meet the category and	MassHealth Limited	for MassHealth Prenatal. Thus,
	residency requirements for	ividistricular Elimited	people may be eligible for
	MassHealth Standard, and	MassHealth Limited only	coverage before their eligibility
	an income limitation (but it	provides services for treatment	for other MassHealth coverage
	is more lenient than	of a medical condition	can be determined. MassHealth
	MassHealth Standard)	(including labor and delivery)	Prenatal is intended to cover
		that manifests itself by acute	individuals for a 60 day period.
		symptoms of sufficient severity that the absence of immediate	MassHealth Limited
		medical attention reasonably	Massiteattii Liinted
		could be expected to result in:	To receive any MassHealth
	MassHealth Limited	(1) placing the member's health	benefit, an applicant must submit
		in serious jeopardy, (2) serious	a Medical Benefit Request
	In Massachusetts, non-	impairment to bodily functions,	("MBR") to any MassHealth
	qualified aliens may obtain	(3) serious dysfunction of any	Enrollment Center or MassHealth
	MassHealth Limited	bodily organ or part. 130 Mass.	Outreach worker at a designated
	benefits if they meet the requirements for	Code Regs. 450.105(G). Organ transplants are not covered	outreach site. 130 Mass. Code Regs. 502.001. No social security
	MassHealth Standard (e.g.,	services. 130 Mass. Code Regs.	number is required for
	classification, income, and	450.105(G).	MassHealth Limited benefits.
	residency requirements, but	, ,	Coverage begins on the 10th day
	not citizenship) and have an	Healthy Start Program	before the date the MBR is
	emergency medical		received. 130 Mass. Code Regs.
	condition.	HSP covers prenatal care and 60	505.008.
	No period of residency is	days of postpartum care. Benefits provided include all	
	required as a condition of	medical care necessary to	
	eligibility; however, the	maintain health during the	
	applicant must have the	course of the pregnancy and	
	intent to remain indefinitely	delivery including: primary and	
	in Massachusetts. 130	specialty visits; outpatient	Healthy Start Program
	Mass. Code Regs. 503.002.	behavioral visits; radiology and	
		laboratory visits; amniocentesis;	An applicant should apply for
		durable medical equipment and	MassHealth. MassHealth will
	Healthy Start Program	supplies; home nursing visits; office visits; inpatient delivery	refer names of pregnant women who do not qualify for
	("HSP")	and services (covered by	MassHealth and those who solely
	,	MassHealth Limited);	qualify for MassHealth Limited to
	Pregnant women who are	postpartum obstetric and	the Healthy Start Program.

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for	S	0 , 11
	Qualified and Non-		
	Qualified Immigrants		
	non-qualified aliens and their unborn child are eligible for HSP if they (1) meet certain income limits; (2) are a resident of Massachusetts; (3) are not eligible for any other MassHealth coverage type (except MassHealth Limited); and (4) are not otherwise insured for medically necessary pregnancy related care. Mass. Gen. Laws ch. 118E, § 10E; 130 Mass. Code Regs. 522.005. No period of residency is required as a condition of eligibility; however, the applicant must have the intent to remain indefinitely in Massachusetts. Gen.	Gen. Laws ch. 118E, § 10E; 130 Mass. Code Regs. 522.005.	Free Care An applicant must apply for MassHealth at any MassHealth Enrollment Center or MassHealth Outreach worker at a designated outreach site
Michigan	Free Care (Uncompensated Care Pool) Free Care is available to Massachusetts residents meeting certain income limits. Immigration status is not relevant. Maternity Outpatient Medical Services (MOMS)	MOMS The MOMS coverage	For more information visit www.mass.gov/dhcfp MOMS Local public health departments and Federally
	Pursuant to SCHIP and the 2002 HHS opinion, Michigan has applied for and received federal approval to expand prenatal care to the unborn children of low-income pregnant women. HHS Approval Press	The MOMS coverage period is from the beginning of pregnancy through two calendar months following the month the pregnancy ends, regardless of the reason. Coverage is limited to the following outpatient pregnancy and postpartum-	departments and Federally Qualified Health Centers assist with the MOMS application process by: • Assisting the woman over the telephone and making appointments with eligible/interested women. • Advising the applicant of any verification requirements and

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non-		
	Qualified Immigrants Release	related services:	assisting
	Maternity Outpatient		in securing any required
	Medical Services (MOMS)	Prenatal care and pregnancy-	documentation.
	is a health coverage	related care	• Completing or assisting in the
	program operated by the	Pharmaceuticals and	completion of the MSA-1142,
	Department of Community	prescription vitamins	MOMS Enrollment Notice.
	Health (DCH). MOMS	Laboratory	• Completing the DCH-1164,
	provides prenatal and	 Radiology and ultrasound 	Guarantee of Payment for
	postpartum outpatient	 Maternal Support Services 	Pregnancy-
	pregnancy-related services	Childbirth education	Related Services.
	to women who are pregnant	Labor and delivery (including	
	or recently pregnant and	live birth, miscarriage, ectopic	DCH reviews the
	who are	pregnancy	application, verifies eligibility,
	not eligible for Medicaid.	and stillborn).	establishes the coverage period.
	(The Department of Health	Note: Outpatient deliveries are	MOMS Eligibility and
	Services, "DHS", says that	not covered.	Application Process
	individuals determined eligible for MOMS meet all	Outpatient hospital carePostpartum care through two	
	criteria for Medicaid	calendar months after the	
	Eligibility.)	pregnancy	
	Eligiolity.)	ends	
	MEDICAID	Other pregnancy-related	
	_	services approved by DCH	
	Ordinarily,		
	undocumented immigrant	MEDICAID	
	women are not eligible for		
	full Medicaid coverage	Aliens who are not otherwise	
	unless they are "qualified	eligible for full Medicaid	
	aliens." Rather, they are	because of immigration status	
	eligible for ESO Medicaid	may be eligible for Emergency	
	(Emergency Services Only) if they meet all other	Services Only (ESO) Medicaid. For the purpose of ESO	
	eligibility factors, including	coverage, federal Medicaid	
	residency. The Michigan	regulations define an emergency	
	DHS defines residency to	medical condition (including	
	include one who lives in	emergency labor and delivery)	
	Michigan, except for a	as a sudden onset of a physical	
	temporary absence, with the	or mental condition which	
	intent to remain in Michigan	causes acute symptoms,	
	permanently or indefinitely	including severe pain, where the	
	or has entered the states	absence of immediate medical	
	with the intention to seek	attention could reasonably be	
	employment. Emergency	expected to:	
	services include labor and	• Place the person's	
	delivery, but not prenatal care.	health in serious jeopardy, or	
	care.	neardi in serious jeopardy, or	
	Women who are eligible	• Cause serious	
	for ESO Medicaid are	impairment to bodily functions,	
	automatically eligible for	or	
	MOMS. Assuming that the		
i e	undocumented women can	 Cause serious 	

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non- Qualified Immigrants		
	qualify for ESO Medicaid,	dysfunction of any bodily organ	
	they will be eligible for	or part.	
	MOMS providing that they		
	meet the Michigan	ESO Medicaid Coverage	
	residency requirement.		
	Legal Aid organizations		
	report		
	that new Michigan		
	regulations and caseworker		
	interpretations have made it		
	more difficult to establish residency in recent years.		
	residency in recent years.		
	Michigan Poverty Law		
	Program Legal Alert		
	N. 1. N. 1		
	Michigan Medicaid Eligibility		
	Eligibility		
	Federal SCHIP		
	Regulations prohibit states		
	from precluding a child		
	from consideration as a state		
	resident if the child is physically located in the		
	state and is not		
	institutionalized or a ward		
	of the state. Under the HHS		
	Opinion a fetus is		
	considered to be a child, and		
	thus is eligible for SCHIP coverage.		
	coverage.		
Minnasata	Minnegate Care	Minnegete Care	Minnesota Care
Minnesota	Minnesota Care Minnesota provides for	Minnesota Care Coverage includes "prenatal care	Pregnant women apply for
	coverage for unborn	and associated health services	prenatal coverage under
	children with family	from conception to birth." Once	Minnesota Care by filling out an
	incomes up to 275 percent	enrolled, women will receive the	application and mailing it to:
	of the federal poverty line	standard Medicaid benefit	Minnesota Care, P.O. Box 64838,
	and who are not otherwise eligible for Medicaid. This	package that includes prenatal care for the mother and her	St. Paul MN 55164
	includes coverage for	unborn child.	Additionally, one can mail the application to the county offices
	pregnant undocumented	The standard Medicaid coverage	listed in the link below.
	immigrants as Minnesota	includes:	County Offices that Process
	has extended SCHIP		<u>Applications</u>
	funding to pregnant women	· Initial and subsequent	MinnesotaCare will
	and their unborn children.		review the application all will

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		S
	Qualified and Non-		
	Qualified Immigrants		
	Minnesota SCHIP Funding	history;	send out notification within 30-45
	Emergency Medical		days informing the applicant of
	Assistance ("EMA")	· Physical examinations;	eligibility. Pregnant women must
	Undocumented	•	provide medical verification of
	immigrants are not eligible	· Recording of weight,	their pregnancy.
	to receive Medical	blood pressure, and fetal heart	MinnesotaCare Application
	Assistance (Minnesota's	tones;	Process
	version of Medicaid).	,	
	EMA is available to	· Routine chemical	
	non-citizens who are not	urinalysis;	
	eligible for federally-funded MA because of their	,	
		· Monthly visits up to 28	
	immigration status. This includes undocumented and	weeks gestation;	
	non-immigrant people, as	, , ,,, ,,, ,,, ,,, ,,, ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	
	well as non-qualified non-	· Biweekly visits up to 36	
	citizens who might also be	weeks gestation; and	
	eligible for the state-funded	tono geomitori, una	
	MA program.	· Weekly visits until	
	To qualify for EMA,	delivery.	
	non-citizens must meet all	denvery.	
	MA eligibility requirements	Minnesota Medicaid Covered	
	not related to immigration	Services	
	status. They must have an	Babies born to women who are	
	MA basis, be Minnesota	covered by one of Minnesota's	
	residents and meet	health care programs are covered	
	applicable income and asset limits.	through the month of their first	
	A qualifying	birthday as long as the baby	
	emergency for EMA may be	continues to live with the mother	
	either a short-term, acute	and reside in Minnesota.	
	condition (including labor	Care is provided through the	
	and delivery) or an ongoing	current Medicaid delivery	
	chronic condition. For short-	system.	
	term emergencies, eligibility	Minnesota SCHIP Program	
	exists for the duration of the		
	emergency only and may		
	begin or end mid-month.		
	EMA for services related to		
	chronic conditions meeting		
	the emergency definition		
	may continue indefinitely.		
	EMA does not include prenatal care.		
	Emergency Medical		
	Assistance Information		
Mississippi	An alien who is not lawfully	The term "emergency medical	Inquiries regarding eligibility for
1.11551551pp1	admitted for permanent	condition" means the sudden	coverage of emergency services
	residence in the US or	onset of a medical condition	under Medicaid may be by
	permanently residing in the	(including emergency labor and	contacting the regional Medicaid
	US under color of law	delivery) manifesting itself by	office. A listing may be found at:
	("nonqualified alien") is not	acute symptoms of sufficient	

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for Qualified and Non- Qualified Immigrants		
	eligible for Medicaid except emergency services. Nonqualified aliens must otherwise meet eligibility requirements, i.e., federally mandated income and resource standards. http://www.dom.state.ms.us/ CHIP/chip.html	severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in any of the following: (1) Placing the patient's health in serious jeopardy; (2) Serious impairment to bodily functions; or (3) Serious dysfunction to any bodily organ; or part. Specifically excepted from this definition are care and services related to either an organ transplant procedure or routine prenatal or post-partum care. Labor and delivery are the only emergency services predetermined to be covered by Medicaid. All other conditions must be submitted to the Eligibility Department of the Mississippi Medicaid office for case-by-case review and approval.	http://www.dom.state.ms.us/CHI P/chip.html Unqualified aliens need not be verified through SAVE (Systematic Alien Verification for Entitlements) Program. Questions regarding eligibility may also be directed to: Mississippi Division of Medicaid Eligibility Division 1-800-421-2408
Missouri	Medicaid: An alien who is not lawfully admitted for permanent residence in the US or permanently residing in the US under color of law ("nonqualified alien") are not eligible for prenatal care except as provided by Medicaid as a qualifying "emergency service." Nonqualified aliens must otherwise meet income eligibility requirements. Income must not exceed 200% of Federal Poverty Level (FPL): Single with annual income of \$19,140 or less Married with annual combined	Applicants must contact the Family Support Division (FSD) office in the county where he or she lives. FSD offices by county may be found at the following link: http://www.dss.mo.gov/fsd/office/index.htm If the qualified provider makes an assessment that a pregnant woman is eligible for TEMP, the qualified provider issues her a white paper temporary ID card. The recipient may then obtain ambulatory prenatal services from any Medicaid-enrolled provider. If the woman makes a formal application for Medicaid or MC+ with the Family Support	Emergency medical services are those health care items and services furnished that are required to evaluate or stabilize a sudden and unforeseen situation or occurrence or a sudden onset of a medical or mental health condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the failure to provide immediate medical attention could reasonably be expected by a prudent lay person, possessing average knowledge of health and medicine, to result in: • placing the patient's physical or mental health (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non- Qualified Immigrants		
	income of \$25,660 or less There is no resource limit. Missouri Medicaid provides for presumptive eligibility for all pregnant women. Presumptive eligibility allows uninsured pregnant women to obtain immediate prenatal care while their Medicaid eligibility is being processed. Undocumented women receive important care during the processing period while their Medicaid eligibility is being processed. TEMP: Missouri Meidcaid eligibility is being processed. TEMP: Missouri Meidcaid Provider Manual Section 1.5.J. Temp Recipients - The purpose of the Temporary Medicaid During Pregnancy (TEMP) Program is to provide pregnant women with access to ambulatory prenatal care while they await the formal determination of Medicaid or MC+ eligibility. Certain qualified providers, as determined by the Family Support Division, may issue TEMP cards. These providers have the responsibility for making limited eligibility determinations for their patients based on preliminary information that the patient's family income does not exceed the applicable MC+ for Pregnant Women income standard for a family of the same size.	Division during the period of TEMP eligibility, her TEMP eligibility is extended while the application is pending. If application is not made, the TEMP eligibility ends in accordance with the date shown on the TEMP card. Infants born to mothers who are e the TEMP Program are not autom eligible for Medicaid benefits. Infregarding Automatic Medicaid El Newborn Children is addressed in Providers and recipients can obtain the name of Medicaid enrolled Qualified Providers in their service area by contacting the local Family Support Division Office. Providers may call Provider Relations at (573) 751-2896 and recipients may call Recipient Services at (800) 392-2161 for questions regarding TEMP.	to others; or with respect to a pregnant woman who is having

State	Programs that Provide Pre-Natal Services for Qualified and Non- Qualified Immigrants	Coverage	Eligibility/Application Process
	http://manuals.momed.com/lpBin22/lpext.dll?f=templates&fn=main-j.htm&2.0 State-funded: Under state funded programs, all pregnant women, regardless of immigration status, are eligible for outpatient prenatal care. http://www.nilc.org/pubs/guideupdates/tbl10 state-medasst_2006-01.pdf http://www.latinainstitute.org/pdf/PrenatalCare-2.pdf		
Montana	Programs that Cover Qualified Aliens Montana Medicaid provides outpatient prenatal care. MCA 53-6-101. Programs that Cover Undocumented Immigrants Montana does not appear to provide prenatal care to undocumented immigrants. Under Nevada's Medicaid	Montana Medicaid provides outpatient prenatal care (obstetrician or nurse midwife), which includes all prenatal visits, delivery (in hospital), and a six-week postpartum checkup. http://www.dphhs.mt.gov/medicaid	Pregnant women are presumptively eligible for Montana Medicaid. To apply for presumptive eligibility, a woman must apply with a Qualified Presumptive Eligibility Provider ("QPEP") (e.g., City/County Health Department, Family Planning Clinic). If the QPEP determines that she is presumptively eligible, prenatal care will be provided for 45 days or until her local County Office of Public Assistance processes her

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non- Qualified Immigrants		
	program, undocumented		application and determines that
	immigrants are entitled to		she is eligible for Medicaid,
	emergency services only.		whichever comes first.
	In addition, Montana CHIP		Applications are available at each
	did not elect to expand to		local County Office of Public
	cover the period from		Assistance. Call the Montana
	conception to birth.		Medicaid Help Line at 1.800.362.8312.
	Montana does have a		
	program called MIAMI (The Montana Initiative for		
	the Abatement of Mortality		
	in Infants Act). MIAMI		
	provides home visiting		
	services to high-risk pregnant women, their		
	infants, and infants		
	identified at risk for special		
	health care needs. If an		
	undocumented expectant		
	mother is identified as "high risk," she may be eligible		
	for services under MIAMI,		
	notwithstanding her		
	immigration status		
	MCA 50-19-311.		
	Information about MIAMI		
	can be found at		
	http://www.dphhs.mt.gov/P HSD/family-health/home-		
	visiting/home-visiting-		
	miami.shtml		
Nebraska	Kids Connection (which	During the pregnancy and for	The expectant mother must
	encompasses both Nebraska CHIP and Nebraska	60 days after the birth of the child, the mother is covered for	complete an application and send it to Kids Connection, P.O. Box
	Medicaid) provides	all necessary health care,	94926, Lincoln, NE 68509-4926
	coverage for pregnant	including the following: doctor	or take it to her local Health and
	women without regard to	visits; hospital charges; blood	Human Services (HSS) office.
	immigration status.	and urine tests; specialist care, if needed; ultrasound services;	The application requires proof of income (income cannot exceed
	http://www.hhs.state.ne.us/	medications (including prenatal	185% of the federal poverty
	med/kidsconx.htm	vitamins); delivery; and post-	level). One month's pay stubs or
		partum check-up.	a letter from an employer will
	The <i>child</i> applying for Kids		satisfy this requirement if the
	Connection must be a	MAC Mom coverage also	expectant mother is working.
	citizen of the United States	includes dental exams and	

Programs that Provide	Coverage	Eligibility/Application Process
Pre-Natal Services for		S. I. I.
Qualified and Non-		
legal permanent resident or a qualified alien. However, the pregnant woman herself need not be a qualified alien. (I confirmed this information with Becky Gould at Nebraska Appleseed. 402.438.8853 x 102.) The immigrant mother is considered a "MAC Mom" MAC stands for Medical Assistance for Children. Because the mother does not qualify for Medicaid, health benefits are provided to the unborn baby.	health counseling; family planning; and circumcision for the baby.	The application can be downloaded at http://www.hhs.state.ne.us/med/kidsconxapp.htm . Applications are also available at local HHS office and by calling 1.877.NEB KIDS (1.877.632.5437) to request an application. Once HHS receives the application, it can take up to 30 days for the review to be completed. If a caseworker does not call the expectant mother within 30 days, she can call 402.471.7000 for an update. More information is available by calling 1.877.NEB KIDS (1.877.632.5437) or visiting http://www.hhs.state.ne.us/med/kidsconxfaq.htm .
Programs that Cover Qualified Aliens Nevada's Medicaid program for pregnant women is CHAP (Child Health Assurance Program). See http://www.dhcfp.state.nv.usfor more information. Programs that Cover Undocumented Immigrants Nevada does not appear to provide prenatal care to undocumented immigrants. Under Nevada's Medicaid program, undocumented immigrants are entitled to true emergency services only.	CHAP covers prenatal visits, lab work, and tests (such as an ultrasound), labor and delivery charges, anesthesia, a hospital stay (up to 48 hours after a vaginal birth and 96 hours after a Cesarean section), and a sixweek postpartum check up. The woman may elect to see either an OB/GYN or a certified nurse midwife.	CHAP Eligibility: Pregnant women are not presumptively eligible. Income cannot exceed 133% of the federal and resources cannot exceed \$2,000. However, a pregnant woman who is eligible for CHAP during any month in her pregnancy remains eligible for pregnancy-related and postpartum care even if her income changes. To apply, the woman must contact her local Division of Welfare and Supportive Services office. For more information call the Nevada Medicaid Central Office at 775.684.3600.
	Qualified Immigrants or in the United States as a legal permanent resident or a qualified alien. However, the pregnant woman herself need not be a qualified alien. (I confirmed this information with Becky Gould at Nebraska Appleseed. 402.438.8853 x 102.) The immigrant mother is considered a "MAC Mom" MAC stands for Medical Assistance for Children. Because the mother does not qualify for Medicaid, health benefits are provided to the unborn baby. Programs that Cover Qualified Aliens Nevada's Medicaid program for pregnant women is CHAP (Child Health Assurance Program). See http://www.dhcfp.state.nv.usfor more information. Programs that Cover Undocumented Immigrants Nevada does not appear to provide prenatal care to undocumented immigrants. Under Nevada's Medicaid program, undocumented immigrants are entitled to true emergency services	Qualified Immigrants or in the United States as a legal permanent resident or a qualified alien. However, the pregnant woman herself need not be a qualified alien. (I confirmed this information with Becky Gould at Nebraska Appleseed. 402.438.8853 x 102.) The immigrant mother is considered a "MAC Mom" MAC stands for Medical Assistance for Children. Because the mother does not qualify for Medicaid, health benefits are provided to the unborn baby. Programs that Cover Qualified Aliens Nevada's Medicaid program for pregnant women is CHAP (Child Health Assurance Program). See http://www.dhcfp.state.nv.u s for more information. Programs that Cover Undocumented Immigrants Nevada does not appear to provide prenatal care to undocumented immigrants. Under Nevada's Medicaid program, undocumented immigrants are entitled to true emergency services only.

State	Programs that Provide	Coverage	Eligibility/Application Process
State	Pre-Natal Services for	Coverage	Engionity/rippiication i rocess
	Qualified and Non-		
	Qualified Immigrants		
	SCHIP (called Nevada		
	Check Up) did not elect to		
	expand to cover the period		
	from conception to birth.		
N	1 M P 1 C		TT (
New	1. Medical Coverage for		How to apply:
Hampshire	Pregnant Women		An applicant for Medical Assistance should
	(MCPW)		1) Visit a DHHS District Office
	Qualifications Under the MCPW program:		and speak with a DHHS worker
	- Income cannot exceed		who will assist you through the
	185% of the federal poverty		application interview process; and
	income limits.		2) Provide copies of any
	- No resource limit.		information that we may need.
	Tvo resource minu.		(http://www.dhhs.state.nh.us/DH
	2. Presumptive Eligibility		HS/MEDASSISTELIG/
	Pregnant women applying at		ELIGIBILITY/default.htm)
	Department of Health and		3) The DHHS district office
	Human Services district		contact information can be found
	offices as well as to		at
	pregnant women applying at		http://www.dhhs.nh.gov/DHHS/C
	non-district office sites shall		ontact+Directory/default.htm
	be given a "presumptive		
	eligibility period" as		Pregnant women already
	provided in 42 U.S.C.		receiving services at certain
	1396r-1. (RSA. TITLE		community agencies, such as
	XII.167.68.II.(c))		hospitals, well child or prenatal
			clinics or Women Infant &
	3. Duration of medical		Children clinics may apply at
	assistance		those sites for Healthy Kids or
	1) If the pregnant woman is eligible for and receiving		Medical Coverage for Pregnant
	medical assistance on the		Women. Applications for Healthy Kids and Medical
	day her pregnancy ends		Coverage for Pregnant Women
	→ continue her medical		(MCPW) may also be filed by
	assistance for 60 days post-		mail.
	partum without regard to		(http://www.dhhs.state.nh.us/DH
	any other eligibility criteria.		HS/MEDASSISTELIG/ELIGIBI
	Terminate 60 day post-		LITY/default.htm)
	partum medical assistance		
	on the last day of the month		Who decides:
	in which the 60th day falls.		Pregnant women are assessed by
			the Division of Family
	2) If the pregnant woman is		Assistance, Office of Program
	eligible for and receiving		Operations, Dept. of Health and
	medical assistance on the		Human Services for their
	day her child is born		financial eligibility and all non-
	→ continue medical		financial eligibility.
	assistance for the newborn		(http://www.dhhs.nh.gov/DHHS/
	for up to 1 year, as long as		MEDASSISELIG/default.htm)

State	Programs that Provide	Coverage	Eligibility/Application Process
State	Pre-Natal Services for	Coverage	Englishioj/rippheasion i rocess
	Qualified and Non-		
	Qualified Immigrants		
	the child lives with the		
	mother and one of the		How to appeal:
	following applies:		If a pregnant woman disagrees
	the mother remains		with any decision the Division of
	eligible for medical		Family Assistance makes on her
	assistance, or		•
	the mother would be		, ,
			Administrative Appeals hearing.
	eligible if she were		(http://www.dhhs.nh.gov/DHHS/
	pregnant.		MEDASSISELIG/default.htm)
	(http://www.hrsa.gov/reimb		- procedures for the
	ursement/states/New-		administrative appeal can be
	Hampshire-Eligibility.htm)		found at
			http://www.dhhs.nh.gov/DHHS/
			MEDASSISELIG/default.htm)
New Jersey	For Medicaid:		Application process for the
	1		Medical Emergency Payment
	A "Qualified Alien" is an		Program for undocumented
	alien who		residents:
	1) entered U.S. before		1. Inform the hospital office staff
	August 22, 1996 and meets		that you wish to apply for this
	the eligibility criteria set		program.
	forth in N.J.A.C. 10:71-		2. If an application form is
	3.3.(c), then he/she is		available, you will be asked to fill
	entitled to FULL Medicaid		it out immediately.
	benefits. (Medicaid Only		3. If an application is not
	Manual. N.J.A.C. 10:71-		available, the staff member will
	3.3.(c). p.16-17)		notify the County Board of Social
	or		Services that you are interested in
	2) entered U.S. on or after		applying.
	August 22, 1996 and meets		4. After the emergency medical
	the eligibility criteria set		treatment, you must call the
	forth in N.J.A.C. 10:71-		County Board of Social Services
	3.3.(c), one of them being		yourself to schedule an interview.
	"lawfully admitted for		5. Bring any bills that you
	permanent residence but		received for emergency treatment
	only after having been		with you to the County Board
	present in the U.S. for 5		interview.
	years," then he/she is		6. You must complete an
	entitled to Medicaid		application within 3 months of the
	benefits. (Medicaid Only		date of the emergency in order to
	Manual. N.J.A.C. 10:71-		be covered under this program.
	3.3.(d). p.17)		(http://www.njfamilycare.org/pag
	3.3.(u). p.17)		es/rest who.html)
	Other Medicaid eligibility		
	requirements:		Medicaid:
			How to Apply - Medicaid hotline
	1. An applicant needs to be		Monday through Friday, 8:30 to
	aged, disabled or blind:		4:30
	1) Age (N.J.A.C. 10:71-		(800) 356-1561
	3.9.(a))		\
	5.7.(u))	<u> </u>	1

State	Programs that Provide	Coverage	Eligibility/Application Process
~	Pre-Natal Services for		
	Qualified and Non-		
	Qualified Immigrants		
	- The applicant must be 65		For aliens:
	years of age or older to be		- "Persons claiming to be
	eligible based on age alone.		eligible aliens shall provide the
	- A disabled or blind child		county board of social services
	must be under 18 years of		with documentation of alien
	age, or under 22 years of		status."
	age and a student regularly		(Medicaid Only Manual. N.J.A.C.
	attending school and neither		10:71-3.3.(f). p.118)
	married nor the head of the		- acceptable forms of
	household.		documentation are listed in
	- A disabled or blind adult		Medicaid Only Manual. N.J.A.C.
	must be over 21 years of age		10:71-3.3.(g)3-5 p.18-20)
	and under 65 years of age or		
	between 18 years of age and		A list of the County Board of
	22 years of age if not a full-		Social Services:
	time student.		http://www.state.nj.us/humanservi
	2) Disability (N.J.A.C.		ces/CWALIST.pdf
	10:71-3.12(a))		
	3) Mental or physical		
	impairment (N.J.A.C.		
	10:71-3.12(b))		
	4) Blindness (N.J.A.C.		
	10:71-3.12(c))		
	(1)		
	2. An applicant also needs		
	to be financially eligible:		
	1) Financial eligibility -		
	Resources		
	The resources criteria and		
	eligibility standards of this		
	section apply to all		
	applicants and beneficiaries.		
	(N.J.A.C. 10:71-4.1(a))		
	2) Financial eligibility –		
	Income		
	Applicants must comply		
	with the income standards		
	set forth in N.J.A.C. 10:71-		
	5.6. (N.J.A.C. 10:71-5.1(a))		
	A "Non-Qualified Alien"		
	- is not an eligible alien as		
	specified in the two sections		
	(1 and 2) under "Qualified		
	Alien."		
	- is not eligible for full		
	Medicaid benefits.		
	- is entitled to Medicaid		
	coverage for the treatment		
	of an emergency medical		
	condition only, if the alien		
	is a New Jersey resident		

State	Programs that Provide	Coverage	Eligibility/Application Process
State	Pre-Natal Services for	Coverage	Zingiomey/rippireación i rocess
	Qualified and Non-		
	Qualified Immigrants		
	and meets all other		
	Medicaid eligibility		
	requirements.		
	(Medicaid Only Manual.		
	N.J.A.C. 10:71-3.3.(e).		
	p.17-18)		
	"Emergency medical		
	condition" does NOT		
	include routine prenatal or		
	post-partum care. (Medicaid		
	Only Manual. N.J.A.C.		
	10:71-3.3.(e). p.17-18)		
	No.		
	New Jersey "Resident" is		
	defined as "a person who is living in the State		
	voluntarily and not for a		
	temporary purpose, that is,		
	with no intention of		
	presently removing		
	therefrom."		
	(Medicaid Only Manual.		
	N.J.A.C. 10:71-3.5.(a).		
	p.20)		
	For Medicaid Medical		
	Assistance		
	1-800-356-1561		
	NJ FamilyCare		
	Any applicant in a		
	"qualified" immigrant status		
	is able to apply for NJ		
	FamilyCare, regardless of		
	the date that they entered the United States. They do		
	not have to wait five years		
	to be eligible.		
	"Qualified" status includes:		
	- An applicant under the		
	Violence Against Women		
	Act		
	(http://www.njfamilycare.or		
	g/pages/rest_who.html)		
	For NJ FamilyCare Health		
	Insurance (Medicaid		
	Managed Care)		
	1-800-701-0710		

State	Programs that Provide Pre-Natal Services for Qualified and Non- Qualified Immigrants	Coverage	Eligibility/Application Process
New Mexico	Medicaid	Medicaid	Medicaid
	Medicaid is a joint federal and state program that pays for health care for eligible individuals. For more information, see http://www.state.nm.us/hsd/mad/GenInfo.htm	Pregnant women who are in families that meet Aid to Families Dependent Children income and resource standards, are eligible for the full range of covered services. Under certain conditions, Medicaid will cover perinatal home health services. Among the conditions considered are whether such services are reasonable and necessary to treat a high risk pregnancy. See NMAC § 8.325.9.13.F (2006). Medicaid covers five hours of case management services per client for each pregnancy. Such services are provided up to 60 days after the end of the month in which the client delivered. Such services include: • identification of programs, including programs that teach basic maternal and child health skills; • help in accessing identified programs; and • help coordinating the delivery of services when multiple providers or programs provide care. See NMAC § 8.326.3.13 (2006). For undocumented immigrants who reside in the State, Medicaid will pay for necessary emergency services if such persons meet the requirements for Medicaid eligibility. Such services include emergency labor and delivery. See NMAC § 8.325.10.19, 8.325.10.13, 8.325.10.14, and 8.325.10.16	Presumptive Eligibility for Pregnant Women A pregnant woman may receive ambulatory prenatal care while her Medicaid application is being processed. Her presumptive eligibility must be determined by an approved medical provider. Ambulatory prenatal care will be provided from the date a determination is made through the end of the month following the month in which a determination was made. See NMAC §§ 8.200.400.11, 8.230.400.18, 8.235.400.18 (2006). Citizenship/Immigration Status An individual is eligible for Medicaid if she entered the U.S. prior to August 22, 1996 and is within specific classes of aliens, including aliens lawfully admitted for permanent residence or permanently residing in the U.S. under color of law. Additionally, qualified aliens who entered the U.S. on or after August 22, 1996 and have lived in the U.S. for more than 5 years are eligible for Medicaid. Qualified aliens who entered the U.S. on or after August 22, 1996 are barred from Medicaid eligibility for a period of 5 years. However, such qualified aliens are eligible to receive emergency services. Certain qualified aliens are exempt from the five-year ban, including certain refugees and certain individuals who have been granted asylum. See NMAC § 8.200.410.11 (2006). Income and Resource Standards In determining an individual's eligibility for pregnancy-related

State	Programs that Provide Pre-Natal Services for Qualified and Non- Qualified Immigrants	Coverage	Eligibility/Application Process
		(2006).	services, the income standard is 185% of the federal poverty level. This standard is based on the number of family members in the individual's household. See NMAC § 8.235.500.11 (2006).
			To apply, an individual should contact their local Income Support Division Office.
			For more information, see http://www.state.nm.us/hsd/mad/GenInfo.htm
New York	Prenatal Care Assistance Program ("PCAP")	PCAP & MOMS	PCAP & MOMS
	PCAP provides complete pregnancy care and other health care services to women and teens who reside in the State. For more information, see: NY CLS Pub Health §§ 2522, 2525, 2529 http://nyhealth.gov/nysdoh/perinatal/en/pcap.htm Medicaid Obstetrical and Maternal Services Program ("MOMS")	Generally, services provided include: • routine pregnancy medical check-ups; • lab work and access to specialists; • hospital care during pregnancy and delivery; • information about pregnancy, labor, and delivery; • HIV counseling and testing; • Assistance with applying to other programs such as WIC and low or no cost	There is no immigration status requirement to receive benefits. To receive benefits, an applicant must be pregnant, live in the State, and meet income requirements. Benefits are available to women whose family income does not exceed 200% of the federal poverty level. An applicant is required to complete an Access NY Health Care application, submit documentation proving identity, age, residence, and family income.
	MOMS provides essentially the same pregnancy services in areas where PCAP health centers are not located. For more information, see: http://nyhealth.gov/nysdoh/perinatal/en/moms.htm	health insurance for children and family; one post-partum visit within 60 days following delivery; health care for the baby for at least one year after birth; and family planning	For more information, contact the New York State Growing Up Health Hotline at (800) 522-5006 Application information is available at the following link: http://nyhealth.gov/nysdoh/fhplus/application.htm
	Family ("FHP") FHP is a public health insurance program that provides health insurance to people who do not have	services. For more information, see: NY CLS Pub Health §§ 2522 http://www.health.state.ny.us/nysdoh/perinatal/en/servicedescription.htm	Family Health Plus FHP is available to single adults, couples without children, and parents with limited income. Generally, a person must be between the ages of 19 and 64, be

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non- Qualified Immigrants		
	health insurance. FHP is		a resident of New York and a
	available to those whose	http://www.health.state.ny.us/ny	U.S. citizen or immigrants in
	income or resources are too	sdoh/pcap/index.htm	various categories, including
	high to qualify for		green card holders and PRUCOL.
	Medicaid.	http://nyhealth.gov/nysdoh/perin	The application process includes
	FHP provides	atal/en/moms.htm	a personal interview where an application is completed and
	FHP provides coverage	Family Health Plus	proof of certain information is
	through participating	ranniy ficatti f tus	provided.
	managed health care plans.	FHP provides comprehensive	provided
	1	coverage, including prevention,	For more information regarding
	For more information, see	primary care, and other services.	how to apply, see
	http://www.health.state.ny.u	Women who become pregnant	
	s/nysdoh/fhplus/who_can_jo	after enrolling in FHP have the	http://www.health.state.ny.us/nys
	<u>in.htm</u>	option to continue receiving care	doh/fhplus/how_can_i_apply.htm
		through FHP or switch to	
	Community Health	Medicaid. A pregnant woman	Community Health Worker
	Worker Program ("CHWP")	applying for insurance is not eligible for FHP. She should	Program
	("CHWP")	seek coverage under PCAP or	To find a program, see the
	CHWP provides outreach,	Medicaid.	following list, which is organized
	education, referral and	Wiedledid.	by county.
	follow-up, case	Community Health Worker	
	management, advocacy and	Program	http://www.health.state.ny.us/nys
	home visiting services to		doh/perinatal/en/chwplist.htm
	women at highest risk for	Health worker services include:	
	poor birth outcomes.	outreach to pregnant	Medicaid
	CHWP targets communities	women, including those	A
	with high rates of infant mortality, out-of-wedlock	who are uninsured or underinsured, to help	An applicant may contact their local department of social
	birth, late or no prenatal	them get prenatal and	services to apply for benefits.
	care, teen pregnancies and	other health care	See,
	births, and births to low	services;	http://www.health.state.ny.us/heal
	income women.	• conducting monthly	th care/medicaid/ldss.htm
		home visits throughout	
	For more information, see:	the woman's pregnancy	There are certain income and
	http://www.health.state.ny.u	and the child's first	resource limits that apply, which
	s/nysdoh/perinatal/en/chwp.	year; and	depend upon the number of
	<u>htm</u>	• providing health	family members in the applicant's household. Additionally, the
	Medicaid	education on topics such as lead poisoning	application process includes an
	- Induction	prevention, HIV risk	interview. The applicant should
	Qualified aliens are eligible	factors and ways to	bring the following materials to
	for full Medicaid benefits.	prevent transmission,	that interview:
	Pregnant women with a	risks related to prenatal	 Proof of age, such as a
	family income at or below	substance abuse, and	birth certificate;
	200% of the federal poverty	breastfeeding.	Proof of citizenship or
	level are eligible to receive		alien status;
	Medicaid benefits.	Medicaid	Recent paycheck stubs
	An undocumented	Among other armine and 1	(if the applicant is
	immigrant may receive	Among other services, prenatal care is available to qualified	working);
	ministant may receive	care is available to qualified	,, orking),

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for Qualified and Non-		
	Qualified Immigrants		
	medical assistance for care and services needed to treat an emergency medical condition. For more information, see http://www.health.state.ny.us/health_care/medicaid/index.htm#qualify	aliens. An undocumented immigrant may receive care and services related emergency labor and delivery only.	 Proof of income from sources like Social Security, Supplemental Security Income (SSI), Veteran's Benefits (VA), retirement; Any bank books and insurance policies that that the applicant has; Proof of residence, such as a rent receipt or landlord statement; Insurance benefit card or the policy (if the applicant has any other health insurance); and Medicare Benefit Card An application is available at the following link: http://nyhealth.gov/nysdoh/fhplus/application.htm
North Carolina	Under NC Family and Children's Medicaid MA-3330, a non-qualified alien who meets the N.C. residency requirement (living in N.C. with the intent to remain) and who meets all other Medicaid eligibility factors can receive Medicaid for emergency medical services only, which include labor and delivery services. Information about the exact income requirements (meaning the income level a family must be below in order for a family member to receive benefits) can be attained for one's specific family circumstances by contacting one's county DSS office. There are 3 main ways in	In general, it is the county departments of social services (DSS) that determine the dates of coverage when an emergency medical service is labor and normal delivery or Caesarean delivery. Meanwhile, it is the Division of Medical Assistance (DMA) that determines the dates of coverage for all other emergency medical services including miscarriages and other pregnancy terminations. NOTE: Regular delivery and Caesarean section delivery do not include prenatal care, postpartum care, or a 60-day continuation period. Under NC Adult Medicaid Manual, MA- 2504(X)(C), in the case of regular deliveries, an eligible, non-qualified alien may receive coverage for the day of admission to the hospital, the	A pregnant non-qualified alien can qualify to receive emergency medical services through MAF, if she meets the residency and income requirements, if she was the caretaker of a child that was eligible for one of the Medicaid programs during the time when she needed emergency medical services related to her pregnancy (serious complications, labor and delivery etc.). The child does not need to have been receiving Medicaid but would need to have been eligible for Medicaid in order for the caretaker to be eligible for the emergency Medicaid. A pregnant woman, who meets the necessary income and residency requirements, is eligible to receive MPW, regardless of whether she is a qualified or non-qualified alien.

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non-		
	Qualified Immigrants		
	which a non-qualified alien	day of delivery (if this is not the	Any pregnant woman who meets
	can receive Medicaid	same day as hospital admission)	the income and residency
	coverage for emergency	and one day after the delivery,	requirements is eligible to receive
	medical services inclusive	totaling a maximum of 3 days	Presumptive Medicaid for
	of labor and delivery and, in	coverage. For a Caesarean	Pregnant Women benefits
	the case of Medicaid for	section delivery, there is a	regardless of whether she is a
	Pregnant Women, some	maximum of 5 days coverage,	qualified or non-qualified alien;
	additional basic prenatal	beginning with the day the	however, the application
	care. The 3 programs	Caesarean section is performed.	procedures for Presumptive
	include Medicaid for	The bonefit meales as of the Daha	Medicaid for Pregnant Women
	Pregnant Women (MPW),	The benefit package of the Baby	are somewhat complicated. It is
	Presumptive Medicaid for	Love Program, which is only	important to realize that coverage
	Pregnant Women, and Medicaid Assistance for	available to qualified aliens, includes childbirth and parenting	under Presumptive Medicaid begins as of the day the
	Families (MAF).	classes, in-home skilled nursing	application is made and continues
	rannies (WAF).	care for high-risk pregnancies,	for the remainder of that month
	MPW covers ambulatory	nutrition counseling,	and then through the end of the
	prenatal services provided	psychosocial counseling and	following month. Thus, there is a
	by any Medicaid enrolled	postpartum/newborn home	clear advantage in terms of
	provider and also the cost of	visits.	receiving more days of coverage
	prescriptions. In NC,	VISITS.	to applying at the very beginning
	women, regardless of their	Note: Medicaid (MPW, MAF	of a month as opposed to closer to
	immigration status, can	etc.) does not cover abortions	the end of a month.
	receive MPW benefits if	except in the case of rape or	
	they meet the residency and	incest.	A woman is only eligible to apply
	income requirements.		for Presumptive Medicaid for
	_		Pregnant Women one time during
	Pregnant women, both		a pregnancy (meaning once the 2
	qualified and non-qualified		month period lapses, an applicant
	aliens, who meet the other		cannot reapply for another 2
	Medicaid requirements		months of coverage during that
	(income and residency), are		same pregnancy).
	eligible to receive		
	Presumptive Medicaid for		In order to apply for MAF or
	Pregnant Women, for a		MPW, a pregnant woman should
	period of up to two months.		visit the DSS office in her county
	Under Family and		and ask for an application. In
	Children's Medicaid Manual		order to apply for Presumptive
	MA-3245, Presumptive Medicaid covers basic		Medicaid, a pregnant woman
	prenatal care (check-ups		should visit the local health
	etc.) but does not cover		department in her county and ask
	overnight hospital stays or		to apply.
	significant medical		Notably, it is considered
	procedures.		particularly easy to qualify for
	procedures.		Presumptive Medicaid for
	Medicaid Assistance for		Pregnant Women because not a
	Families covers those who		lot of documentation is needed in
	are the caretaker for a		order to be approved to receive
	Medicaid eligible child. A		these benefits and customers are
	pregnant non-qualified alien		approved particularly quickly.
	can qualify to receive		Tribita paradamij quiemij.
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State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non-		
	Qualified Immigrants		
	emergency medical services		It is important to realize that an
	through MAF, assuming she		application for Presumptive
	meets the residency and		Medicaid through the local health
	income requirements, if she		department will be terminated if
	was the caretaker of a child		one applies for Medicaid through
	that was eligible for		DSS after applying for
	Medicaid (usually meaning		Presumptive Medicaid. Thus,
	that the child was born in		while a staff person at the local
	the U.S.) during the time		health department may tell a
	when she needed emergency		pregnant woman who is applying
	medical services. These		for Presumptive Medicaid about
	services, under MAF,		the option of applying for MAF
	include labor and delivery		or MPW, for example, she should
	services as well as care		understand that by applying for
	related to any serious		either of these forms of Medicaid
	complications of her		she will cause her Presumptive
	pregnancy.		Medicaid to be automatically
			terminated. Thus, applying for
	There is a processing time		Medicaid through DSS after
	of a maximum of 45 days		being approved for Presumptive
	for a Medicaid application		Medicaid through a health
	from the time the		department may not be advisable.
	application was signed by the customer. For labor and		In order to be eligible to take part
	delivery, women can apply		In order to be eligible to take part in the Baby Love Program,
	before the birth of the baby		pregnant qualified aliens must be
	but if the baby is not born		within 200% of the Federal
	within the 45 days the		Poverty Level (for a family of 3).
	application will be denied		Qualified aliens do not become
	and the customer will have		eligible for this program until
	to reapply (which has no		they have been in the U.S., as
	negative impact on coverage		qualified aliens, for a 5-year
	but involves more		period; however, there are several
	paperwork). Once Medicaid		groups of qualified aliens that
	is approved for the mother		may be exempt from this 5-year
	(in the case of labor and		disqualification period. Under NC
	delivery), the newborn is		Adult Medicaid Manual, MA-
	automatically approved for		2504(IV)(E), these exempt groups
	Medicaid also (this type is		include, but are not limited to,
	called MIC - Medicaid for		refugees, asylees, Cuban and
	Infants and Children) as the		Haitian Entrants, trafficking
	child is a U.S. Citizen.		victims, and aliens whose
			deportation is being withheld.
	Qualified as well as non-		
	qualified aliens may be able		Sliding scale programs that offer
	to receive discounts on pre-		discounts to those living in
	natal care from community		poverty vary greatly among
	health clinics, local		different hospitals, clinics, and
	hospitals, or the health		even county health departments
	department in their county if		as these providers have different
	they provide documentation		funding sources. In some cases,

State	Programs that Provide	Coverage	Eligibility/Application Process
2	Pre-Natal Services for		g,/ FF
	Qualified and Non-		
	Qualified Immigrants		
	that their income is within		sliding scale programs give
	the federal poverty		discounts to non-qualified aliens
	guidelines. Many		while others limit their benefits to
	community health clinics		citizens and qualified aliens. In
	and hospitals in North		any case, one can ask about
	Carolina have sliding scale		sliding scale programs for pre-
	programs that allow for such		natal care at the health department
	discounts.		in one's county or at a local
	Qualified aliens who most		hospital or community health
	Qualified aliens who meet		clinic.
	the income eligibility requirement can enroll in		Qualified aliens who meet the
	North Carolina's Baby Love		eligibility requirements may
	Program, as administered by		contact the Baby Love Program
	the Division of Medical		by calling the N.C. Family Health
	Assistance and the Division		Resource Line at 1-800-FOR-
	of Public Health, Women's		BABY (1-800-367-2229).
	and Children's Health		,
	Section. This program offers		
	comprehensive care from		
	the beginning of pregnancy		
	through the postpartum		
	period.		
	Note: Non-qualified aliens		
	are not eligible for		
	participation in the Baby		
	Love Program.		
North Dakota	North Dakota Medicaid	North Dakota Medicaid	To receive North Dakota
			Medicaid, an applicant must meet
	Only qualified aliens age 21	North Dakota Medicaid provides	residency and income
	or over may receive pre-	pregnant women with any and	requirements. County social
	natal care under North	all necessary medical services	service offices determine
	Dakota Medicaid. To	that are otherwise covered under	residency. No period of
	receive these North Dakota	North Dakota Medicaid,	residency is required as a
	Medicaid benefits, a patient	including but not limited to	condition of eligibility; however,
	must meet lesser income	routine exams, ultrasounds,	the applicant must have the intent to remain in North Dakota
	standards (133% of the	laboratory work, drug coverage,	
	federal poverty level), and residency requirements. If	family planning services and services related to labor and	permanently or indefinitely or must have entered the state with a
	these requirements are met,	delivery. The program will also	job commitment or seeking
	the patient may receive	pay for out-of state care when	employment. See N.D. Admin.
	medically necessary	necessary, subject to prior	Code § 75-02-02.1
	prenatal services.	approval. Such services are not	0000 3 70 02 02.1
	production services.	specifically, separately	North Dakota Medicaid benefits
	Full North Dakota Medicaid	enumerated. North Dakota	are available to pregnant women
	benefits are available to	Medicaid essentially defers to	and infants if family income is
<u> </u>			

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for Qualified and Non- Qualified Immigrants		
	qualified aliens who entered the U.S. before August 22, 1996 or to those who entered on or after August 22, 1996 and who have maintained the status of qualified alien for five (5) years. However, the five (5) year limitation does not apply to certain aliens including refugees and asylees. North Dakota S-CHIP Program North Dakota's S-CHIP Program ("Healthy Steps") provides prenatal services for qualified immigrant women under the age of 21. It is a separate, stand-alone insurance program run by Blue Cross and Blue Shield of North Dakota. For additional information, contact: 1-800-342-4718	the discretion of the medical providers, as long as a procedure is not deemed to be duplicative or experimental. Except for emergencies, pregnant women whose income is below the North Dakota Medicaid eligibility threshold must apply and be accepted to the program before receiving prenatal care. North Dakota Medicaid does not allow for "presumptive eligibility". However, once an application is accepted there is a 3-month look-back period for covered expenses. North Dakota Medicaid provides pregnancy related and postpartum care services for an additional 60 days beginning on the last day of pregnancy. Again, there is no formal definition for what services are provided as "post-partum care," and the program will generally pay for services that are part of a medical provider's standard practice.	less than 133% of the federal poverty level. No asset test is applied to pregnant women. If applying for health care services only, an applicant for North Dakota Medicaid or S-CHIP benefits is required to file the "Application for HealthCare Coverage for Children, Families, and Pregnant Women." The application process for is handled either at the county or state level. The following link has the websites for all North Dakota Counties: http://www.nd.gov/humanservice s/locations/countysocialserv If an application is denied, an applicant has 30 day to appeal the denial either to the county or state office where the application was submitted. If denied again, an applicant may appeal to an administrative hearing officer or a district court
Ohio	Healthy Start, WIC, and CFHS	Healthy Start, WIC, and CFHS Coverage includes but is not	Healthy Start, WIC, and CFHS Pregnant women and children
	The Healthy Start program offers free medical coverage to families, children (up to 19 years), and pregnant women.	limited to: doctor visits, hospital care, pregnancy related services, prescriptions, vision, dental, substance abuse, mental health services. Ohio Revised Code § 5111.01.8.	must meet the income, resource, and family composition requirements or be eligible for medical assistance. A combined programs application can be used for Healthy Start, WIC, CFHS,
	Ohio's SCHIP program is administered through Ohio's Healthy Start program.	http://www.odjfs.state.oh.us/for ms/file.asp?id=43881	and BCMH. A completed and signed application, including proof of income from work or wages, proof of pregnancy if
	http://www.odjfs.state.oh.us/forms/file.asp?id=43881	WIC provides nutrition education, breastfeeding education and support;	applicable, immigration documents, other health insurance, signed and dated copy

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non-		
	Qualified Immigrants WIC provides food, nutritional information, and breast feeding education to women who are breast feeding, pregnant, or just have had a baby, and children from birth to age five. http://www.odjfs.state.oh.us /forms/file.asp?id=43881	supplemental, highly nutritious foods; referral to prenatal and pediatric health care and other maternal and child health and human service programs, including Head Start, Medicaid and Food Stamps. http://www.odh.ohio.gov/odhPrograms/ns/wicn/wic1.aspx	of the Rights and Responsibilities form. Ohio Revised Code § 5111.01.3 and § 5101:1-38-01.2. An individual must be a citizen of the U.S., a qualified alien or be an alien who is lawfully residing within the U.S. as of August 22, 1996. Unqualified or undocumented aliens or qualified aliens ineligible for benefits have potential eligibility for alien emergency medical assistance. Ohio Administrative Code §5101:1-38-02.3.
			Citizenship/Alien Status information must be provided with the application. Family members who are not U.S. citizens must provide the county Department of Job and Family Services with proof of alien status such as an alien registration card or re-entry permit. However, if the application is for a child only, no proof of adult citizenship is required.
			Applicants for the Healthy Start program must provide social security numbers or apply for a social security number. Ohio Administrative Code § 5101:1-38-021. Once a person is determined
			eligible for health coverage, a reapplication date will be set.
			For more information: http://www.odjfs.state.oh.us/forms/file.asp?id=43881
			Information regarding citizenship/alien status may not need to be provided if the family member is applying for WIC.
			http://www.odjfs.state.oh.us/form s/file.asp?id=43881

State	Programs that Provide Pre-Natal Services for Qualified and Non- Qualified Immigrants	Coverage	Eligibility/Application Process
Oklahoma	Medicaid (a.k.a. SoonerCare) Provides payment for medical services to adults and children to those who meet the eligibility requirements. Oklahoma Administrative Code § 317:35-1-1. Pregnancy-related services include all medical services provided within the scope of the program during the prenatal, delivery and post-partum periods. Oklahoma Administrative Code § 317:35-5-2.	Medicaid (a.k.a. SoonerCare) Categorical relationship to pregnancy-related services is established when the determination is made by medical evidence that the individual is or has been pregnant. Oklahoma Administrative Code § 317:35-5-2.	Medicaid (a.k.a. SoonerCare) Qualified aliens are eligible for Medicaid. Non-qualified aliens are ineligible for Medicaid for five years from the date of entry, except non-qualified aliens are eligible for emergency care (including emergency labor and delivery). Illegal aliens are eligible only for emergency services (including emergency labor and delivery). Aliens that have been admitted for only a temporary period of time (for example, foreign students, visitors, temporary workers) are ineligible for Medicaid, including emergency services. Oklahoma Administrative Code § 317:35-5-25. [New legislation signed by the President will likely affect the 5 year alienage (non-qualified alienage). In other words, the new legislation will probably require all aliens to be able to show proper documentation prior to being permitted to receive Medicaid, aside from emergency Medicaid. For additional information, contact Oklahoma Healthcare Authority, Legal Division, Howard Pallotta, General Counsel at (405) 522-7300.] Unqualified or Ineligible aliens are not eligible to receive SoonerCare benefits. Oklahoma Administrative Code § 317:25-7-10. Applicants must complete a Health Benefits Application which must be signed by the individual, parent, spouse, guardian, or someone on the individual's behalf. The

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for Qualified and Non-		
	Qualified Immigrants		
			application may be obtained at a doctor's office, hospital, other medical facility, Health Department, or county DHS office. Applicants must also complete a Notification of Needed Medical Services for preauthorization of medical services if applicable. The Health Benefits Application form or the Notification of Needed Medical Services form constitutes an application for Medicaid. Oklahoma Administrative Code § 317:35-6-15. In addition, the application process may require completion of: a Presumptive Eligibility Budget Sheet (verify pregnancy and provide income screening), Notice to Pregnant Women Regarding Presumptive Eligibility for Medicaid (informs the pregnant women whether she has determined to be presumptively eligible or ineligible by the qualified provider). Oklahoma Administrative Code § 317:35-6-38.
Oregon	CAWEM	CAWEM	CAWEM
	Non-qualified aliens are only eligible for Citizen	There is no coverage for pre- natal care for non-qualified	N/A
	Alien-Waived Emergency	aliens.	
	Medical Assistance		OHP-OPP
	(CAWEM). CAWEM coverage is limited to	OHP-OPP	This category includes pregnant qualified aliens in a filing group
	emergency services,	Individuals eligible for OHP-	with income below Oregon's
	including labor and delivery.	OPP receive the OHP Plus benefit package. Under Oregon Administrative Rule 410-130-	185% income limit and their assumed eligible newborn children at or above the 133%
	Under Oregon	10515, a physician, licensed	income limit. (Specific
	Administrative Rule 410-	physician assistant, nurse	information is available in the
	120-1210(3)(f), pre-natal or postpartum care is not	practitioner, certified nurse midwife, or licensed direct entry	Oregon Department of Human Services Oregon Health Plan
	covered for CAWEM	midwife may provide prenatal or	Program Manual.)
	clients, even if they are	perinatal (including labor and	To apply for OUD ODD
	seeking emergency services.	delivery) and/or postnatal services to the client. In addition	To apply for OHP-OPP, a person, or someone authorized to act on
		to pre-natal, maternity and	her behalf, must either contact a
	OHP-OPP	newborn care, pregnant	local branch office serving the

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non-		
	Qualified Immigrants		
	Pregnant qualified aliens are	individuals receive maternity	area she lives in, an authorized
	eligible for the Oregon	case management, which	outreach center, or call the toll-
	Health Plan for Pregnant Females and their Newborn	expands perinatal services to include management of health,	free number 1-800-359-9517.
	Children under One Year of	economic, social and nutritional	The individual must be a resident
	Age (OHP-OPP). To	factors through the end of	of Oregon with the intent to
	receive OHP-OPP benefits,	pregnancy and a two-month	remain in Oregon. There is no
	a patient must meet OHP-	postpartum period.	minimum amount of time a
	OPP's standard income and		person must live in Oregon to be
	residency requirements.	Under the Oregon Health Plan	a resident. The applicant must
		Client Handbook, pregnant	provide a social security number
	OHP-OPP benefits are	clients are not charged premiums	or verify they have applied for
	available to a qualified alien	or co-payments.	one as a condition of eligibility.
	(i) who was admitted as a		m
	qualified alien before	OUD CUD	The client's Medical Care
	August 22, 1996, (ii) who	OHP-CHP	Identification (ID) is confirmation
	entered the US after August 22, 1996 and it has been	N/A	of eligibility for medical services, subject to the limitations
	five (5) years since she		contained in Oregon
	became a qualified alien, or		Administrative Rules and
	(iii) who obtained her		appropriate individual medical
	qualified alien status less		provider rules.
	than five (5) years ago but		
	entered the US before		Under Oregon Administrative
	August 22, 1996 and can		Rule 410-120-1140, there are
	show that she has been		three different types of IDs by
	living in the US		which eligibility can be
	continuously for five (5)		confirmed:
	years from a date prior to		(a) Form OMAD 1417 Office of
	August 22, 1996 to the date she obtained qualified		(a) Form OMAP 1417 - Office of Medical Assistance Programs
	status. However, the five		(OMAP) ID. This is a computer-
	(5) year limitation does not		generated notice that is mailed to
	apply to certain aliens		the client once a month or
	including veterans, Native		anytime there is a change to the
	Americans, refugees and		case (e. g., address change);
	asylees.		
			(b) Form OMAP 1086 -
			Temporary ID. The responsible
	See also Oregon		branch office issues this handwritten form;
	Administrative Rule 461-120-0120, and the Oregon		nandwritten form;
	Department of Human		(c) Form WMMMID1C-A -
	Services Oregon Health		Temporary ID. This is a
	Plan Program Manual.		computer-generated form that is
			signed by an authorized person in
			the responsible branch office.
	ОНР-СНР		_
	Pregnant women are not		It is the responsibility of the
	eligible for the Oregon		medical provider to verify that the
	Health Plan for Children		individual receiving medical

State	Programs that Provide	Coverage	Eligibility/Application Process
State	Programs that Provide Pre-Natal Services for	Coverage	Engionity/Application Process
	Qualified and Non-		
	Qualified Immigrants		
	(OHP-CHP), which is Oregon's Childrens' Health		services is, in fact, an eligible individual on the date of service
	Insurance Program (CHIP).		for the service provided and whether OMAP is responsible for reimbursement. The Provider assumes full financial risk in serving a person not identified as eligible or not confirmed by OMAP as eligible for the service
			provided on the date(s) of service. The ID is not transferable, and is
			valid only for the individual(s) listed on the card.
			Eligibility is verified either:
			(a) From the ID, which shows the dates on which the client is eligible and indicates each client's benefit package; or
			(b) If a patient identifies herself as eligible, but does not have a valid ID, the provider may either:
			(A) Contact the OMAP Automated Information System (AIS), which is available on the Internet or via telephone; (B) Providers who have contracted with an Electronic Eligibility Verification Service (EEVS) vendor can access client eligibility data 24 hours a day, 7 days a week; or (C) Providers may contact the local Department of Human Services (DHS) branch office during regular working hours to confirm eligibility if the information is not available electronically.
			OHP-CHP N/A
Pennsylvania	Pennsylvania's "Healthy Beginnings" program provides Non-Money Payment (NMP) Medicaid coverage for prenatal	Full range of prenatal outpatient services to pregnant women through the end of the month in which the 60-day postpartum period ends. The newborn child	For "Healthy Beginnings" the eligibility and application process requires the applicant to establish that she is pregnant, meets the applicable income conditions for

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non-		
	Qualified Immigrants		
	Qualified Immigrants outpatient services to pregnant women who are determined to be presumptively eligible. 55 Pa. Code §§ 140.1, 140.141. See Medicaid Eligibility Handbook, Section 318.1. A pregnant woman or a qualified child up to age 1 is eligible if family income is equal to or less than 185% of the Federal Poverty Income Guidelines for the family size. 55 Pa. Code § 140.1(b). Presumptive eligibility is determined by the qualified provider based upon, inter alia, meeting citizen/alien requirements of 55 Pa. Code § 150.1. See 55 Pa. Code § 140.141(i); Medicaid Eligibility Handbook, Section 318.13. Undocument aliens do not qualify. Medicaid Eligibility Handbook, Sections 322.31, 322.312, 322.313, 322.32. In March 2004, Pennsylvania began the "Pilot Program for Pregnant Women" to provide managed care for pregnant women in order to prevent gaps in service and provide earlier enrollment in prenatal programs. Medicaid Coverage for	is also eligible through the end of the month in which the 60-day postpartum period ends. 55 Pa. Code § 140.142. <i>Medicaid Eligibility Handbook</i> , Section 318.1. For undocumented or illegal aliens, Medical Assistance extends only to Emergency Medical Conditions as defined by regulation. For labor and delivery services the County Assistance Office will authorize Medical Assistance beginning the date delivery is complete and mother and child are stabilized. There is no postpartum coverage. <i>See Medicaid Eligibility Handbook</i> , Sections 322.32 and 338.41.	Medical Assistance, satisfies the citizenship/alienage requirements, and satisfies residency requirements 55 Pa. Code §§ 140.21-140.31. See Medicaid Eligibility Handbook, Section 318.11. The "Pilot Program for Pregnant Women" has a streamlined application process that employs Form PA 600 PW (Application for Medicaid Coverage for Pregnant Women). See Medicaid Coverage for Pregnant Women, supra (links to the form are available at www.dpw.state.pa.us/lowincmedassistance/003671670.htm .) The applicant must certify that she is a US citizen or an alien lawfully admitted for permanent residence by signing the Certification of Citizenship or Alien Status. Id.
	Pregnant Women (available at www.dpw.state.pa.us/lowin c		
	/medassistance/003671670. htm.) The Program requires the applicant to certify that she is a US citizen or an		
	alien lawfully admitted for permanent residence by signing the Certification of Citizenship or Alien Status.		

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non-		
	Qualified Immigrants Id.		
Puerto Rico	Medicare is furnished to		
	eligible individuals		
	(qualified aliens) who are		
	residents of Puerto Rico. I		
	found no evidence of other		
Rhode Island	state programs. Section 42-12.3-3 of the	The following services shall be	All prognant woman can qualify
Knode Island	General Laws of Rhode	provided pursuant to Section 42-	All pregnant women can qualify for Rhode Island's health
	Island provides for medical	12.3-3 of the General Laws of	insurance program. RIte
	assistance for pregnant	Rhode Island:	Care/RIte Share Fact Sheet:
	women through the RIte		http://www.dhs.ri.gov/Portals/0/U
	Start program. The program	(1) Antepartum and	ploads/Documents/Public/RCRS/r
	provide Medicaid coverage through expanded family	postpartum care; (2) Delivery;	crs_factsheet_eng.pdf.
	income disregards for	(3) Cesarean section;	A pregnant women can go to a
	pregnant women whose	(4) Newborn hospital care;	local DHS office to apply or can
	family income levels are	(5) Inpatient transportation	print a copy of the application and
	between one hundred	from one hospital to another	apply by mail. (www.dhs.ri.gov)
	eighty-five percent (185%) and two hundred fifty	when authorized by a medical provider;	The applications are in English and Spanish. If pregnant, send in
	and two hundred fifty percent (250%) of the	(6) Prescription medications	with the application a letter or
	federal poverty level. This	and laboratory tests;	other documentation signed by
	section establishes a payor	·	your doctor, physician's assistant,
	of last resort program to	The department of human	registered nurse practitioner or
	cover prenatal, delivery and	services shall provide enhanced	midwife.
	postpartum care. The program shall cover the cost	services, as appropriate, to pregnant women as defined in	Under state law, pregnant women can still be determined eligible for
	of maternity care for any	this section, as well as to other	RIte Care, RIte Share or Medical
	woman who lacks health	pregnant women eligible for	Assistance, even if they do not
	insurance coverage for	medical assistance. These	show proof of citizenship and
	maternity care and who is	services shall include: care	identity. However, their Medical
	not eligible for medical assistance under title XIX	coordination, nutrition and social service counseling, high risk	Assistance will end at the end of their postpartum period if they do
	of the Social Security Act		
	including but not limited to	parenting preparation programs,	and identity.
	a non-citizen pregnant	smoking cessation programs,	
	woman lawfully admitted	outpatient counseling for drug-	http://www.dhs.ri.gov/Portals/0/U
	for permanent residence on	alcohol use, interpreter services,	ploads/Documents/Public/Citizen
	or after August 22, 1996, without regard to the	mental health services, and home visitation. The department of	ship/citizenship_overview.pdf.
	availability of federal	human services shall provide for	
	financial participation,	extended family planning	
	provided such pregnant	services for up to twenty-four	
	woman satisfies all other	(24) months postpartum. These	
	eligibility requirements. The director shall promulgate	services shall be available to women who have been	
	regulations to implement	determined eligible for RIte Start	
	this program. Excluded	or for medical assistance under	
	services under this	title XIX of the Social Security	
	paragraph will include, but	Act.	
	not be limited to, induced		

State	Programs that Provide Pre-Natal Services for Qualified and Non- Qualified Immigrants	Coverage	Eligibility/Application Process
	abortion except to prevent the death of the mother.		
South Carolina	The state of South Carolina does not provide prenatal services.	Some hospitals and nonprofits have education programs but these are not state provided services.	South Carolina Appleseed Legal Justice Center P.O. Box 7187 Columbia, SC 29202 (803) 779-1113
South Dakota	South Dakota's SCHIP program is called CHIPs ("Children's Health Insurance Program")	Provides full Medical Assistance (i.e., Medicaid) coverage (doctor, hospital, metal health, drugs) and "Healthy Kids Klub" services (checkups, immunizations, etc.). http://dss.sd.gov/medicalservices /chip/ http://dss.sd.gov/medicalservices /recipientinfo/covered.asp http://dss.sd.gov/medicalservices /providerinfo/programs/healthyk idsclub.asp	According to the Plan document (http://dss.sd.gov/medicalservices/docs/2002StateCHIPPlan.pdf), "Children must be residents of the State of South Dakota and meet the citizenship and immigration status requirements applicable to Medicaid." Section 4.1.5, above link. South Dakota only provides Medicaid eligibility to U.S. citizens and qualified aliens (after a five-year waiting period). See, S.D. Chart on Emergency Medicaid. The application is available online: http://dss.sd.gov/formspubs/docs/MEDELGBLTY/DSS-EA-301MCHIP.pdf Available for families making up to 200% of poverty level. http://dss.sd.gov/medicalservices/chip/
Tennessee	TennCare Tennessee's Medicaid program, TennCare, covers women who are pregnant. However, an individual must be a citizen of the United States, a naturalized citizen, certain American		Eligibility for TennCare and other Medicaid programs is decided by the Department of Human Services. All 95 counties have a DHS office and applications can be picked up by or mailed to the applicant: http://www.tennessee.gov/humanserv/st_map.html.
	Indians born outside of the United States, or a qualified alien, unless applying for emergency medical services		Applicants can also apply online: https://fabenefits.dhs.tn.gov/vip/w ebsite/signupservlet?pagename=h

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non- Qualified Immigrants		
	assistance as an illegal or undocumented alien or one lawfully admitted for residence who is not aged, blind, disabled, or under age eighteen (18). Aliens who entered the United States on or after August 22, 1996 have a five (5) year bar before potential eligibility for TennCare Medicaid unless they meet the exceptions to the five (5) year bar as outlined in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). Each applicant/recipient is required to provide documentary evidence of citizenship and identity when applying for medical assistance. Tenn. Comp. R. & Regs. 1240-03-0302; http://www.tn.gov/tenncare/mem-eligibility.html.		omepage. ;
Texas	Medicaid	Medicaid	Medicaid
	The Texas Department of Human Services administers Medicaid benefits to pregnant women and children and parents and caretakers of children who are eligible to receive such benefits. The Texas Department of Human Services provides limited medical coverage for pregnant women through the Presumptive Medicaid for Pregnant Women Program. Texas Administrative Code § 354.1530(a).	Pregnant women eligible to receive presumptive Medicaid may receive: Medically necessary services, except labor, delivery, and inpatient services. Texas Administrative Code § 354.1530(e). *** All Texas Medicaid programs pay for: • Regular medical and dental check-ups for minors; • Ambulance services;	Pregnant applicants must meet all applicable eligibility requirements for pregnant woman as specified in the Medically Needy and Children and Pregnant Women Programs (see below). Texas Administrative Code § 354.1530(b). Pregnant applicants may apply at qualified provider sites. Texas Administrative Code § 354.1530(b). Medically Needy and Children and Pregnant Women Programs Immigrants with approved INS

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non- Qualified Immigrants		
	SCHIP SCHIP offers health insurance to those families that earn too much to qualify for Medicaid but earn too little to afford private insurance. http://www.chipmedicaid.or	 Family planning; Inpatient and Outpatient Hospital services; Lab and X-ray services; Services of certified nurse midwives, family and pediatric nurse practitioners; Physicians; and Dentists (when providing medical services). 	status may apply for medical assistance. Other immigrants admitted to the U.S. on or after August 22, 1996 are eligible for Medicaid for a seven-year period following entry to the Country (rather than waiting the 5 year period of eligibility for TANF). Texas Administrative Code §§ 354.1556 and 354.1577.
	g/english/index.htm http://www.dshs.state.tx.us/ mch/pdf/CHIP_Prenatal%20 Care Program bullets.pdf	Medically Needy and Children and Pregnant Women Programs Medicaid coverage begins on the earliest day of the month in	[Note: Beginning July 1, 2006, Texas began verifying and recertifying the citizenship status of those individuals applying for or receiving Medicaid benefits. http://www.hhs.state.tx.us/medica
	WIC provides nutrition education and counseling, nutritious foods, and assistance accessing health care to low-income women, infants, and children through the Special Supplemental Nutrition Program.	which the application is received and it is determined that the applicant meets eligibility criteria. As for retroactive coverage: Pregnant woman's coverage begins no earlier than the first day of the month in which the pregnancy began and ends the	 id/index.shtml] Applicants may include: Pregnant women age 19 or older with income less than 158% of the federal poverty limit; Pregnant women under age 19 or children under age 1 with income less than 185%
	http://www.dshs.state.tx.us/wichd/ Emergency Medicaid Emergency Medicaid provides medical assistance to certain individuals regardless of immigration status.	second month after the pregnancy terminates. Texas Administrative Code §§ 354.1578(2)(A) and 354.1559(2)(A). The newborn's coverage begins no earlier than the child's date of birth and ends the month of the first birthday, month that his mother's Medicaid ends, or the month that he is no longer living with his mother. Texas Administrative Code §§	of federal poverty limit; Children ages 1-5 with income less than 133% of federal poverty limit; Children ages 6-18 with income less than 100% of federal poverty limit; Newborns who live with their legal mothers who were recipients of Medicaid at the time the child was born; Newborns born to mothers incarcerated in a Texas
	*** Additional Information: Texas Department of Health and Human Services (512) 491-1867	354.1559(2)(B) and 354.1578(2)(B). SCHIP SCHIP offers benefits to children under the age of 19, including: Regular check-ups and	 criminal justice facility; and Children who are TANF- eligible except for the applied income of stepparent or grandparent with whom they live. Applications are processed by the Texas Department of Human Services using the application

State	Programs that Provide Pre-Natal Services for Qualified and Non- Qualified Immigrants	Coverage	Eligibility/Application Process
		 office visits; Prescription drugs and medical supplies; Dental visits, cleanings, and fillings; 	rules of TANF. Texas Administrative Code § 354.1575. http://www.dads.state.tx.us/forms/h1010-b/h1010-b.pdf
		 Access to medical specialists; Shots and Immunizations; Hospital Care and Services; X-rays and lab tests; Mental Health care; Coverage for Special heath needs; Coverage for pre-existing conditions; and Eye exams and eye glasses. WIC	Adults who live with uninsured children may apply for CHIP benefits. Child must be under 19, Texas resident and a US citizen or legal permanent resident. However, immigration status of the parents does not affect a child's eligibility and is not reported on the application form.
		Coverage includes nutrition education, nutritious foods, referrals to health and human services, breastfeeding support, and immunizations. Food benefits are issued for each client. http://www.dshs.state.tx.us/wichd/gi/eligible.shtm#eligibility	Applicants can apply for SCHIP over the phone, fax, or mail to Texas Health and Human Services Commission. Apply online: https://www.texkid.org/CISS/ Apply by phone: 1-877-543-7669 (1-877-KIDS-NOW) Request an application: https://www.texkid.org/CISS/pap erAppRequestForm.do?appSourc e=chipmedicaid
		Emergency Medicaid (see Emergency Medicaid chart) provides labor and delivery assistance to pregnant women regardless of immigration status. Texas Administrative Code § 354.2103	 WIC Applicants of WIC may include: Pregnant women; Women who are breastfeeding a baby under 1 year of age; Women who have had a baby in the past 6 months; and Parents, step-parents, guardians, and foster parents of infants and children under the age of 5 can apply for their children. Applicants must live in Texas but
			U.S. citizenship is not required.

State	Programs that Provide Pre-Natal Services for	Coverage	Eligibility/Application Process
	Qualified and Non- Qualified Immigrants		
			In most instances, applications must be made in person. Applicants should call (800) WIC-FORU or (800) 942-3678 to obtain the contact information of the WIC clinic near them. The WIC clinic will schedule an appointment with the applicant. Applicant should bring documentation of the household's source of income or wages, proof of address, identification for each person applying for WIC benefits. The appointment will consist of a health exam including height and weight measurement, a finger stick to screen for low iron, a medical and health history and a diet recall and history to determine nutritional risk. http://www.dshs.state.tx.us/wichd/gi/eligible.shtm#eligibility Emergency Medicaid The applicant should complete an Application for Assistance (Form 1010) and return it to a Texas Department of Human Services office or representative. Texas Administrative Code § 354.2103 http://www.dads.state.tx.us/forms/h1010-b/h1010-b.pdf
US Virgin Islands	Virgin Islands Code, 19 V.I.C. § 35 provides that within 120 days after conception all pregnant women shall submit to an		St. Croix: Rena Sarauw V.I. Medicare Coordinator/ V.I. SHIP Director Gov. Juan E. Luis Hospital &
	examination by a practicing physician subject to the supervision of the Commissioner of Health to determine their freedom from active venereal infection. If found infected they shall be treated as		Gov. Juan F. Luis Hospital & Medical Center 4007 Estate Diamond – 1st Floor St. Croix, VI 00820 Telephone: (340) 772-7368 Fax: (340) 772-9120 St. Thomas: Leonilda Jarvis
	provided in section 33 of		V.I. SHIP Office Representative

State	Programs that Provide	Coverage	Eligibility/Application Process
	Pre-Natal Services for		
	Qualified and Non- Qualified Immigrants		
	this title.		V.I. SHIP Office Schneider Regional Medical
	In the U.S. Virgin Islands,		Center
	Medicaid is called the		9048 Sugar Estate –
	Medical Assistance Program		1st Floor St. Thomas, VI 00802
	(MAP). The Department of		Telephone: (340) 714-4354
	Health's Bureau of Health		Fax: (340) 777-8510
	Insurance and Medical		
	Assistance is the division		
	responsible for		
	administering Medicaid in		
	the Virgin Islands.		
	Eligibility for MAP is		
	determined by the		
	Certification Units and is		
	based on family income,		
	resources, and other factors. Examples are documents		
	needed for eligibility		
	determination are: 1)		
	Verification of U.S.		
	Citizenship and age and 2)		
	Verification of resources		
	Other documents may be		
	required as well.		
Utah	Utah provides coverage for	"Emergency" shall mean a	Persons seeking assistance to pay
	specific emergency services	medical condition for which the	for medical services may apply at
	to non-citizens through its	absence of immediate medical	the Department of Health offices
	Emergency Medicaid	attention could reasonably be	or Medicaid outreach offices in
	program. See Emergency	expected to result in death or	most m major hospitals and many
	Services Only, for Non-	permanent disability to the	area public health clinics.
	Citizens, Utah Medicaid Program, <i>available at</i>	person, or in the case of a pregnant woman, to the unborn	Department of Health offices are located at Department of
	http://health.utah.gov/medic	child. Emergency services shall	Workforce Services buildings in
	aid/provhtml/emergency m	be those rendered from the	some communities. People may
	edical.html. Delivery of a	moment of onset of the	call the Medicaid Information
	child is covered under this	emergency condition, to the time	Line to find out the location of the
	program for non-citizens,	the person's condition is	nearest office.
	but not pre-natal or post-	stabilized at an appropriate	
	partum services. See id.;	medical facility, or death results.	For information see
	see also Utah Medicaid	The definition of emergency	http://health.utah.gov/medicaid/
	Provider Manual, at 13-7	services shall include labor and	
	(Apr. 2005), available at	delivery services, but not pre-	
	http://health.utah.gov/medic aid/manuals/pdfs/Medicaid	natal or post-partum services. Emergency services shall not	
	%20Provider%20Manuals/S	include prolonged medical	
	ection%20I%20(All%20Pro	support, medical equipment, or	
	viders)/Archive/2008/Sectio	prescribed drugs which are	

nI-1-08.pdf.

Emergency Medicaid refers to coverage for individuals who meet all of the other eligibility criteria for one of the state's Medicaid programs, but who are not U.S. citizens or qualified resident aliens. Emergency Medicaid only covers emergency medical services. Coverage is provided for the month the emergency occurs and is not provided ongoing. Pregnant women can apply one month before the expected date of delivery and receive coverage for the labor and delivery charges. An infant born to a woman eligible for emergency Medicaid is eligible for Medicaid through the month of the baby's first birthday. See **Utah Medical Programs** Summary, at 12 (Jul. 2010), available at http://health.utah.gov/medic aid/pdfs/medicalprograms07 -10.pdf.

To qualify for Emergency Medicaid:

- Individual must be a resident of Utah;
- Individual must show that they have had emergency medical services in the month they apply or in the 90 day period before the application date; and
- Individual must meet the other eligibility requirements for the medical program needed (e.g., pregnant woman would need to meet the eligibility requirements for the Prenatal (PN) or Pregnant Women (PG) programs).

required beyond the point at which the emergency condition has been resolved. Emergency services also shall not include long term care or organ transplants. See Utah Medicaid Provider Manual, at 13-7 (Apr. 2005), available at

http://health.utah.gov/medicaid/ manuals/pdfs/Medicaid%20Prov ider%20Manuals/Section%20I% 20(All%20Providers)/Archive/2 008/SectionI-1-08.pdf.

Pregnant women who qualify for PN Emergency Medicaid may be eligible for emergency services at any time during their pregnancy if they have an emergency need. If the emergency need occurs in any month other than the month before the expected delivery, the case must be closed once the emergency has been resolved. The pregnant woman must reapply and eligibility must be redetermined to cover a subsequent emergency or the actual delivery.

Vermont does not have a program for routine prenatal care to non-citizens. In Vermont, an individual who does not meet the citizenship requirement is eligible for emergency eservices, provided such care and services are not related to either an organ transplant procedure or routine prenatal or post-partum care, if both of the following conditions are met: A. The noncitizen has, after sudden onset, a medical condition, including emergency labor and delivery, manifesting itself by acute symptoms of sufficient severity, including severe pain, which patient's health. I. serious impairment of bodily functions, or . serious dysfunction of any bodily organ or part. The noncitizen must meet all other eligibility requirements for Medicaid except verification of alien status and, for illegal noncitizens, verification of a social security number. Virginia Vermont does not have a program for toutine prenatal care to non-citizens. In a verage knowledge of relating the member's physical or mental health in serious jeopardy; or sufficient severity, including severe pain, that the absence of immediate medical actention could reasonably be expected to result in: . serious impairment of bodily functions, or . serious dysfunction of any bodily organ or part. The noncitizen must meet all other eligibility requirements for Medicaid except verification of alien status and, for illegal noncitizens, verification of a social security number.	See http://jobs.utah.gov/custome reducation/services/medicai		
Va. Admin. Code § 30-50- 310(A).	program for routine prenatal care to non-citizens. In Vermont, an individual who does not meet the citizenship requirement is eligible for emergency services, provided such care and services are not related to either an organ transplant procedure or routine prenatal or post-partum care, if both of the following conditions are met: A. The noncitizen has, after sudden onset, a medical condition, including emergency labor and delivery, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in: . serious jeopardy to the patient's health, . serious impairment of bodily functions, or . serious dysfunction of any bodily organ or part. The noncitizen must meet all other eligibility requirements for Medicaid except verification of alien status and, for illegal noncitizens, verification of a social security number. Nonqualified aliens are eligible for Medicaid coverage of emergency medical care only. See 12 Va. Admin. Code § 30-50-	health care items and services furnished or required to evaluate and treat an emergency medical condition. "Emergency medical condition" means the sudden and, at the time, unexpected onset of an illness or medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by the prudent layperson, who possess an average knowledge of health and medicine, to result in: a. placing the member's physical or mental health in serious jeopardy; or b. serious impairment to bodily functions; or c. serious dysfunction of any	Medicaid must file a Medicaid application with the Department for Children and Families: Vermont Department for Children and Families Economic Services Division 103 South Main Street Waterbury, VT 05676-1201 1-800-479-6151;

	Under Virginia law, emergency treatment of a medical condition for certain qualified aliens affected by five-year bar and for nonqualified aliens does not include routine prenatal or postpartum care. See 12 Va. Admin. Code § 30-50-310(B).		
Washington	Medical Assistance – Pregnancy Medical	Medical Assistance – Pregnancy Medical Program	Medical Assistance – Pregnancy Medical Program
	Program	Tregnancy Medical Frogram	Tregnancy Medical Trogram
	All aliens may receive prenatal care in Washington regardless of immigration status (lawfully present in the U.S. or not). To receive these pregnancy benefits meet income requirements standard income and residency requirements. Pregnant women are eligible for categorically needed scope of care under the noncitizen pregnant women's program, if they are not eligible for Medicaid because of citizenship or immigration status. This includes undocumented women.	A woman who was eligible for medical coverage on the last day of pregnancy and received medical coverage on the last day of pregnancy is eligible for postpartum care for a minimum of 60 days from the end of her pregnancy. Wash. Admin. Code § 388-462-0115. This extension continues through the end of the month in which the sixtieth day falls. Wash. Admin. Code § 388-462-0015. A woman who was eligible for medical coverage on the last day of pregnancy is eligible for family planning services for twelve months from the end of pregnancy. Wash. Admin. Code § 388-462-0115.	A person can apply for pregnancy medical benefits at the local community services office or online. To locate a local community services office see: https://fortress.wa.gov/dshs/f2ws03esaapps/onlinecso/findservice.asp For more information on the online application see: https://fortress.wa.gov/dshs/f2esaapps/esaosa/
	For more information see: http://hrsa.dshs.wa.gov/Eligi bility/OVERVIEW/Medical OverviewWomen%27sHealt h.htm	The newborn is covered for medical services under the mother's medical identification card during the mother's post partum period as long as the mother received medical coverage at the time of the baby's birth.	
West Virginia	Women, Infants &	WIC services include: (i)	In order to qualify for this benefit
	Children ("WIC") The WIC Program provides supplemental foods, nutrition education and referrals to health care, at no cost, to low-income pregnant, breastfeeding and	nutrition counseling and education; (ii) breastfeeding promotion and support; (iii) health screening; (iv) medical and social service referrals; and (v) monthly food packages.	program, you must be a resident of the State of West Virginia, pregnant, breastfeeding and postpartum woman, infant or child up to 5 years of age and: (1) are individually determined by a health professional to be at nutrition risk; and, (2) meet an income standard, or are

Wisconsin	proper amounts and types of food intake. Examples of nutrition risk are: (i) low iron levels; (ii) insufficient growth, i.e. low weight for age, low weight for height; (iii) premature delivery; and (iv) inadequate dietary intake (types or amounts of food) Link to website: http://ons.wvdhhr.org/ BadgerCare Prenatal Program for pregnant women: The BadgerCare Prenatal Program provides health care for pregnant women who have been denied Wisconsin Medicaid because of their immigration or citizenship status. This program will pay for prenatal care and labor and delivery. BadgerCare coverage terminates at the end of the pregnancy. http://www.dhs.wisconsin.g ov/medicaid/Publications/p-10164.pdf		Apply online at access.wi.gov. Apply in person or by phone/mail/fax at county/tribal human or social services department.
Wyoming	Medicaid	Coverage questions may be	EqualityCare
Wyoming	Medicaid EqualityCare is a state public health insurance program designed to help	Coverage questions may be answered by calling the EqualityCare Client Help Line at 1-800-251-1269. For emergency services coverage, the	Applicants obtain an application and submit it to the their local Department of Family Services

qualified aliens.

Non-qualified aliens are eligible for emergency care services under EqualityCare, provided they meet the income guidelines forth. Emergency services are those necessary to prevent the death of serious impairment of an individual See Wy. Medicaid Rules Ch. 26. Sec. 4 (vv). Childbirth may be considered an emergency service, although prenatal care would not be and would not be covered.

Kid Care CHIP

Kid Care CHIP is a public health plan designed to cover children in Wyoming who meet specified eligibility criteria. Wyoming follows federal guidelines as to alien research eligibility and indicated that Kid Care CHIP does not cover fetuses.

medical bills to be covered.

Women, Infants and Children office, or various doctors' offices. See Wy. Stat. Ann. § 42-4-106.

Applications will be reviewed by a benefit specialist who will determine eligibility. Applicants who are eligible for EqualityCare will receive a letter explaining the coverage. Applicants who are determined to be ineligible will receive a letter explaining the reason for the denial. See Wy. Stat. Ann. § 42-2-106.

If a request for medical services (childbirth) was denied by the Office of Medicaid, a request for an administrative hearing must be made in writing and include the individual's name, address and the reason for the hearing request. The hearing request should be mailed to: Office of Medicaid, 2300 Capitol Avenue, Cheyenne, WY 82002.

administrative Requests for hearings will be reviewed, and if a hearing is granted, notice will be sent regarding the date and time of the hearing.

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D. TANF

1. Eligibility for State Funded TANF Replacement





Eligibility for State Funded TANF Replacement Programs for Immigrant Crime Victimsⁱ

<u> </u>	Qualified Qualified	VAWAiii	PRUCOL (includes	Deeming
	Immigrants ⁱⁱ		VAWA, T & U-Visa	8
	g		Applicants)iv	
States				
Alabama	No	No	No	No
Alaska	No	No	No	No
Arizona	No	No	No	No
Arkansas	No	No	No	No
California	Yes	Yes	Yes	Maybe
Colorado	No	No	No	No
Connecticut	Yes* requires pursuit of citizenship	Yes	No	Maybe
Delaware	No	No	No	No
District of Columbia	No	No	No	No
Florida	No	No	No	No
Georgia	No	No	No	No
Hawaii	No	No	No	No
Idaho	No	No	No	No
Illinois	Yes* for abused immigrants only	Yes	No	No
Indiana	No	No	No	No
Iowa	Yes* abused immigrants only	Yes	No	No
Kansas	No	No	No	No
Kentucky	No	No	No	No
Louisiana	No	No	No	No
Maine	Yes* must meet hardship criteria, including seniors, disabled & victims of domestic violence	Yes	Yes* must meet hardship criteria, including seniors, disabled & victims of domestic violence	Maybe
Maryland	Yes	Yes	No	Maybe
Massachusetts	No	No	No	No
Michigan	No	No	No	No





	Qualified Immigrants ^{vi}	VAWAvii	PRUCOL (includes VAWA, T & U-Visa Applicants)viii	Deemingix
States				
Minnesota	Yes** LPRs receiving benefits must enroll in literacy and civics classes and pursue citizenship	No	Yes	Maybe
Mississippi	No	No	No	No
Missouri	No	No	No	No
Montana	No	No	No	No
Nebraska	No	No	No	No
Nevada	Yes* abused immigrants only	Yes	No	No
New Hampshire	No	No	No	No
New Jersey	Yes* abused immigrants only	Yes	Yes* Those who resided in the US on or before Aug. 22, 1996 only.	No
New Mexico	Yes	Yes	No	Maybe
New York	Yes	Yes	Yes	No
North Carolina	No	No	No	No
North Dakota	No	No	No	No
Ohio	No- including those who have completed the 5 year bar, unless they are persons under an order of supervision of the court	No	No	No
Oklahoma	No	No	No	No
Oregon	Yes	Yes	No- abused immigrants only	Maybe
Pennsylvania	Yes	Yes	Yes	Maybe
Rhode Island	No	No	No	No
South Carolina	No	No	No	No
South Dakota	No	No	No	No





	Qualified Immigrants ^x	VAWAxi	PRUCOL (includes VAWA, T & U-Visa Applicants) ^{xii}	Deemingxiii
States				
Tennessee	Yes* abused immigrants only	Yes	No	No
Texas	No	No	No	No
Utah	Yes	Yes	No	Maybe
Vermont	No	No	No	No
Virginia	No	No	No	No
Washington	Yes**	Yes	Yes	Maybe
West Virginia	No	No	No	No
Wisconsin	Yes- family eligibility is determined by parents' immigration status	Yes	No	Maybe
Wyoming	Yes	Yes	No	Maybe
Puerto Rico	No	No	No	No
Guam	No	No	No	No

^{*} See exceptions and bars to eligibility - National Immigration Law Center, State-Funded TANF Replacement Programs, Table 8, August 2011, available at: http://www.nilc.org/guide tanf.html **Lawful Permanent Residents (LPR) only.

ⁱThis chart was developed by Benish Anver and Leslye E. Orloff (March 12, 2013).

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¹¹ **Qualified Immigrants**– are: (1) lawful permanent residents (LPRs); (2) refugees, asylees, persons granted withholding of deportation/removal, conditional entry (in effect prior to Apr. 1, 1980), or paroled into the U.S. for at least one year; (3) Cuban/Haitian entrants; (4) battered spouses and children with a pending or approved (a) self-petition for an immigrant visa, or (b) immigrant visa filed for a spouse or child by a U.S. citizen or LPR, or (c) application for cancellation of removal/suspension of deportation, whose need for benefits has a substantial connection to the battery or cruelty (parent/child of such battered child/spouse is also "qualified"); and (5) victims of trafficking and their derivative beneficiaries who have obtained a T visa or whose application for a





T visa sets forth a *prima facie* case. (A broader group of trafficking victims who are certified by or receive an eligibility letter from the Office of Refugee Resettlement are eligible for benefits funded or administered by federal agencies, without regard to their immigration status.) *See* National Immigration Law Center, State-Funded TANF Replacement Programs, Table 8, August 2011, *available at:* http://www.nilc.org/guide_tanf.html (full details of programs available in states provided by NILC).

- Wiolence Against Women Act (VAWA) includes: 1. VAWA self-petitioners, as defined by INA § 101(a)(51); 2. VAWA cancellation of removal, INA § 240A; 3. VAWA suspension of deportation, INA § 244(a)(3)(as in effect prior to March 31, 1997); 4. An immigrant who has been subjected to battering or extreme cruelty, whose spouse or parent filed a family based visa petition for them, which is pending and sets out a prima facie case for approval or has been approved. The battery and extreme cruelty could have been perpetrated by the spouse or parent or a member of the spouse or parent's family residing in the same household as the victim. All immigrants applying for benefits under VAWA must demonstrate a substantial connection between the battering or extreme cruelty and the need for benefits.
- iv **PRUCOL or Permanently Residing in the U.S. Under the Color of Law** is not an immigration status, but a benefit eligibility category. The term, which generally means that U.S. Citizenship and Immigration Services is aware of a person's presence, but has no plans to deport/remove him or her, has been interpreted differently depending on the benefit program and jurisdiction.
- v **Deeming** in some cases, a sponsor's income and/or resources may be added to the immigrant's in determining eligibility. Exceptions from deeming may apply.

E. Food Assistance

1. State-Funded Food Assistance Programs (NILC)

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TABLE 12 State-Funded Food Assistance Programs

This table lists the state-funded programs that provide nutrition assistance to immigrants who are not eligible for coverage under the federally funded Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program. Unless otherwise noted, state-funded assistance is provided at the federal SNAP benefit level.

(Information updated JUNE 2013)

STATE	ELIGIBLE IMMIGRANTS
California	"Qualified" immigrants, lawful temporary residents, victims of trafficking, U visa/interim relief applicants, and U visa holders. Eligibility for this program may be affected by deeming.
Connecticut	Immigrants ineligible for federal food stamps (SNAP) due to the 1996 federal welfare law eligible for food assistance at 75% of the federal amount. Immigrants who entered the U.S. on or after Apr. 1, 1998, must meet a 6-month residency requirement.
Maine	Immigrants ineligible for federal food stamps (SNAP) due to the 1996 federal welfare law and PRUCOLs. Individuals applying after July 1, 2011, must meet hardship criteria in order to qualify, which includes exceptions for seniors, persons with disabilities, survivors of domestic violence and other hardship exceptions to be defined by rule.
Minnesota	Lawfully residing immigrants who are either 50 years or older or are receiving TANF. (The TANF program combines cash and food assistance.) Must take steps toward citizenship. Eligibility for this program may be affected by deeming.
Washington	"Qualified" immigrants, PRUCOLs, and lawfully present immigrants eligible for nutrition assistance at 50 percent of the federal amount. Eligibility for this program may be affected by deeming.

(rev. 6/13)

Key Terms Used in Table

"Qualified" immigrants – are: (1) lawful permanent residents (LPRs); (2) refugees, asylees, persons granted withholding of deportation/removal, conditional entry (in effect prior to Apr. 1, 1980), or paroled into the U.S. for at least one year; (3) Cuban/Haitian entrants; (4) battered spouses and children with a pending or approved (a) self-petition for an immigrant visa, or (b) immigrant visa filed for a spouse or child by a U.S. citizen or LPR, or (c) application for cancellation of removal/suspension of deportation, whose need for benefits has a substantial connection to the battery or cruelty. Parent/child of such battered child/spouse are also "qualified"; and (5) victims of trafficking and their derivative beneficiaries who have obtained a T visa or whose application for a T visa sets forth a *prima facie* case. (A broader group of trafficking victims who are certified by or receive an eligibility letter from the Office of Refugee Resettlement are eligible for benefits funded or administered by federal agencies, without regard to their immigration status.)

"PRUCOL" or permanently residing in the U.S. under color of law – is not an immigration status, but a benefit eligibility category. The term, which generally means that the Department of Homeland Security is aware of a person's presence, but has no plans to deport/remove him or her, has been interpreted differently depending on the benefit program and jurisdiction.

Deeming – in some cases, a sponsor's income and/or resources may be added to the immigrant's in determining eligibility. Exemptions from deeming may apply.

NOTE: The information in this table is subject to change. Please check with your state or local social services agency or legal assistance office regarding the most current rules.

F. SSI Benefits (NILC)

1. State-Funded SSI Replacement Programs

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TABLE 9 State-Funded SSI Replacement Programs

This table lists the state-funded programs that provide cash assistance to immigrants who are not eligible for coverage under the federal Supplemental Security Income (SSI) program. In many other states, General Assistance and similar programs may fill in some of the gaps for immigrants who are ineligible for federally funded Supplemental Security Income (SSI). The benefit levels, however, are generally much lower than those provided by SSI, and other restrictions and time limits may apply. (Unless otherwise indicated, information updated March 2011)

STATE	ELIGIBLE IMMIGRANTS
California	"Qualified" immigrants, PRUCOLs, victims of trafficking, U visa/interim relief applicants, and U visa holders who are ineligible for federal SSI. Benefit levels for individuals are \$10 less than the federal SSI and state SSI supplement. Eligibility for this program may be affected by deeming.
Hawaii	"Qualified" immigrant seniors and persons with disabilities can receive Aid to the Aged, Blind and Disabled (AABD), which provides \$418 per month.
Illinois	"Qualified" immigrants who were lawfully residing in the U.S. before Aug. 22, 1996, were not receiving SSI on that date, are 65 or older, and are determined ineligible for SSI because they do not have a disability. Eligibility for this program may be affected by deeming.
	Refugees, persons granted asylum or withholding of deportation/removal, Cuban and Haitian entrants, and Amerasian immigrants, who would be eligible for SSI, but for the expiration of the seven-year eligibility period, can receive up to \$500 per month under Illinois' Aid to the Aged, Blind, and Disabled Program.
Maine	"Qualified" immigrants and PRUCOLs who are ineligible for federal SSI. Benefit levels for individuals are equal to the federal SSI and state SSI supplement.
Nebraska	"Qualified" immigrants, regardless of date of entry into the U.S. Eligibility for this program may be affected by deeming.
New Hampshire	"Qualified" immigrants who entered the U.S. on or before Aug. 22, 1996, and those who entered after Aug. 22, 1996 who have been in "qualified" immigrant status for 5 years. Refugees, asylees, Cuban/Haitian entrants, Amerasian immigrants and persons granted withholding of deportation/removal are eligible without regard to their date of entry into the U.S.

(rev. 03/11)

Key Terms Used in Table

"Qualified" immigrants – are: (1) lawful permanent residents (LPRs); (2) refugees, asylees, persons granted withholding of deportation/removal, conditional entry (in effect prior to Apr. 1, 1980), or paroled into the U.S. for at least one year; (3) Cuban/Haitian entrants; and (4) battered spouses and children with a pending or approved (a) self-petition for an immigrant visa, or (b) immigrant visa filed for a spouse or child by a U.S. citizen or LPR, or (c) application for cancellation of removal/suspension of deportation, whose need for benefits has a substantial connection to the battery or cruelty. Parent/child of such battered child/spouse are also "qualified."

"PRUCOL" or permanently residing in the U.S. under color of law – is not an immigration status, but a benefit eligibility category. The term, which generally means that U.S. Citizenship and Immigration Services is aware of a person's presence, but has no plans to deport/remove him or her, has been interpreted differently depending on the benefit program and jurisdiction.

Deeming – in some cases, a sponsor's income and/or resources may be added to the immigrant's in determining eligibility. Exemptions from deeming may apply.

NOTE: The information in this table is subject to change. Please check with your state or local social services agency or legal assistance office regarding the most current rules.