

**Crime Victims Reparations Board**  
State of Louisiana

**JOHN BEL EDWARDS**  
GOVERNOR



**JIM CRAFT**  
EXECUTIVE DIRECTOR

**BOARD MEETING MINUTES**

**Tuesday, November 12, 2019**

**Louisiana Commission on Law Enforcement**

**Member Attendees**

Linda Gautier, Lisa Kiper, Carla Shorty, Carolyn Stapleton, Audrey Thibodeaux, Amanda Tonkovich

**Member Absentees**

Gary "Stitch" Guillory, Rena Hebert, Angela Henderson, Catalene Theriot, Tameka White

**Staff Attendees**

Robert Wertz, Carla Trahan, Josh Cayer

**Guest Attendees**

Wilson Thibodeaux, Jane Wood, Rikee Ruffin

**CALL TO ORDER**

Ms. Tonkovich called the meeting of the Crime Victims Reparations Board to order at 9:30 a.m. Ms. Kiper made a motion to approve the emergency awards since the previous meeting and to waive repayment of those awards.

Ms. Thibodeaux seconded the motion and the motion passed unanimously.

**APPROVAL OF MINUTES OF PREVIOUS MEETING**

Ms. Thibodeaux made a motion to approve the minutes of the previous meeting. Ms. Stapleton seconded the motion and the motion passed unanimously.

# CRIME VICTIMS REPARATIONS BOARD

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| Parish     | CVR #      | Claim # | Resolution   |
|------------|------------|---------|--|
| ASCENSION  | ASCE19-303 | 190869  | Claim Eligibility APPROVED.<br>Payment of \$650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office  |
| ASCENSION  | ASCE19-413 | 191721  | Claim Eligibility APPROVED.<br>Payment of \$1,000.00 APPROVED for MEDICAL to CARE Center   |
| ASCENSION  | ASCE19-419 | 200207  | Claim Eligibility APPROVED.<br>Payment of \$843.05 APPROVED for MEDICAL to CARE Center   |
| ASCENSION  | ASCE19-420 | 200208  | Claim Eligibility APPROVED.<br>Payment of \$325.00 APPROVED for MEDICAL to CARE Center   |
| Assumption | ASSU16-004 | 160083  | Claim Eligibility APPROVED.<br>Payment of \$137.50 APPROVED for MEDICAL to Thibodaux Regional Medical Center   |
| ASSUMPTION | ASSU19-303 | 190862  | Claim Eligibility APPROVED.<br>Payment of \$650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office  |
| Avoyelles  | AVOY16-001 | 160182  | Claim Eligibility APPROVED.<br>Payment of \$300.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Acadian Ambulance<br>Payment of \$47.30 APPROVED for MEDICAL to Acadian Ambulance<br>Payment of \$812.35 APPROVED for MEDICAL to Avoyelles Hospital |
| BEAUREGARD | BEAU19-352 | 191696  | Claim Eligibility APPROVED.<br>Payment of \$1,167.75 APPROVED for MEDICAL to Lake Charles Memorial Hospital  |
| BEAUREGARD | BEAU19-353 | 191680  | Claim Eligibility APPROVED.<br>Payment of \$1,651.55 APPROVED for MEDICAL to Lake Charles Memorial Hospital  |
| BIENVILLE  | BIEN19-001 | 200153  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Memorial Funeral Home   |
| Bossier    | BOSS16-004 | 160038  | Claim Eligibility DENIED - No Pecuniary Loss.  |
| Bossier    | BOSS16-012 | 160030  | Claim Eligibility APPROVED.  |
| Bossier    | BOSS18-343 | 190093  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners  |
| BOSSIER    | BOSS19-301 | 190256  | Claim Eligibility APPROVED.<br>Payment of \$0.00 APPROVED for MEDICAL to Forensic Nurse Examiners  |
| BOSSIER    | BOSS19-301 | 200434  | Claim Eligibility APPROVED.<br>Payment of \$397.00 APPROVED for MEDICAL to Willis Knighton Bossier Health Center   |

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| Parish  | CVR #      | Claim # | Resolution   |
|---------|------------|---------|--|
| BOSSIER | BOSS19-788 | 200211  | Claim Eligibility APPROVED.<br>Payment of \$716.24 APPROVED for MEDICAL to Willis Knighton Bossier Health Center   |
| BOSSIER | BOSS19-789 | 200212  | Claim Eligibility APPROVED.<br>Payment of \$1,323.30 APPROVED for MEDICAL to Willis Knighton Bossier Health Center |
| BOSSIER | BOSS19-801 | 200160  | Claim Eligibility APPROVED.<br>Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners                |
| BOSSIER | BOSS19-804 | 200331  | Claim Eligibility APPROVED.<br>Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners                |
| BOSSIER | BOSS19-805 | 200347  | Claim Eligibility APPROVED.<br>Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners                |
| Caddo   | CADD16-020 | 160333  | Claim Eligibility APPROVED.<br>Payment of \$4,500.00 APPROVED for FUNERAL to Heavenly Gates Funeral Home           |
| Caddo   | CADD16-021 | 160372  | Claim Eligibility APPROVED.<br>Payment of \$52.25 APPROVED for MEDICAL to WK Emergency Dept. Group                 |
| Caddo   | CADD16-022 | 160393  | Claim Eligibility APPROVED.<br>Payment of \$3,726.00 APPROVED for FUNERAL to Claimant                              |
| Caddo   | CADD16-030 | 161068  | Claim Eligibility APPROVED.<br>Payment of \$4,500.00 APPROVED for FUNERAL to Heavenly Gates Funeral Home           |
| Caddo   | CADD16-046 | 160854  | Claim Eligibility APPROVED.<br>Payment of \$500.00 APPROVED for FUNERAL to Claimant                                |
| Caddo   | CADD16-046 | 160855  | Claim Eligibility APPROVED.<br>Payment of \$750.00 APPROVED for FUNERAL to Claimant                                |
| Caddo   | CADD16-046 | 160856  | Claim Eligibility APPROVED.  |
| Caddo   | CADD16-052 | 161219  | Claim Eligibility APPROVED.  |
| Caddo   | CADD16-054 | 161067  | Claim Eligibility APPROVED.  |
| Caddo   | CADD16-060 | 161283  | Claim Eligibility APPROVED.  |
| Caddo   | CADD16-061 | 161165  | Claim Eligibility APPROVED.  |
| Caddo   | CADD16-062 | 160665  | Claim Eligibility APPROVED.  |

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| Parish | CVR #      | Claim # | Resolution  |
|--------|------------|---------|---|
| CADDO  | CADD16-062 | 200312  | Claim Eligibility APPROVED.<br>Payment of \$1,991.37 APPROVED for FUNERAL to Claimant   |
| Caddo  | CADD16-063 | 160450  | Claim Eligibility APPROVED.<br>Payment of \$5,000.00 APPROVED for FUNERAL to Claimant   |
| Caddo  | CADD16-065 | 160040  | Claim Eligibility APPROVED.<br>Payment of \$406.57 APPROVED for MEDICAL to Willis Knighton Bossler Health Center<br>Payment of \$44.12 APPROVED for MEDICAL to University Health Shreveport<br>Payment of \$122.32 APPROVED for MEDICAL to Claimant |
| Caddo  | CADD16-601 | 160861  | Claim Eligibility APPROVED.<br>Payment of \$30.00 APPROVED for MENTAL HEALTH to David Raines Community Health Center, Inc.<br>Payment of \$30.00 APPROVED for MENTAL HEALTH to Claimant   |
| Caddo  | CADD17-002 | 170237  | Claim Eligibility APPROVED.<br>Payment of \$919.03 APPROVED for FUNERAL to Claimant   |
| Caddo  | CADD17-011 | 170643  | Claim Eligibility APPROVED.<br>Payment of \$5,000.00 APPROVED for FUNERAL to Claimant   |
| CADDO  | CADD18-016 | 180883  | Claim Eligibility APPROVED.<br>Payment of \$4,500.00 APPROVED for FUNERAL to Claimant   |
| Caddo  | CADD18-018 | 181010  | Claim Eligibility DENIED - Not a Compensable Expense.   |
| Caddo  | CADD18-045 | 182137  | Claim Eligibility APPROVED.   |
| Caddo  | CADD18-390 | 190094  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners   |
| Caddo  | CADD18-391 | 190095  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners   |
| CADDO  | CADD19-043 | 191774  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant  |
| CADDO  | CADD19-044 | 200139  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant  |
| CADDO  | CADD19-046 | 200138  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Claimant   |
| CADDO  | CADD19-047 | 200151  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Precious Memories Mortuary   |

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| Parish    | CVR #      | Claim # | Resolution   |
|-----------|------------|---------|--|
| CADDO     | CADD19-049 | 200413  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant   |
| CADDO     | CADD19-052 | 200414  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant   |
| CADDO     | CADD19-401 | 200441  | Claim Eligibility APPROVED.<br>Payment of \$760.64 APPROVED for MEDICAL to Willis Knighton South   |
| CADDO     | CADD19-824 | 200214  | Claim Eligibility APPROVED.<br>Payment of \$472.73 APPROVED for MEDICAL to Ochsner LSU Health Shreveport   |
| CADDO     | CADD19-826 | 200161  | Claim Eligibility APPROVED.<br>Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners  |
| CADDO     | CADD19-827 | 200164  | Claim Eligibility APPROVED.<br>Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners  |
| CADDO     | CADD19-828 | 200168  | Claim Eligibility APPROVED.<br>Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners  |
| CADDO     | CADD19-828 | 200433  | Claim UNABLE TO PROCESS - .<br>Payment of \$0.00 APPROVED for MEDICAL to Willis Knighton Pierremont (ED)   |
| CADDO     | CADD19-829 | 200181  | Claim Eligibility APPROVED.<br>Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners  |
| CADDO     | CADD19-830 | 200182  | Claim Eligibility APPROVED.<br>Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners  |
| CADDO     | CADD19-833 | 200341  | Claim Eligibility APPROVED.<br>Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners  |
| CALCASIEU | CALC15-042 | 200365  | Claim Eligibility APPROVED.<br>Payment of \$300.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Acadian Ambulance<br>Payment of \$30.25 APPROVED for MEDICAL to Access Radiology<br>Payment of \$2,322.23 APPROVED for MEDICAL to Lake Charles Memorial Hospital<br>Payment of \$251.35 APPROVED for MEDICAL to Acadian Ambulance |
| Calcasieu | CALC16-011 | 160076  | Claim Eligibility APPROVED.<br>Payment of \$286.63 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Acadian Ambulance   |
| Calcasieu | CALC16-016 | 160291  | Claim Eligibility APPROVED.<br>Payment of \$611.60 APPROVED for MEDICAL to Access Radiology/ R.A.S.L.<br>Payment of \$877.44 APPROVED for MEDICAL to Christus St. Patrick Hospital   |

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| Parish    | CVR #      | Claim # | Resolution   |
|-----------|------------|---------|--|
| Calcasieu | CALC16-021 | 160331  | Claim Eligibility DENIED - Lack of Cooperation.  |
| Calcasieu | CALC16-029 | 160407  | Claim Eligibility APPROVED.<br>Payment of \$300.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Acadian Ambulance<br>Payment of \$48.95 APPROVED for MEDICAL to Acadian Ambulance   |
| Calcasieu | CALC16-050 | 160658  | Claim Eligibility APPROVED.<br>Payment of \$3,232.07 APPROVED for MEDICAL to Lake Charles Memorial Hospital<br>Payment of \$498.85 APPROVED for MEDICAL to PEMM Lake Charles, LLC  |
| Calcasieu | CALC16-059 | 161149  | Claim Eligibility APPROVED.<br>Payment of \$1,694.21 APPROVED for MEDICAL to Lake Charles Memorial Hospital  |
| Calcasieu | CALC16-070 | 160640  | Claim Eligibility APPROVED.  |
| Calcasieu | CALC16-073 | 160949  | Claim Eligibility APPROVED.<br>Payment of \$110.00 APPROVED for MEDICAL to West Calcasieu-Cameron Hospital<br>Payment of \$134.46 APPROVED for MEDICAL to Schlamp Family Medical Clinic<br>Payment of \$137.50 APPROVED for MEDICAL to Ochsner Health System<br>Payment of \$163.87 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Acadian Ambulance<br>Payment of \$196.61 APPROVED for MEDICAL to Ochsner Health System<br>Payment of \$27.50 APPROVED for MEDICAL to West Calcasieu-Cameron Hospital<br>Payment of \$429.00 APPROVED for MEDICAL to West Calcasieu-Cameron Hospital<br>Payment of \$56.36 APPROVED for MEDICAL to Center for Orthopaedics - LC<br>Payment of \$750.55 APPROVED for MEDICAL to West Calcasieu-Cameron Hospital<br>Payment of \$750.75 APPROVED for MEDICAL to West Calcasieu-Cameron Hospital |
| Calcasieu | CALC16-076 | 161170  | Claim Eligibility APPROVED.<br>Payment of \$28.25 APPROVED for MEDICAL to Lake Charles Memorial Hospital   |
| Calcasieu | CALC16-079 | 160965  | Claim Eligibility APPROVED.<br>Payment of \$300.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Acadian Ambulance   |
| Calcasieu | CALC16-085 | 161033  | Claim Eligibility APPROVED.  |
| Calcasieu | CALC16-087 | 161066  | Claim Eligibility APPROVED.  |
| Calcasieu | CALC16-088 | 161065  | Claim Eligibility APPROVED.  |

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| Parish    | CVR #      | Claim # | Resolution  |
|-----------|------------|---------|---|
| Calcasieu | CALC16-642 | 160735  | Claim Eligibility APPROVED.<br>Payment of \$22.50 APPROVED for MEDICAL to Access Radiology/ R.A.S.L.  |
| Calcasieu | CALC16-656 | 160962  | Claim Eligibility APPROVED.<br>Payment of \$220.00 APPROVED for MENTAL HEALTH to Elite Medical Wellness<br>Payment of \$315.28 APPROVED for MEDICAL MILEAGE to Claimant |
| Calcasieu | CALC17-020 | 170592  | Claim Eligibility DENIED - Not a Compensable Expense.<br>Payment of \$0.00 APPROVED for FUNERAL to King's Funeral Home -- Lake Charles                                  |
| Calcasieu | CALC17-021 | 170590  | Claim Eligibility APPROVED.<br>Payment of \$703.00 APPROVED for FUNERAL to Claimant   |
| Calcasieu | CALC18-004 | 180176  | Claim Eligibility APPROVED.   |
| Calcasieu | CALC18-032 | 181159  | Claim UNABLE TO PROCESS - .   |
| CALCASIEU | CALC19-390 | 191800  | Claim Eligibility APPROVED.<br>Payment of \$431.97 APPROVED for MEDICAL to Lake Charles Memorial Hospital   |
| CALCASIEU | CALC19-451 | 191697  | Claim Eligibility APPROVED.<br>Payment of \$809.55 APPROVED for MEDICAL to Lake Charles Memorial Hospital   |
| CALCASIEU | CALC19-454 | 191695  | Claim Eligibility APPROVED.<br>Payment of \$1,329.00 APPROVED for MEDICAL to Lake Charles Memorial Hospital   |
| CALCASIEU | CALC19-458 | 191694  | Claim Eligibility APPROVED.<br>Payment of \$809.52 APPROVED for MEDICAL to Lake Charles Memorial Hospital   |
| CALCASIEU | CALC19-459 | 191693  | Claim Eligibility APPROVED.<br>Payment of \$822.58 APPROVED for MEDICAL to Lake Charles Memorial Hospital   |
| CALCASIEU | CALC19-465 | 191690  | Claim Eligibility APPROVED.<br>Payment of \$1,104.37 APPROVED for MEDICAL to Lake Charles Memorial Hospital   |
| CALCASIEU | CALC19-605 | 200215  | Claim Eligibility APPROVED.<br>Payment of \$1,090.63 APPROVED for MEDICAL to Lake Charles Memorial Hospital   |

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| Parish       | CVR #      | Claim # | Resolution   |
|--------------|------------|---------|--|
| Claiborne    | CLAI15-005 | 150286  | <p>Claim Eligibility APPROVED.</p> <p>Payment of \$5,340.37 APPROVED for MEDICAL to University Health - Shreveport</p> <p>Payment of \$906.65 APPROVED for MEDICAL to Claiborne Memorial Hospital</p> <p>Payment of \$388.30 APPROVED for MEDICAL to LSUHSC Shreveport Faculty Group Practice</p> <p>Payment of \$388.04 APPROVED for MEDICAL to Claiborne Memorial Hospital</p> <p>Payment of \$300.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Pafford Emergency Medical Svcs. - Hope, AR</p> <p>Payment of \$142.99 APPROVED for MEDICAL to Claimant</p> <p>Payment of \$110.00 APPROVED for MEDICAL to Claimant</p> |
| CONCORDIA    | CONC19-321 | 191632  | <p>Claim Eligibility APPROVED.</p> <p>Payment of \$1,718.16 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital</p>  |
| De Soto      | DESO16-002 | 160151  | <p>Claim Eligibility APPROVED.</p> <p>Payment of \$5,000.00 APPROVED for FUNERAL to Jenkins Funeral Home</p>   |
| DESOTO       | DESO19-308 | 200213  | <p>Claim Eligibility APPROVED.</p> <p>Payment of \$397.00 APPROVED for MEDICAL to Willis Knighton Bossier Health Center</p>  |
| DESOTO       | DESO19-312 | 200183  | <p>Claim Eligibility APPROVED.</p> <p>Payment of \$500.00 APPROVED for MEDICAL to Forensic Nurse Examiners</p>   |
| E. FELICIANA | EFEL16-001 | 160972  | <p>Claim Eligibility APPROVED.</p> <p>Payment of \$0.00 APPROVED for MEDICAL to Timothy R. Raborn, DDS</p>   |
| E. FELICIANA | EFEL17-001 | 170634  | <p>Claim Eligibility DENIED - Not a Compensable Expense.</p> <p>Payment of \$0.00 APPROVED for FUNERAL to Claimant</p>   |
| E. FELICIANA | EFEL19-601 | 200001  | <p>Claim Eligibility APPROVED.</p> <p>Payment of \$1,187.00 APPROVED for MEDICAL to CARE Center</p>  |
| E. FELICIANA | EFEL19-602 | 200223  | <p>Claim Eligibility APPROVED.</p> <p>Payment of \$851.00 APPROVED for MEDICAL to CARE Center</p>  |
| EAST CARROLL | ECAR19-002 | 200025  | <p>Claim Eligibility DENIED - Not a Compensable Expense.</p> <p>Payment of \$0.00 APPROVED for MEDICAL to Ouachita Parish Coroner's Office</p>   |
| EBR          | EBAT16-044 | 160656  | <p>Claim Eligibility APPROVED.</p> <p>Payment of \$556.05 APPROVED for MEDICAL to Red Stick Emergency Group LLC</p>  |
| EBR          | EBAT17-005 | 170255  | <p>Claim Eligibility APPROVED.</p> <p>Payment of \$2,000.00 APPROVED for FUNERAL to Claimant</p>   |
| EBR          | EBAT17-011 | 170728  | <p>Claim Eligibility APPROVED.</p> <p>Payment of \$5,000.00 APPROVED for FUNERAL to Claimant</p>   |

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|--------|------------|---------|--|
| EBR    | EBAT17-038 | 170738  | Claim Eligibility APPROVED.<br>Payment of \$5,000.00 APPROVED for FUNERAL to Wilson-Wooddale Funeral Home & Cremation Services |
| EBR    | EBAT18-064 | 181513  | Claim Eligibility APPROVED.<br>Payment of \$185.00 APPROVED for MENTAL HEALTH to Lynn R Schechter, PhD, LLC                    |
| EBR    | EBAT18-086 | 182239  | Claim Eligibility APPROVED.<br>Payment of \$5,000.00 APPROVED for FUNERAL to Claimant  |
| EBR    | EBAT18-107 | 190163  | Claim Eligibility APPROVED.  |
| EBR    | EBAT18-478 | 182515  | Claim Eligibility APPROVED.<br>Payment of \$146.53 APPROVED for MEDICAL to Our Lady of the Lake Regional Medical Center        |
| EBR    | EBAT19-006 | 190199  | Claim Eligibility APPROVED.<br>Payment of \$170.00 APPROVED for MENTAL HEALTH to Brandon P. Romano & Associates                |
| EBR    | EBAT19-045 | 190903  | Claim Eligibility APPROVED.<br>Payment of \$9,500.00 APPROVED for SUPPORT to Claimant  |
| EBR    | EBAT19-079 | 191330  | Claim Eligibility APPROVED.<br>Payment of \$9,500.00 APPROVED for WAGE to Claimant   |
| EBR    | EBAT19-088 | 191502  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Claimant                                  |
| EBR    | EBAT19-091 | 191564  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Claimant                                  |
| EBR    | EBAT19-094 | 191759  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Carney & Mackey Funeral Home              |
| EBR    | EBAT19-095 | 191761  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$300.00 APPROVED for MENTAL HEALTH to Claimant                            |
| EBR    | EBAT19-096 | 200055  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant                                     |
| EBR    | EBAT19-097 | 200050  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Greenoaks Funeral Home & Cemetary         |
| EBR    | EBAT19-098 | 200242  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Hall Davls & Sons Funeral Service, LLC    |
| EBR    | EBAT19-099 | 200229  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant                                     |

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| EBR    | EBAT19-100 | 200230  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$300.00 APPROVED for MENTAL HEALTH to Claimant                 |
| EBR    | EBAT19-101 | 200249  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant                    |
| EBR    | EBAT19-102 | 200241  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for MEDICAL to Claimant                       |
| EBR    | EBAT19-103 | 200243  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Carney & Mackey Funeral Home   |
| EBR    | EBAT19-104 | 200245  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant                          |
| EBR    | EBAT19-105 | 200244  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant                    |
| EBR    | EBAT19-106 | 200250  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for OTHER to Claimant                         |
| EBR    | EBAT19-108 | 200313  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Carney & Mackey Funeral Home   |
| EBR    | EBAT19-109 | 200412  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Esperanza Funeral Home         |
| EBR    | EBAT19-110 | 200411  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant                          |
| EBR    | EBAT19-111 | 200410  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$150.00 APPROVED for WAGE to Claimant                          |
| EBR    | EBAT19-312 | 200234  | Claim Eligibility APPROVED.<br>Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office |
| EBR    | EBAT19-556 | 191685  | Claim Eligibility APPROVED.<br>Payment of \$1,000.00 APPROVED for MEDICAL to Our Lady of the Lake RegMedCent        |
| EBR    | EBAT19-563 | 191732  | Claim UNABLE TO PROCESS - .   |
| EBR    | EBAT19-564 | 191733  | Claim UNABLE TO PROCESS - .   |
| EBR    | EBAT19-566 | 200216  | Claim Eligibility APPROVED.<br>Payment of \$650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office |

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|-----------|------------|---------|--|
| EBR       | EBAT19-568 | 200218  | Claim Eligibility APPROVED.<br>Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office  |
| EBR       | EBAT19-569 | 200219  | Claim Eligibility APPROVED.<br>Payment of \$650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office  |
| EBR       | EBAT19-572 | 200221  | Claim Eligibility APPROVED.<br>Payment of \$850.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office  |
| EBR       | EBAT19-573 | 200222  | Claim Eligibility APPROVED.<br>Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office  |
| EBR       | EBAT19-575 | 200104  | Claim Eligibility APPROVED.<br>Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office  |
| EBR       | EBAT19-576 | 200105  | Claim Eligibility APPROVED.<br>Payment of \$650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office  |
| EBR       | EBAT19-577 | 200106  | Claim Eligibility APPROVED.<br>Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office  |
| EBR       | EBAT19-630 | 200152  | Claim Eligibility APPROVED.<br>Payment of \$1,928.86 APPROVED for MEDICAL to Our Lady of the Lake Regional Medical Center  |
| EBR       | EBAT19-641 | 200235  | Claim Eligibility APPROVED.<br>Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office  |
| Franklin  | FRAN16-003 | 160998  | Claim Eligibility APPROVED.<br>Payment of \$3,917.29 APPROVED for MEDICAL to Claimant<br>Payment of \$1,018.16 APPROVED for MEDICAL to Claimant<br>Payment of \$3,562.88 APPROVED for WAGE to Claimant |
| GRANT     | GRAN19-301 | 200004  | Claim Eligibility APPROVED.<br>Payment of \$250.40 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital   |
| Iberia    | IBER17-001 | 170183  | Claim Eligibility APPROVED.<br>Payment of \$4,500.00 APPROVED for FUNERAL to Claimant  |
| Iberville | IBEV16-004 | 160660  | Claim Eligibility APPROVED.  |
| Iberville | IBEV16-005 | 161184  | Claim Eligibility APPROVED.  |
| IBERVILLE | IBEV19-327 | 191686  | Claim Eligibility APPROVED.<br>Payment of \$1,000.00 APPROVED for MEDICAL to Our Lady of the Lake Regional Medical Center  |

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|-----------|------------|---------|---|
| Jefferson | JEFF16-023 | 161213  | Claim Eligibility APPROVED.<br>Payment of \$213.00 APPROVED for MEDICAL to Claimant                           |
| Jefferson | JEFF17-004 | 170630  | Claim Eligibility APPROVED.<br>Payment of \$1,992.04 APPROVED for FUNERAL to Claimant                         |
| Jefferson | JEFF17-005 | 170635  | Claim Eligibility APPROVED.<br>Payment of \$1,925.42 APPROVED for FUNERAL to Claimant                         |
| Jefferson | JEFF17-006 | 170629  | Claim Eligibility APPROVED.<br>Payment of \$1,904.42 APPROVED for FUNERAL to Claimant                         |
| JEFFERSON | JEFF19-614 | 191631  | Claim Eligibility APPROVED.<br>Payment of \$1,617.47 APPROVED for MEDICAL to Tulane Lakeside Hospital         |
| JEFFERSON | JEFF19-615 | 191712  | Claim Eligibility DENIED - Not a Compensable Expense.<br>Payment of \$0.00 APPROVED for MEDICAL to LCMC - SBO |
| JEFFERSON | JEFF19-616 | 191708  | Claim Eligibility APPROVED.<br>Payment of \$1,000.00 APPROVED for MEDICAL to West Jefferson Medical Center    |
| JEFFERSON | JEFF19-617 | 191713  | Claim Eligibility APPROVED.<br>Payment of \$1,000.00 APPROVED for MEDICAL to West Jefferson Medical Center    |
| JEFFERSON | JEFF19-620 | 191689  | Claim Eligibility APPROVED.<br>Payment of \$0.00 APPROVED for MEDICAL to West Jefferson Medical Center        |
| JEFFERSON | JEFF19-621 | 191678  | Claim Eligibility APPROVED.<br>Payment of \$0.00 APPROVED for MEDICAL to West Jefferson Medical Center        |
| JEFFERSON | JEFF19-622 | 200145  | Claim Eligibility APPROVED.<br>Payment of \$350.00 APPROVED for MEDICAL to CARE Center                        |
| JEFFERSON | JEFF19-623 | 200146  | Claim UNABLE TO PROCESS - .   |
| JEFFERSON | JEFF19-624 | 200147  | Claim Eligibility APPROVED.<br>Payment of \$1,344.30 APPROVED for MEDICAL to CARE Center                      |
| JEFFERSON | JEFF19-625 | 200148  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center                        |
| JEFFERSON | JEFF19-626 | 200149  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center                        |
| JEFFERSON | JEFF19-627 | 200150  | Claim Eligibility APPROVED.<br>Payment of \$691.00 APPROVED for MEDICAL to CARE Center                        |
| JEFFERSON | JEFF19-628 | 200155  | Claim Eligibility APPROVED.<br>Payment of \$544.82 APPROVED for MEDICAL to CARE Center                        |

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|-----------|------------|---------|--|
| JEFFERSON | JEFF19-629 | 200156  | Claim Eligibility APPROVED.<br>Payment of \$594.44 APPROVED for MEDICAL to CARE Center   |
| JEFFERSON | JEFF19-630 | 200157  | Claim Eligibility APPROVED.<br>Payment of \$465.82 APPROVED for MEDICAL to CARE Center   |
| JEFFERSON | JEFF19-631 | 200158  | Claim Eligibility APPROVED.<br>Payment of \$2,276.96 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-632 | 200159  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center   |
| JEFFERSON | JEFF19-634 | 200163  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center   |
| JEFFERSON | JEFF19-636 | 200166  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center   |
| JEFFERSON | JEFF19-637 | 200167  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center   |
| JEFFERSON | JEFF19-638 | 200169  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center   |
| JEFFERSON | JEFF19-639 | 200170  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center   |
| JEFFERSON | JEFF19-642 | 200173  | Claim Eligibility APPROVED.<br>Payment of \$465.82 APPROVED for MEDICAL to CARE Center   |
| JEFFERSON | JEFF19-645 | 200176  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center   |
| JEFFERSON | JEFF19-647 | 200178  | Claim Eligibility APPROVED.<br>Payment of \$300.00 APPROVED for MEDICAL to CARE Center   |
| JEFFERSON | JEFF19-649 | 200180  | Claim Eligibility APPROVED.<br>Payment of \$320.00 APPROVED for MEDICAL to CARE Center   |
| JEFFERSON | JEFF19-650 | 200185  | Claim Eligibility APPROVED.<br>Payment of \$586.71 APPROVED for MEDICAL to CARE Center   |
| JEFFERSON | JEFF19-651 | 200186  | Claim Eligibility APPROVED.<br>Payment of \$691.00 APPROVED for MEDICAL to CARE Center   |
| JEFFERSON | JEFF19-652 | 200187  | Claim Eligibility APPROVED.<br>Payment of \$532.38 APPROVED for MEDICAL to CARE Center   |
| JEFFERSON | JEFF19-653 | 200188  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center   |

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|-----------|------------|---------|--|
| JEFFERSON | JEFF19-654 | 200189  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center                   |
| JEFFERSON | JEFF19-655 | 200190  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center                   |
| JEFFERSON | JEFF19-656 | 200191  | Claim Eligibility APPROVED.<br>Payment of \$607.00 APPROVED for MEDICAL to CARE Center                   |
| JEFFERSON | JEFF19-658 | 200193  | Claim Eligibility APPROVED.<br>Payment of \$325.00 APPROVED for MEDICAL to CARE Center                   |
| JEFFERSON | JEFF19-659 | 200194  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center                   |
| JEFFERSON | JEFF19-662 | 200197  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center                   |
| JEFFERSON | JEFF19-663 | 200198  | Claim Eligibility APPROVED.<br>Payment of \$401.16 APPROVED for MEDICAL to CARE Center                   |
| JEFFERSON | JEFF19-665 | 200200  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center                   |
| JEFFERSON | JEFF19-668 | 200203  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center                   |
| JEFFERSON | JEFF19-669 | 200204  | Claim Eligibility APPROVED.<br>Payment of \$465.82 APPROVED for MEDICAL to CARE Center                   |
| JEFFERSON | JEFF19-670 | 200205  | Claim Eligibility APPROVED.<br>Payment of \$607.00 APPROVED for MEDICAL to CARE Center                   |
| JEFFERSON | JEFF19-671 | 200206  | Claim Eligibility APPROVED.<br>Payment of \$835.40 APPROVED for MEDICAL to CARE Center                   |
| JEFFERSON | JEFF19-672 | 200224  | Claim Eligibility APPROVED.<br>Payment of \$543.00 APPROVED for MEDICAL to CARE Center                   |
| JEFFERSON | JEFF19-673 | 200225  | Claim Eligibility APPROVED.<br>Payment of \$1,465.00 APPROVED for MEDICAL to CARE Center                 |
| JEFFERSON | JEFF19-674 | 200226  | Claim Eligibility APPROVED.<br>Payment of \$691.00 APPROVED for MEDICAL to CARE Center                   |
| Lafayette | Lafa16-021 | 161274  | Claim Eligibility APPROVED.<br>Payment of \$24.76 APPROVED for MEDICAL to Radiology Associates of Iberia |
| Lafayette | Lafa17-004 | 171658  | Claim Eligibility APPROVED.<br>Payment of \$5,000.00 APPROVED for FUNERAL to Claimant                    |

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|-----------|------------|---------|--|
| Lafayette | LAFA18-009 | 182100  | Claim Eligibility APPROVED.<br>Payment of \$150.00 APPROVED for MEDICAL to Claimant<br>Payment of \$110.00 APPROVED for MEDICAL to Surgical Hospital Management System<br>Payment of \$110.00 APPROVED for MEDICAL to Lafayette Pulmonary Clinic |
| LAFAYETTE | LAFA18-022 | 190474  | Claim Eligibility APPROVED.<br>Payment of \$2,405.00 APPROVED for FUNERAL to Claimant  |
| LAFAYETTE | LAFA19-006 | 190496  | Claim Eligibility APPROVED.<br>Payment of \$1,740.46 APPROVED for MEDICAL to Claimant  |
| LAFAYETTE | LAFA19-014 | 191776  | Claim Eligibility APPROVED.<br>Payment of \$800.00 APPROVED for WAGE to Claimant   |
| Lafourche | LAFO16-018 | 160978  | Claim Eligibility APPROVED.<br>Payment of \$5,000.00 APPROVED for FUNERAL to Falgout Funeral Homes, LLC  |
| Lafourche | LAFO16-025 | 161082  | Claim Eligibility APPROVED.  |
| Lafourche | LAFO16-027 | 161095  | Claim Eligibility APPROVED.<br>Payment of \$1,131.00 APPROVED for FUNERAL to Claimant  |
| Lafourche | LAFO16-027 | 161096  | Claim Eligibility APPROVED.<br>Payment of \$1,131.00 APPROVED for FUNERAL to Claimant  |
| Lafourche | LAFO16-028 | 160072  | Claim Eligibility APPROVED.  |
| Lafourche | LAFO17-007 | 170904  | Claim Eligibility APPROVED.  |
| Lafourche | LAFO18-001 | 180303  | Claim Eligibility APPROVED.  |
| Lafourche | LAFO18-002 | 180305  | Claim Eligibility APPROVED.  |
| Lafourche | LAFO18-003 | 180304  | Claim Eligibility APPROVED.  |
| Lafourche | LAFO18-008 | 181646  | Claim Eligibility APPROVED.  |
| Lafourche | LAFO18-009 | 181647  | Claim Eligibility APPROVED.  |
| LAFOURCHE | LAFO19-005 | 191234  | Claim Eligibility APPROVED.  |

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|------------|------------|---------|--|
| LAFOURCHE  | LAFO19-601 | 191235  | Claim Eligibility APPROVED.  |
| Livingston | LIVI18-345 | 182240  | Claim Eligibility APPROVED.<br>Payment of \$350.57 APPROVED for MEDICAL to Ochsner Service Area -Michelle Morrison   |
| LIVINGSTON | LIVI19-010 | 200311  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Carney & Mackey Funeral Home  |
| LIVINGSTON | LIVI19-515 | 191687  | Claim Eligibility APPROVED.<br>Payment of \$1,000.00 APPROVED for MEDICAL to Our Lady of the Lake Regional Medical Center  |
| LIVINGSTON | LIVI19-531 | 191762  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center   |
| LIVINGSTON | LIVI19-532 | 191763  | Claim Eligibility APPROVED.<br>Payment of \$586.71 APPROVED for MEDICAL to CARE Center   |
| Madison    | MADI16-002 | 160036  | Claim Eligibility APPROVED.<br>Payment of \$5,000.00 APPROVED for FUNERAL to Beckwith Golden Gate Funeral Home   |
| MADISON    | MADI18-001 | 181316  | Claim Eligibility APPROVED.<br>Payment of \$4,500.00 APPROVED for FUNERAL to Claimant  |
| MADISON    | MADI19-451 | 200276  | Claim Eligibility DENIED - Not a Compensable Expense.<br>Payment of \$0.00 APPROVED for MEDICAL to Ochsner LSU Health Shreveport<br>Payment of \$0.00 APPROVED for MEDICAL to Forensic Nurse Examiners   |
| MADISON    | MADI19-452 | 200275  | Claim Eligibility DENIED - Not a Compensable Expense.<br>Payment of \$0.00 APPROVED for MEDICAL to Forensic Nurse Examiners<br>Payment of \$0.00 APPROVED for MEDICAL to Ochsner LSU Health Shreveport   |
| MOREHOUSE  | MORE19-605 | 191756  | Claim Eligibility APPROVED.<br>Payment of \$400.00 APPROVED for MEDICAL to Ouachita Parish Coroner's Office  |
| Orleans    | ORLE14-100 | 140805  | Claim Eligibility APPROVED.<br>Payment of \$3,925.00 APPROVED for FUNERAL to Claimant  |
| Orleans    | ORLE16-006 | 160180  | Claim Eligibility APPROVED.<br>Payment of \$96.80 APPROVED for MEDICAL to LSU Healthcare Network - N.O.<br>Payment of \$300.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to City of New Orleans EMS<br>Payment of \$2,021.64 APPROVED for MEDICAL to Interim LSU Public Hospital<br>Payment of \$108.35 APPROVED for MEDICAL to City of New Orleans EMS |

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| Orleans | ORLE16-014 | 160286  | Claim Eligibility APPROVED.<br>Payment of \$738.10 APPROVED for MEDICAL to Belle Chasse Emergency Group, LLC<br>Payment of \$405.51 APPROVED for MEDICAL to Ochsner Service Area - N.O.   |
| Orleans | ORLE16-022 | 160301  | Claim Eligibility APPROVED.<br>Payment of \$2,000.00 APPROVED for FUNERAL to Claimant   |
| Orleans | ORLE16-048 | 160720  | Claim Eligibility APPROVED.<br>Payment of \$5,000.00 APPROVED for FUNERAL to Claimant   |
| Orleans | ORLE16-052 | 160904  | Claim Eligibility APPROVED.<br>Payment of \$300.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to City of New Orleans EMS<br>Payment of \$157.85 APPROVED for MEDICAL to City of New Orleans EMS<br>Payment of \$247.28 APPROVED for MEDICAL to Ochsner Health System  |
| Orleans | ORLE16-069 | 160186  | Claim Eligibility APPROVED.<br>Payment of \$1,009.00 APPROVED for FUNERAL to Claimant   |
| Orleans | ORLE16-080 | 160185  | Claim Eligibility APPROVED.<br>Payment of \$4,500.00 APPROVED for FUNERAL to Claimant   |
| Orleans | ORLE16-098 | 160302  | Claim Eligibility APPROVED.<br>Payment of \$5,000.00 APPROVED for FUNERAL to Westhaven Memorial Funeral Home, Inc.  |
| Orleans | ORLE16-100 | 160419  | Claim Eligibility APPROVED.<br>Payment of \$782.32 APPROVED for MEDICAL to University Medical Center Mgt Corp<br>Payment of \$300.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to City of New Orleans EMS<br>Payment of \$162.80 APPROVED for MEDICAL to LSU Healthcare Network - N.O.<br>Payment of \$149.60 APPROVED for MEDICAL to City of New Orleans EMS<br>Payment of \$66.00 APPROVED for MEDICAL to LSU Healthcare Network - N.O.<br>Payment of \$16.25 APPROVED for MEDICAL to Claimant |
| Orleans | ORLE17-002 | 170375  | Claim Eligibility APPROVED.<br>Payment of \$4,500.00 APPROVED for FUNERAL to Claimant   |
| Orleans | ORLE17-017 | 170743  | Claim Eligibility APPROVED.<br>Payment of \$5,000.00 APPROVED for FUNERAL to Claimant   |
| Orleans | ORLE17-018 | 170746  | Claim Eligibility APPROVED.<br>Payment of \$5,000.00 APPROVED for FUNERAL to Claimant   |
| Orleans | ORLE17-029 | 171099  | Claim Eligibility APPROVED.<br>Payment of \$5,000.00 APPROVED for FUNERAL to Claimant   |

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| Orleans | ORLE17-032 | 171087  | Claim Eligibility APPROVED.<br>Payment of \$5,000.00 APPROVED for FUNERAL to Claimant  |
| Orleans | ORLE17-095 | 170370  | Claim Eligibility APPROVED.<br>Payment of \$4.18 APPROVED for MEDICAL to Rolling Oaks Radiology<br>Payment of \$585.00 APPROVED for MEDICAL to Claimant  |
| Orleans | ORLE18-037 | 181632  | Claim Eligibility APPROVED.<br>Payment of \$1,833.49 APPROVED for MEDICAL to Tulane Lakeside Hospital<br>Payment of \$300.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to City of New Orleans EMS<br>Payment of \$25.85 APPROVED for MEDICAL to Tulane University Medical Group |
| ORLEANS | ORLE18-682 | 191532  | Claim Eligibility APPROVED.<br>Payment of \$500.00 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay   |
| ORLEANS | ORLE18-698 | 191527  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$300.00 APPROVED for MEDICAL to Claimant  |
| ORLEANS | ORLE19-087 | 200102  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant   |
| ORLEANS | ORLE19-095 | 191284  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant   |
| ORLEANS | ORLE19-101 | 191306  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant   |
| ORLEANS | ORLE19-105 | 191339  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Heritage Funeral Directors, Inc.  |
| ORLEANS | ORLE19-115 | 200015  | Claim Eligibility APPROVED.<br>Payment of \$1,677.05 APPROVED for MEDICAL to University Medical Center New Orleans<br>EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant  |
| ORLEANS | ORLE19-122 | 191758  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant   |
| ORLEANS | ORLE19-123 | 191753  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Professional Funeral Services   |
| ORLEANS | ORLE19-124 | 191760  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant   |
| ORLEANS | ORLE19-126 | 200101  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant   |

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| ORLEANS | ORLE19-127 | 200136  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant  |
| ORLEANS | ORLE19-129 | 200137  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Claimant   |
| ORLEANS | ORLE19-130 | 200227  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant  |
| ORLEANS | ORLE19-307 | 190353  | Claim Eligibility APPROVED.<br>Payment of \$1,651.06 APPROVED for MEDICAL to LCMC - SBO<br>Payment of \$495.00 APPROVED for MEDICAL to LCMC - SBO<br>Payment of \$115.50 APPROVED for MEDICAL to LCMC - SBO |
| ORLEANS | ORLE19-616 | 200248  | Claim Eligibility APPROVED.<br>Payment of \$700.00 APPROVED for MEDICAL to New Orleans Family Justice Center  |
| ORLEANS | ORLE19-617 | 200247  | Claim Eligibility APPROVED.<br>Payment of \$1,573.52 APPROVED for MEDICAL to New Orleans Family Justice Center  |
| ORLEANS | ORLE19-620 | 200246  | Claim Eligibility APPROVED.<br>Payment of \$350.00 APPROVED for MEDICAL to New Orleans Family Justice Center  |
| ORLEANS | ORLE19-626 | 200251  | Claim Eligibility APPROVED.<br>Payment of \$950.00 APPROVED for MEDICAL to New Orleans Family Justice Center  |
| ORLEANS | ORLE19-628 | 200262  | Claim Eligibility APPROVED.<br>Payment of \$777.77 APPROVED for MEDICAL to New Orleans Family Justice Center  |
| ORLEANS | ORLE19-629 | 200288  | Claim Eligibility APPROVED.<br>Payment of \$800.00 APPROVED for MEDICAL to New Orleans Family Justice Center  |
| ORLEANS | ORLE19-630 | 200289  | Claim Eligibility APPROVED.<br>Payment of \$150.00 APPROVED for MEDICAL to New Orleans Family Justice Center  |
| ORLEANS | ORLE19-633 | 191709  | Claim Eligibility APPROVED.<br>Payment of \$1,000.00 APPROVED for MEDICAL to West Jefferson Medical Center  |
| ORLEANS | ORLE19-634 | 191684  | Claim Eligibility APPROVED.<br>Payment of \$2,793.76 APPROVED for MEDICAL to Tulane Lakeside Hospital   |
| ORLEANS | ORLE19-635 | 191681  | Claim Eligibility APPROVED.<br>Payment of \$1,118.11 APPROVED for MEDICAL to Sldell Memorial Hospital   |
| ORLEANS | ORLE19-637 | 200059  | Claim Eligibility APPROVED.<br>Payment of \$300.00 APPROVED for MEDICAL to CARE Center  |
| ORLEANS | ORLE19-638 | 200060  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center  |

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| ORLEANS | ORLE19-639 | 200061  | Claim Eligibility APPROVED.<br>Payment of \$691.00 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-640 | 200062  | Claim Eligibility APPROVED.<br>Payment of \$532.38 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-641 | 200063  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-642 | 200064  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-643 | 200065  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-645 | 200067  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-646 | 200068  | Claim Eligibility APPROVED.<br>Payment of \$547.30 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-647 | 200069  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-648 | 200070  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-649 | 200071  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-650 | 200072  | Claim Eligibility APPROVED.<br>Payment of \$320.00 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-654 | 200075  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-655 | 200076  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-656 | 200077  | Claim Eligibility APPROVED.<br>Payment of \$943.00 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-657 | 200078  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-660 | 200079  | Claim Eligibility APPROVED.<br>Payment of \$330.00 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-661 | 200080  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center |

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|----------|------------|---------|---|
| ORLEANS  | ORLE19-662 | 200081  | Claim Eligibility APPROVED.<br>Payment of \$320.00 APPROVED for MEDICAL to CARE Center                    |
| ORLEANS  | ORLE19-664 | 200083  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center                    |
| ORLEANS  | ORLE19-665 | 200084  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center                    |
| ORLEANS  | ORLE19-667 | 200085  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center                    |
| ORLEANS  | ORLE19-668 | 200086  | Claim Eligibility APPROVED.<br>Payment of \$843.05 APPROVED for MEDICAL to CARE Center                    |
| ORLEANS  | ORLE19-669 | 200087  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center                    |
| ORLEANS  | ORLE19-670 | 200088  | Claim Eligibility APPROVED.<br>Payment of \$691.00 APPROVED for MEDICAL to CARE Center                    |
| ORLEANS  | ORLE19-671 | 200089  | Claim Eligibility APPROVED.<br>Payment of \$613.75 APPROVED for MEDICAL to CARE Center                    |
| ORLEANS  | ORLE19-672 | 200090  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center                    |
| ORLEANS  | ORLE19-675 | 200093  | Claim Eligibility APPROVED.<br>Payment of \$843.05 APPROVED for MEDICAL to CARE Center                    |
| ORLEANS  | ORLE19-678 | 200095  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center                    |
| ORLEANS  | ORLE19-683 | 200096  | Claim Eligibility APPROVED.<br>Payment of \$586.71 APPROVED for MEDICAL to CARE Center                    |
| ORLEANS  | ORLE19-684 | 200097  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center                    |
| ORLEANS  | ORLE19-685 | 200098  | Claim Eligibility APPROVED.<br>Payment of \$1,027.00 APPROVED for MEDICAL to CARE Center                  |
| ORLEANS  | ORLE19-686 | 200099  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center                    |
| Ouachita | OUAC16-005 | 160280  | Claim UNABLE TO PROCESS - .<br>Payment of \$0.00 APPROVED for MEDICAL to Glenwood Regional Medical Center |

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| Ouachita    | OUAC16-008 | 160835  | Claim Eligibility APPROVED.<br>Payment of \$3,793.00 APPROVED for FUNERAL to Claimant<br>Payment of \$1,207.00 APPROVED for FUNERAL to Smith Funeral Home (Monroe) |
| OUACHITA    | OUAC16-013 | 190442  | Claim Eligibility APPROVED.<br>Payment of \$74.53 APPROVED for MEDICAL to Affinity Health Group  |
| Ouachita    | OUAC16-014 | 160198  | Claim Eligibility APPROVED.<br>Payment of \$4,000.00 APPROVED for FUNERAL to Claimant  |
| OUACHITA    | OUAC19-301 | 190275  | Claim Eligibility APPROVED.<br>Payment of \$1,321.06 APPROVED for MEDICAL to St. Francis Medical Center  |
| OUACHITA    | OUAC19-321 | 191711  | Claim Eligibility APPROVED.<br>Payment of \$876.10 APPROVED for MEDICAL to St. Francis Medical Center  |
| OUACHITA    | OUAC19-403 | 191710  | Claim Eligibility APPROVED.<br>Payment of \$1,000.00 APPROVED for MEDICAL to St. Francis Medical Center  |
| OUACHITA    | OUAC19-605 | 191754  | Claim Eligibility APPROVED.<br>Payment of \$400.00 APPROVED for MEDICAL to Ouachita Parish Coroner's Office  |
| OUACHITA    | OUAC19-608 | 200034  | Claim Eligibility APPROVED.<br>Payment of \$400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office  |
| OUACHITA    | OUAC19-610 | 200140  | Claim Eligibility APPROVED.<br>Payment of \$400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office  |
| OUACHITA    | OUAC19-613 | 200237  | Claim Eligibility APPROVED.<br>Payment of \$400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office  |
| OUACHITA    | OUAC19-614 | 200238  | Claim Eligibility APPROVED.<br>Payment of \$400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office  |
| OUACHITA    | OUAC19-848 | 200355  | Claim Eligibility APPROVED.<br>Payment of \$400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office  |
| PLAQUEMINES | PLAQ19-604 | 200002  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center   |
| PLAQUEMINES | PLAQ19-605 | 200003  | Claim Eligibility APPROVED.<br>Payment of \$325.00 APPROVED for MEDICAL to CARE Center   |
| Rapides     | RAPI16-006 | 161037  | Claim UNABLE TO PROCESS - .  |
| Rapides     | RAPI18-334 | 190154  | Claim Eligibility APPROVED.<br>Payment of \$1,621.36 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital   |

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|-------------|------------|---------|--|
| RAPIDES     | RAPI19-005 | 191302  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Claimant                      |
| RAPIDES     | RAPI19-402 | 200010  | Claim Eligibility APPROVED.<br>Payment of \$891.00 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital   |
| RAPIDES     | RAPI19-404 | 200110  | Claim Eligibility APPROVED.<br>Payment of \$2,478.00 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital |
| RAPIDES     | RAPI19-406 | 200111  | Claim Eligibility APPROVED.<br>Payment of \$1,000.00 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital |
| RAPIDES     | RAPI19-407 | 200112  | Claim Eligibility APPROVED.<br>Payment of \$1,887.97 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital |
| RAPIDES     | RAPI19-410 | 200236  | Claim Eligibility APPROVED.<br>Payment of \$2,915.65 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital |
| ST. BERNARD | BERN19-304 | 191764  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center                             |
| ST. BERNARD | BERN19-305 | 191765  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center                             |
| ST. BERNARD | BERN19-306 | 191766  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center                             |
| ST. BERNARD | BERN19-307 | 191767  | Claim Eligibility APPROVED.<br>Payment of \$547.30 APPROVED for MEDICAL to CARE Center                             |
| ST. BERNARD | BERN19-309 | 191768  | Claim Eligibility APPROVED.<br>Payment of \$797.06 APPROVED for MEDICAL to CARE Center                             |
| ST. BERNARD | BERN19-310 | 191769  | Claim Eligibility APPROVED.<br>Payment of \$691.00 APPROVED for MEDICAL to CARE Center                             |
| ST. BERNARD | BERN19-311 | 191770  | Claim Eligibility APPROVED.<br>Payment of \$586.71 APPROVED for MEDICAL to CARE Center                             |
| ST. BERNARD | BERN19-312 | 191771  | Claim Eligibility APPROVED.<br>Payment of \$80.00 APPROVED for MEDICAL to CARE Center                              |
| ST. BERNARD | BERN19-314 | 191772  | Claim Eligibility APPROVED.<br>Payment of \$70.00 APPROVED for MEDICAL to CARE Center                              |
| ST. BERNARD | BERN19-317 | 200209  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center                             |

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|-------------|------------|---------|---|
| St. Charles | CHAR16-020 | 160421  | Claim Eligibility APPROVED.<br>Payment of \$185.35 APPROVED for MEDICAL to City of Baton Rouge EMS<br>Payment of \$900.00 APPROVED for MENTAL HEALTH to YNG Counseling/Consulting<br>Payment of \$2,411.75 APPROVED for MEDICAL to Tulane University Medical Group<br>Payment of \$133.72 APPROVED for MEDICAL to University Medical Center Mgt Corp<br>Payment of \$1,948.67 APPROVED for WAGE to Claimant<br>Payment of \$1,157.75 APPROVED for MEDICAL to LSU Healthcare Network - N.O.<br>Payment of \$300.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to City of New Orleans EMS |
| St. Charles | CHAR16-050 | 161104  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR16-051 | 161103  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR16-052 | 161102  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR16-056 | 161215  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR16-061 | 160065  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR17-003 | 170266  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR17-010 | 170953  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR17-011 | 172652  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR17-012 | 170954  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR17-016 | 171092  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR17-018 | 171420  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR17-025 | 171821  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR17-026 | 172048  | Claim Eligibility APPROVED.   |

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|-------------|------------|---------|---|
| St. Charles | CHAR17-031 | 172436  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR17-032 | 170270  | Claim Eligibility DENIED - Involved in Illegal Activity.<br>Payment of \$0.00 APPROVED for FUNERAL to Claimant      |
| St. Charles | CHAR17-034 | 170226  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR18-002 | 182322  | Claim Eligibility APPROVED.   |
| ST. CHARLES | CHAR18-007 | 200126  | Claim Eligibility APPROVED.<br>Payment of \$280.00 APPROVED for MENTAL HEALTH to Allyson Bodin O'Connor, LCSW, ACSW |
| St. Charles | CHAR18-009 | 180954  | Claim Eligibility APPROVED.<br>Payment of \$288.84 APPROVED for MENTAL HEALTH to YNG Counseling/Consulting          |
| St. Charles | CHAR18-010 | 180953  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR18-012 | 181948  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR18-013 | 181635  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR18-014 | 182325  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR18-019 | 182293  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR18-020 | 182314  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR18-021 | 182315  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR18-022 | 182316  | Claim Eligibility APPROVED.   |
| ST. CHARLES | CHAR18-023 | 200129  | Claim Eligibility APPROVED.   |
| St. Charles | CHAR18-026 | 190002  | Claim Eligibility APPROVED.<br>Payment of \$2,550.00 APPROVED for MENTAL HEALTH to YNG Counseling/Consulting        |

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|-----------------|------------|---------|--|
| ST. CHARLES     | CHAR18-027 | 200130  | Claim Eligibility APPROVED.<br>Payment of \$450.00 APPROVED for MENTAL HEALTH to YNG Counseling/Consulting |
| ST. CHARLES     | CHAR19-005 | 190479  | Claim Eligibility APPROVED.  |
| ST. CHARLES     | CHAR19-006 | 190480  | Claim Eligibility APPROVED.  |
| ST. CHARLES     | CHAR19-013 | 190909  | Claim Eligibility APPROVED.  |
| ST. CHARLES     | CHAR19-026 | 200314  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant           |
| ST. CHARLES     | CHAR19-351 | 191624  | Claim Eligibility APPROVED.<br>Payment of \$1,739.37 APPROVED for MEDICAL to Tulane Lakeside Hospital      |
| ST. CHARLES     | CHAR19-352 | 191785  | Claim Eligibility APPROVED.<br>Payment of \$335.00 APPROVED for MEDICAL to CARE Center                     |
| ST. CHARLES     | CHAR19-353 | 191786  | Claim Eligibility APPROVED.<br>Payment of \$70.00 APPROVED for MEDICAL to CARE Center                      |
| ST. CHARLES     | CHAR19-354 | 191787  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center                     |
| ST. CHARLES     | CHAR19-355 | 191788  | Claim Eligibility APPROVED.<br>Payment of \$532.38 APPROVED for MEDICAL to CARE Center                     |
| ST. HELENA      | HELE19-007 | 200372  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant           |
| ST. HELENA      | HELE19-303 | 191789  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center                     |
| ST. JAMES       | JAME19-303 | 191791  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center                     |
| ST. JAMES       | JAME19-304 | 191792  | Claim Eligibility APPROVED.<br>Payment of \$586.71 APPROVED for MEDICAL to CARE Center                     |
| ST. JAMES       | JAME19-306 | 191790  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center                     |
| ST. JOHN THE BA | JOHN19-701 | 200008  | Claim Eligibility APPROVED.<br>Payment of \$843.05 APPROVED for MEDICAL to CARE Center                     |
| ST. JOHN THE BA | JOHN19-702 | 200007  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center                     |

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| ST. JOHN THE BA | JOHN19-703 | 200006  | Claim Eligibility APPROVED.<br>Payment of \$843.05 APPROVED for MEDICAL to CARE Center                                       |
| ST. JOHN THE BA | JOHN19-704 | 200005  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center                                       |
| St. Martin      | MART16-006 | 160082  | Claim Eligibility APPROVED.  |
| ST. MARTIN      | MART19-002 | 191453  | Claim Eligibility APPROVED.  |
| St. Mary        | MARY16-002 | 160359  | Claim Eligibility APPROVED.<br>Payment of \$135.00 APPROVED for MEDICAL to St. Mary Emergency Group, L.L.C.                  |
| ST. MARY        | MARY19-310 | 191679  | Claim Eligibility DENIED - Lack of Cooperation.<br>Payment of \$0.00 APPROVED for MEDICAL to Teche Regional Medical Center   |
| ST. MARY        | MARY19-311 | 191793  | Claim Eligibility APPROVED.<br>Payment of \$586.71 APPROVED for MEDICAL to CARE Center                                       |
| ST. TAMMANY     | TAMM19-322 | 191363  | Claim Eligibility APPROVED.<br>Payment of \$935.75 APPROVED for MEDICAL to CARE Center                                       |
| ST. TAMMANY     | TAMM19-403 | 191707  | Claim Eligibility APPROVED.<br>Payment of \$500.00 APPROVED for MEDICAL to West Jefferson Medical Center                     |
| ST. TAMMANY     | TAMM19-404 | 191706  | Claim Eligibility DENIED - Not a Compensable Expense.<br>Payment of \$0.00 APPROVED for MEDICAL to Slidell Memorial Hospital |
| ST. TAMMANY     | TAMM19-405 | 191794  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center                                       |
| ST. TAMMANY     | TAMM19-406 | 191795  | Claim Eligibility APPROVED.<br>Payment of \$877.00 APPROVED for MEDICAL to CARE Center                                       |
| ST. TAMMANY     | TAMM19-407 | 191796  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center                                       |
| ST. TAMMANY     | TAMM19-408 | 200142  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center                                       |
| ST. TAMMANY     | TAMM19-409 | 191797  | Claim Eligibility APPROVED.<br>Payment of \$364.58 APPROVED for MEDICAL to CARE Center                                       |
| ST. TAMMANY     | TAMM19-410 | 191798  | Claim Eligibility APPROVED.<br>Payment of \$835.40 APPROVED for MEDICAL to CARE Center                                       |
| ST. TAMMANY     | TAMM19-411 | 191799  | Claim Eligibility APPROVED.<br>Payment of \$340.00 APPROVED for MEDICAL to CARE Center                                       |

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| ST. TAMMANY | TAMM19-412 | 191801  | Claim Eligibility APPROVED.<br>Payment of \$691.00 APPROVED for MEDICAL to CARE Center |
| ST. TAMMANY | TAMM19-413 | 191802  | Claim Eligibility APPROVED.<br>Payment of \$640.26 APPROVED for MEDICAL to CARE Center |
| ST. TAMMANY | TAMM19-414 | 191803  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center |
| ST. TAMMANY | TAMM19-415 | 191804  | Claim Eligibility APPROVED.<br>Payment of \$792.05 APPROVED for MEDICAL to CARE Center |
| ST. TAMMANY | TAMM19-417 | 191805  | Claim Eligibility APPROVED.<br>Payment of \$330.00 APPROVED for MEDICAL to CARE Center |
| ST. TAMMANY | TAMM19-418 | 191806  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center |
| ST. TAMMANY | TAMM19-419 | 191807  | Claim Eligibility APPROVED.<br>Payment of \$80.00 APPROVED for MEDICAL to CARE Center  |
| ST. TAMMANY | TAMM19-420 | 200141  | Claim Eligibility APPROVED.  |
| ST. TAMMANY | TAMM19-423 | 200014  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| ST. TAMMANY | TAMM19-425 | 200017  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center |
| ST. TAMMANY | TAMM19-428 | 200018  | Claim Eligibility APPROVED.<br>Payment of \$843.05 APPROVED for MEDICAL to CARE Center |
| ST. TAMMANY | TAMM19-429 | 200019  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| ST. TAMMANY | TAMM19-430 | 200020  | Claim Eligibility APPROVED.<br>Payment of \$320.00 APPROVED for MEDICAL to CARE Center |
| ST. TAMMANY | TAMM19-432 | 200021  | Claim Eligibility APPROVED.<br>Payment of \$797.06 APPROVED for MEDICAL to CARE Center |
| ST. TAMMANY | TAMM19-433 | 200022  | Claim Eligibility APPROVED.<br>Payment of \$797.06 APPROVED for MEDICAL to CARE Center |
| ST. TAMMANY | TAMM19-434 | 200023  | Claim Eligibility APPROVED.<br>Payment of \$547.30 APPROVED for MEDICAL to CARE Center |
| ST. TAMMANY | TAMM19-435 | 200011  | Claim Eligibility APPROVED.<br>Payment of \$480.86 APPROVED for MEDICAL to CARE Center |

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| ST. TAMMANY | TAMM19-436 | 200113  | Claim Eligibility APPROVED.<br>Payment of \$325.00 APPROVED for MEDICAL to CARE Center                 |
| ST. TAMMANY | TAMM19-437 | 200114  | Claim Eligibility APPROVED.<br>Payment of \$691.00 APPROVED for MEDICAL to CARE Center                 |
| ST. TAMMANY | TAMM19-438 | 200115  | Claim Eligibility APPROVED.<br>Payment of \$80.00 APPROVED for MEDICAL to CARE Center                  |
| ST. TAMMANY | TAMM19-439 | 200116  | Claim Eligibility APPROVED.<br>Payment of \$300.00 APPROVED for MEDICAL to CARE Center                 |
| ST. TAMMANY | TAMM19-440 | 200117  | Claim Eligibility APPROVED.<br>Payment of \$594.44 APPROVED for MEDICAL to CARE Center                 |
| ST. TAMMANY | TAMM19-441 | 200118  | Claim Eligibility APPROVED.<br>Payment of \$310.69 APPROVED for MEDICAL to CARE Center                 |
| ST. TAMMANY | TAMM19-442 | 200119  | Claim Eligibility APPROVED.<br>Payment of \$80.00 APPROVED for MEDICAL to CARE Center                  |
| ST. TAMMANY | TAMM19-444 | 200233  | Claim Eligibility APPROVED.<br>Payment of \$1,560.50 APPROVED for MEDICAL to Ochsner Health System     |
| TANGIPAHOA  | TANG19-405 | 191698  | Claim Eligibility APPROVED.<br>Payment of \$2,376.76 APPROVED for MEDICAL to North Oaks Medical Center |
| TANGIPAHOA  | TANG19-406 | 191699  | Claim Eligibility APPROVED.<br>Payment of \$2,031.03 APPROVED for MEDICAL to North Oaks Health System  |
| TANGIPAHOA  | TANG19-407 | 191700  | Claim Eligibility APPROVED.<br>Payment of \$2,119.86 APPROVED for MEDICAL to North Oaks Health System  |
| TANGIPAHOA  | TANG19-408 | 200024  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center                 |
| TANGIPAHOA  | TANG19-410 | 200027  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center                 |
| TANGIPAHOA  | TANG19-411 | 200028  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center                 |
| TANGIPAHOA  | TANG19-412 | 200029  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center                 |
| TANGIPAHOA  | TANG19-415 | 200032  | Claim Eligibility APPROVED.<br>Payment of \$325.00 APPROVED for MEDICAL to CARE Center                 |
| TANGIPAHOA  | TANG19-416 | 200033  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center                 |

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|------------|------------|---------|--|
| TANGIPAHOA | TANG19-417 | 200035  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center   |
| TANGIPAHOA | TANG19-418 | 200036  | Claim Eligibility APPROVED.<br>Payment of \$325.00 APPROVED for MEDICAL to CARE Center   |
| TANGIPAHOA | TANG19-419 | 200037  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center   |
| TANGIPAHOA | TANG19-421 | 200038  | Claim Eligibility APPROVED.<br>Payment of \$325.00 APPROVED for MEDICAL to CARE Center   |
| TANGIPAHOA | TANG19-423 | 200040  | Claim Eligibility APPROVED.<br>Payment of \$325.00 APPROVED for MEDICAL to CARE Center   |
| TANGIPAHOA | TANG19-424 | 200041  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center   |
| Terrebonne | TERR16-007 | 160029  | Claim Eligibility APPROVED.<br>Payment of \$393.29 APPROVED for MEDICAL to Claimant<br>Payment of \$366.23 APPROVED for MEDICAL to Terrebonne General Medical Center<br>Payment of \$2,420.00 APPROVED for MEDICAL to Gulf Coast Orthopedics |
| TERREBONNE | TERR19-302 | 191433  | Claim Eligibility APPROVED.<br>Payment of \$1,000.00 APPROVED for MEDICAL to Terrebonne General Medical Center   |
| TERREBONNE | TERR19-304 | 200042  | Claim Eligibility APPROVED.<br>Payment of \$320.00 APPROVED for MEDICAL to CARE Center   |
| TERREBONNE | TERR19-305 | 200043  | Claim Eligibility APPROVED.<br>Payment of \$330.00 APPROVED for MEDICAL to CARE Center   |
| TERREBONNE | TERR19-306 | 200044  | Claim Eligibility APPROVED.<br>Payment of \$547.30 APPROVED for MEDICAL to CARE Center   |
| TERREBONNE | TERR19-307 | 200045  | Claim Eligibility APPROVED.<br>Payment of \$575.12 APPROVED for MEDICAL to CARE Center   |
| TERREBONNE | TERR19-308 | 200046  | Claim Eligibility APPROVED.<br>Payment of \$843.05 APPROVED for MEDICAL to CARE Center   |
| TERREBONNE | TERR19-309 | 200047  | Claim Eligibility APPROVED.<br>Payment of \$843.05 APPROVED for MEDICAL to CARE Center   |
| TERREBONNE | TERR19-311 | 200107  | Claim Eligibility APPROVED.<br>Payment of \$532.38 APPROVED for MEDICAL to CARE Center   |
| TERREBONNE | TERR19-312 | 200121  | Claim Eligibility APPROVED.<br>Payment of \$1,000.00 APPROVED for MEDICAL to Terrebonne General Medical Center   |

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| TERREBONNE | TERR19-314 | 200122  | Claim Eligibility APPROVED.<br>Payment of \$1,000.00 APPROVED for MEDICAL to Terrebonne General Medical Center  |
| TERREBONNE | TERR19-315 | 200123  | Claim Eligibility APPROVED.<br>Payment of \$797.06 APPROVED for MEDICAL to CARE Center  |
| TERREBONNE | TERR19-317 | 200350  | Claim Eligibility APPROVED.<br>Payment of \$2,200.61 APPROVED for MEDICAL to Terrebonne General Medical Center  |
| UNION      | UNIO19-605 | 191755  | Claim Eligibility APPROVED.<br>Payment of \$400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office   |
| UNION      | UNIO19-608 | 200239  | Claim Eligibility APPROVED.<br>Payment of \$400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office   |
| Vermillion | VERM16-001 | 160263  | Claim Eligibility APPROVED.<br>Payment of \$742.50 APPROVED for MEDICAL to Acadiana Orthopaedic Group<br>Payment of \$300.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Acadian Ambulance<br>Payment of \$200.00 APPROVED for MEDICAL to Claimant<br>Payment of \$105.60 APPROVED for MEDICAL to Acadian Ambulance |
| Vermillion | VERM16-007 | 160984  | Claim Eligibility APPROVED.<br>Payment of \$530.12 APPROVED for MEDICAL to Abbeville General Hospital   |
| Vermillion | VERM16-008 | 161218  | Claim Eligibility DENIED - Contribution.  |
| VERMILLION | VERM18-002 | 190202  | Claim Eligibility APPROVED.<br>Payment of \$1,064.64 APPROVED for MEDICAL to Lafayette General Medical Center   |
| Vernon     | VERN16-003 | 160405  | Claim Eligibility APPROVED.   |
| VERNON     | VERN19-302 | 191702  | Claim Eligibility APPROVED.<br>Payment of \$1,213.30 APPROVED for MEDICAL to Vernon Parish Coroner's Office   |
| VERNON     | VERN19-303 | 191703  | Claim Eligibility APPROVED.<br>Payment of \$1,210.41 APPROVED for MEDICAL to Vernon Parish Coroner's Office   |
| WASHINGTON | WASH19-018 | 191361  | Claim Eligibility APPROVED.<br>Payment of \$586.71 APPROVED for MEDICAL to CARE Center  |
| WASHINGTON | WASH19-019 | 191362  | Claim Eligibility APPROVED.<br>Payment of \$586.71 APPROVED for MEDICAL to CARE Center  |
| WASHINGTON | WASH19-303 | 200049  | Claim Eligibility APPROVED.<br>Payment of \$691.00 APPROVED for MEDICAL to CARE Center  |

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| WASHINGTON    | WASH19-304 | 200051  | Claim Eligibility APPROVED.<br>Payment of \$843.05 APPROVED for MEDICAL to CARE Center   |
| WASHINGTON    | WASH19-305 | 200052  | Claim Eligibility APPROVED.<br>Payment of \$598.30 APPROVED for MEDICAL to CARE Center   |
| WASHINGTON    | WASH19-307 | 200054  | Claim Eligibility APPROVED.<br>Payment of \$843.05 APPROVED for MEDICAL to CARE Center   |
| WASHINGTON    | WASH19-308 | 200056  | Claim Eligibility APPROVED.<br>Payment of \$586.71 APPROVED for MEDICAL to CARE Center   |
| WASHINGTON    | WASH19-309 | 200057  | Claim Eligibility APPROVED.<br>Payment of \$586.71 APPROVED for MEDICAL to CARE Center   |
| Webster       | WEBS18-002 | 181627  | Claim Eligibility APPROVED.<br>Payment of \$4,102.93 APPROVED for FUNERAL to Claimant<br>Payment of \$897.07 APPROVED for FUNERAL to Benevolent Funeral Home |
| Webster       | WEBS18-315 | 190096  | Claim Eligibility APPROVED.<br>EMERGENCY Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners  |
| WEST BATON RO | WBAT19-005 | 190627  | Claim Eligibility APPROVED.<br>Payment of \$4,500.00 APPROVED for FUNERAL to Claimant  |

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## ADJOURNMENT / OTHER BUSINESS

The Board agreed to set the next meeting for December 10, 2019.

Ms. Gautier made a motion to adjourn the meeting at 12:15 p.m. Ms. Kiner seconded the motion. Ms. Tenkovich