

CRIME VICTIMS REPARATIONS BOARD

MINUTES

MEETING DATE: February 12, 2019

MEMBERS PRESENT: Ms. Linda Gautier, Mr. Gary “Stitch” Guillory, Ms. Rena Hebert, Ms. Angela Henderson, Ms. Lisa Kiper, Ms. Carla Shorty, Ms. Carolyn Stapleton, Ms. Catalene Theriot, Ms. Tameka

MEMBERS ABSENT: Ms. Audrey Thibodeaux, Ms. Amanda Tonkovich

STAFF PRESENT: Robert Wertz, Carla Trahan, Margaret Watson, Danielle Lax

GUESTS PRESENT: Erich Duchmann, Jeddie Smith, Jane Wood, Lauryn Sudduth

I. CALL TO ORDER

Mr. Guillory called the Crime Victims Reparations Board meeting for the date of February 12, 2019 to order at 9:25 a.m.

II. APPROVAL OF MINUTES OF PREVIOUS MEETING

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

III. APPEALS

None

IV. EMERGENCY CONFIRM/DENY

Ms. Kiper made a motion to approve the emergency rulings for the previous month and to waive repayment of the emergency awards. Ms. Shorty seconded the motion and the motion passed unanimously.

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PARISH	CVR #	RESOLUTION
Ascension	ASCE18-333	Claim Approved. Payment of \$843.05 approved to CARE Center.
Ascension	ASCE18-334	Claim Approved. Payment of \$598.30 approved to CARE Center.
Ascension	ASCE18-335	Claim Approved. Payment of \$400.00 approved to EBRPCO SANE Program.
Ascension	ASCE18-336	Claim Approved. Payment of \$400.00 approved to EBRPCO SANE Program.
Ascension	ASCE18-337	Claim Approved. Payment of \$598.30 approved to CARE Center.
Ascension	ASCE18-339	Claim Approved. Payment of \$447.83 approved to CARE Center.
Ascension	ASCE18-340	Claim Approved. Payment of \$550.00 approved to EBRPCO SANE Program.
Ascension	ASCE18-341	Claim Approved. Payment of \$550.00 approved to EBRPCO SANE Program.
Bossier	BOSS15-010	Claims Approved. Payment of \$792.55 approved to Willis Knighton Bossier. Payment of \$71.50 approved to DBA WK Emergency Dept. Grp.
Bossier	BOSS18-343	Claim Approved. Payment of \$400.00 approved to CARE Center.
Bossier	BOSS18-344	Claim Approved. Payment of \$400.00 approved to Forensic Nurse Examiners.
Caddo	CADD18-390	Claim Approved. Payment of \$400.00 approved to CARE Center.
Caddo	CADD18-391	Claim Approved. Payment of \$400.00 approved to CARE Center.
Caddo	CADD18-392	Claim Approved. Payment of \$400.00 approved to Forensic Nurse Examiners.
Caddo	CADD18-393	Claim Approved. Payment of \$400.00 approved to Forensic Nurse Examiners.
Caddo	CADD18-394	Claim Approved. Payment of \$400.00 approved to Forensic Nurse Examiners.
Calcasieu	CALC01-049	Total and Permanent Eligibility Approved. Claim Approved. Payment of \$14,977.95 approved to Yolanda Stewart.
Calcasieu	CALC15-015	Claim Approved. Payment of \$1,599.00 approved to West Cal-Cam Hospital.
Calcasieu	CALC15-150	Claim Approved. Payment of \$902.94 approved to Lake Charles Memorial Hospital.

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PARISH	CVR #	RESOLUTION
DeSoto	DESO18-309	Claim Approved. Payment of \$500.00 approved to Forensic Nurse Examiners.
DeSoto	DESO18-310	Claim Approved. Payment of \$400.00 approved to Forensic Nurse Examiners.
DeSoto	DESO18-311	Claim Approved. Payment of \$400.00 approved to Forensic Nurse Examiners.
DeSoto	DESO18-312	Claim Approved. Payment of \$500.00 approved to Forensic Nurse Examiners.
East Baton Rouge	EBAT15-039	Claims Approved Payment of \$1,366.15 approved to Taylor B. Theunissen, MD LLC. Payment of \$1,141.77 approved to Baton Rouge General M.C. Payment of \$7,176.78 approved to Our Lady of the Lake RMC. Payment of \$15.30 approved to City of Baton Rouge EMS. Payment of \$300.00 approved to City of Baton Rouge EMS.
East Baton Rouge	EBAT15-091	Claim Approved. Payment of \$4,500.00 approved to Grace Namwamba.
East Baton Rouge	EBAT18-030	Claim Approved. Payment of \$1,340.00 approved to Winnfield Funeral Home (BR).
East Baton Rouge	EBAT18-064	Claims Approved. Payment of \$825.00 approved to Brandon P. Romano & Assoc. Payment of \$297.50 approved to Lynn R. Schechter, PhD, LLC.
East Baton Rouge	EBAT18-485	Claim Approved. Payment of \$575.12 approved to CARE Center.
East Baton Rouge	EBAT18-486	Claim Approved. Payment of \$340.00 approved to CARE Center.
East Baton Rouge	EBAT18-487	Claim Approved. Payment of \$400.00 approved to EBRPCO SANE Program.
East Baton Rouge	EBAT18-488	Claim Approved. Payment of \$550.00 approved to EBRPCO SANE Program.
East Baton Rouge	EBAT18-489	Claim Approved. Payment of \$400.00 approved to EBRPCO SANE Program.
East Baton Rouge	EBAT18-490	Claim Approved. Payment of \$400.00 approved to EBRPCO SANE Program.
East Baton Rouge	EBAT18-491	Claim Approved. Payment of \$550.00 approved to EBRPCO SANE Program.
East Baton Rouge	EBAT18-493	Claim Approved. Payment of \$550.00 approved to EBRPCO SANE Program.
East Baton Rouge	EBAT18-494	Claim Approved. Payment of \$400.00 approved to EBRPCO SANE Program.

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PARISH	CVR #	RESOLUTION
East Baton Rouge	EBAT18-495	Claim Approved. Payment of \$400.00 approved to EBRPCO SANE Program.
East Baton Rouge	EBAT18-496	Claim Approved. Payment of \$550.00 approved to EBRPCO SANE Program.
East Baton Rouge	EBAT18-498	Claim Approved. Payment of \$400.00 approved to EBRPCO SANE Program.
East Baton Rouge	EBAT18-499	Claim Approved. Payment of \$575.12 approved to CARE Center.
East Baton Rouge	EBAT18-500	Claim Approved. Payment of \$400.00 approved to EBRPCO SANE Program.
East Baton Rouge	EBAT18-501	Claim Approved. Payment of \$550.00 approved to EBRPCO SANE Program.
East Baton Rouge	EBAT18-502	Claim Approved. Payment of \$843.05 approved to CARE Center.
East Baton Rouge	EBAT18-503	Claim Approved. Payment of \$550.00 approved to EBRPCO SANE Program.
East Baton Rouge	EBAT18-504	Claim Approved. Payment of \$843.05 approved to CARE Center.
East Baton Rouge	EBAT18-507	Claim Approved. Payment of \$400.00 approved to EBRPCO SANE Program.
East Baton Rouge	EBAT18-508	Claim Approved. Payment of \$400.00 approved to EBRPCO SANE Program.
East Baton Rouge	EBAT18-509	Claim Approved. Payment of \$400.00 approved to EBRPCO SANE Program.
East Baton Rouge	EBAT19-300	Claim Approved. Payment of \$400.00 approved to EBRPCO SANE Program.
East Carroll	ECAR18-300	Claim Approved. Payment of \$413.00 approved to Vernon Parish Coroner's Office.
Iberville	IBEV18-300	Claim Approved. Payment of \$300.00 approved to CARE Center.
Jefferson	JEFF17-018	Claim Approved. Payment of \$10,000.00 approved to Nicole Williams.
Jefferson	JEFF18-701	Claim Approved. Payment of \$598.30 approved to CARE Center.
Jefferson	JEFF18-702	Claim Approved. Payment of \$607.00 approved to CARE Center.
Jefferson	JEFF18-703	Claim Approved. Payment of \$575.12 approved to CARE Center.

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PARISH	CVR #	RESOLUTION
Jefferson	JEFF18-704	Claim Approved. Payment of \$400.00 approved to CARE Center.
Jefferson	JEFF18-705	Claim Approved. Payment of \$598.30 approved to CARE Center.
Jefferson	JEFF18-706	Claim Approved. Payment of \$935.75 approved to CARE Center.
Jefferson	JEFF18-707	Claim Approved. Payment of \$843.05 approved to CARE Center.
Jefferson	JEFF18-708	Claim Approved. Payment of \$843.05 approved to CARE Center.
Jefferson	JEFF18-709	Claim Approved. Payment of \$843.05 approved to CARE Center.
Jefferson	JEFF18-710	Claim Approved. Payment of \$594.44 approved to CARE Center.
Jefferson	JEFF18-711	Claim Approved. Payment of \$843.05 approved to CARE Center.
Jefferson	JEFF18-712	Claim Approved. Payment of \$598.30 approved to CARE Center.
Jefferson	JEFF18-713	Claim Approved. Payment of \$221.67 approved to CARE Center.
Jefferson	JEFF18-714	Claim Approved. Payment of \$528.27 approved to CARE Center.
Jefferson	JEFF18-715	Claim Approved. Payment of \$725.61 approved to CARE Center.
Jefferson	JEFF18-716	Claim Approved. Payment of \$300.00 approved to CARE Center.
Jefferson	JEFF18-717	Claim Approved. Payment of \$575.12 approved to CARE Center.
Jefferson	JEFF18-718	Claim Approved. Payment of \$843.05 approved to CARE Center.
Jefferson	JEFF18-719	Claim Approved. Payment of \$575.12 approved to CARE Center.
Jefferson	JEFF18-721	Claim Approved. Payment of \$873.72 approved to CARE Center.
Jefferson	JEFF18-722	Claim Approved. Payment of \$325.00 approved to CARE Center.
Jefferson	JEFF18-723	Claim Approved. Payment of \$480.86 approved to CARE Center.

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Jefferson	JEFF18-724	Claim Approved. Payment of \$935.75 approved to CARE Center.
Jefferson	JEFF18-725	Claim Approved. Payment of \$575.12 approved to CARE Center.
Jefferson	JEFF18-726	Claim Approved. Payment of \$598.30 approved to CARE Center.
Jefferson	JEFF18-727	Claim Approved. Payment of \$598.30 approved to CARE Center.
Jefferson	JEFF18-728	Claim Approved. Payment of \$843.05 approved to CARE Center.
Jefferson	JEFF18-729	Claim Approved. Payment of \$575.12 approved to CARE Center.
Jefferson	JEFF18-730	Claim Approved. Payment of \$843.05 approved to CARE Center.
Jefferson	JEFF18-731	Claim Approved. Payment of \$575.12 approved to CARE Center.
Jefferson	JEFF18-732	Claim Approved. Payment of \$598.30 approved to CARE Center.
Jefferson	JEFF18-733	Claim Approved. Payment of \$843.05 approved to CARE Center.
Jefferson	JEFF18-734	Claim Approved. Payment of \$935.75 approved to CARE Center.
Jefferson	JEFF18-735	Claim Approved. Payment of \$754.32 approved to CARE Center.
Jefferson	JEFF18-737	Claim Approved. Payment of \$544.82 approved to CARE Center.
Jefferson	JEFF18-738	Claim Approved. Payment of \$754.32 approved to CARE Center.
Jefferson	JEFF18-739	Claim Approved. Payment of \$575.12 approved to CARE Center.
Jefferson	JEFF18-740	Claim Approved. Payment of \$691.00 approved to CARE Center.
Jefferson	JEFF18-741	Claim Approved. Payment of \$575.12 approved to CARE Center.
Jefferson	JEFF18-742	Claim Approved. Payment of \$575.12 approved to CARE Center.
Jefferson	JEFF18-743	Claim Approved. Payment of \$835.40 approved to CARE Center.

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PARISH	CVR #	RESOLUTION
Jefferson	JEFF18-745	Claim Approved. Payment of \$575.12 approved to CARE Center.
Jefferson	JEFF18-746	Claim Approved. Payment of \$873.72 approved to CARE Center.
Jefferson	JEFF18-747	Claim Approved. Payment of \$586.71 approved to CARE Center.
Jefferson	JEFF18-748	Claim Approved. Payment of \$598.30 approved to CARE Center.
Lasalle	LASA16-001	Claim Approved. Payment of \$4,500.00 approved to Beaty Funeral Home.
Lafayette	LAF18-365	Claim Approved. Payment of \$800 approved to Hearts of Hope - SANE.
Lafayette	LAF18-366	Claim Approved. Payment of \$800 approved to Hearts of Hope - SANE.
Lafayette	LAF18-367	Claim Approved. Payment of \$800 approved to Hearts of Hope - SANE.
Lafayette	LAF18-368	Claim Approved. Payment of \$800 approved to Hearts of Hope - SANE.
Lafayette	LAF18-369	Claim Approved. Payment of \$800 approved to Hearts of Hope - SANE.
Lafayette	LAF18-370	Claim Approved. Payment of \$800 approved to Hearts of Hope - SANE.
Lafayette	LAF18-371	Claim Approved. Payment of \$800 approved to Hearts of Hope - SANE.
Lafayette	LAF18-372	Claim Approved. Payment of \$800 approved to Hearts of Hope - SANE.
Lafayette	LAF18-373	Claim Approved. Payment of \$800 approved to Hearts of Hope - SANE.
Lafayette	LAF18-374	Claim Approved. Payment of \$800 approved to Hearts of Hope - SANE.
Lafayette	LAF18-375	Claim Approved. Payment of \$800 approved to Hearts of Hope - SANE.
Lafayette	LAF18-376	Claim Approved. Payment of \$800 approved to Hearts of Hope - SANE.
Lafourche	LAFO18-322	Claim Approved. Payment of \$843.05 approved to CARE Center.
Lafourche	LAFO18-323	Claim Approved. Payment of \$400.00 approved to CARE Center.

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PARISH	CVR #	RESOLUTION
Lafourche	LAFO18-324	Claim Approved. Payment of \$586.71 approved to CARE Center.
Lafourche	LAFO18-325	Claim Approved. Payment of \$586.71 approved to CARE Center.
Lafourche	LAFO18-326	Claim Approved. Payment of \$575.12 approved to CARE Center.
Lafourche	LAFO18-327	Claim Approved. Payment of \$873.72 approved to CARE Center.
Lafourche	LAFO18-328	Claim Approved. Payment of \$575.12 approved to CARE Center.
Livingston	LIVI18-380	Claim Approved. Payment of \$835.40 approved to CARE Center.
Livingston	LIVI18-381	Claim Approved. Payment of \$691.00 approved to CARE Center.
Livingston	LIVI18-382	Claim Approved. Payment of \$598.30 approved to CARE Center.
Livingston	LIVI18-383	Claim Approved. Payment of \$843.05 approved to CARE Center.
Livingston	LIVI18-384	Claim Approved. Payment of \$598.30 approved to CARE Center.
Livingston	LIVI18-385	Claim Approved. Payment of \$598.30 approved to CARE Center.
Livingston	LIVI18-386	Claim Approved. Payment of \$598.30 approved to CARE Center.
Livingston	LIVI18-387	Claim Approved. Payment of \$797.06 approved to CARE Center.
Livingston	LIVI18-388	Claim Approved. Payment of \$387.63 approved to CARE Center.
Livingston	LIVI18-389	Claim Approved. Payment of \$598.30 approved to CARE Center.
Livingston	LIVI18-390	Claim Approved. Payment of \$843.05 approved to CARE Center.
Livingston	LIVI18-391	Claim Approved. Payment of \$598.30 approved to CARE Center.
Livingston	LIVI19-300	Claim Approved. Payment of \$400.00 approved to EBRPCO – SANE Program.
Morehouse	MORE18-301	Claim Approved. Payment of \$598.30 approved to CARE Center.

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PARISH	CVR #	RESOLUTION
Natchitoches	NATC18-309	Claim Approved. Payment of \$500.00 approved to Forensic Nurse Examiners.
Natchitoches	NATC18-310	Claim Approved. Payment of \$500.00 approved to Forensic Nurse Examiners.
Orleans	ORLE15-020	Claim Approved. Payment of \$4,500.00 approved to Boyd Family Funeral Home.
Orleans	ORLE15-078	Claim Approved. Payment of \$4,500.00 approved to Majestic Mortuary Service.
Orleans	ORLE15-089	Eligibility was deferred by the Board until a supplemental police report has been submitted.
Orleans	ORLE15-131	Eligibility was deferred by the Board until a supplemental police report has been submitted.
Orleans	ORLE15-132	Eligibility was deferred by the Board until a supplemental police report has been submitted.
Orleans	ORLE15-135	Eligibility was deferred by the Board until a supplemental police report has been submitted.
Orleans	ORLE15-136	Claim Approved. Payment of \$1,302.00 approved to Gertrude Geddes Willis F.H. Payment of \$2,500.00 approved to Brenda Wheeler.
Orleans	ORLE18-033	Claim Approved. Payment of \$627.00 approved to For Eyes.
Orleans	ORLE18-034	Claim Approved. Payment of \$663.00 approved to Anousheh Mortazavi.
Orleans	ORLE18-121	Claim Approved. Payment of \$598.30 approved to CARE Center.
Orleans	ORLE18-122	Claim Approved. Payment of \$658.70 approved to CARE Center.
Orleans	ORLE18-123	Claim Approved. Payment of \$843.05 approved to CARE Center.
Orleans	ORLE18-200	Claim Approved. Payment of \$400.00 approved to EBRPCO – SANE Program.
Orleans	ORLE18-201	Claim Approved. Payment of \$598.30 approved to CARE Center.
Orleans	ORLE18-203	Claim Approved. Payment of \$575.12 approved to CARE Center.
Orleans	ORLE18-204	Claim Approved. Payment of \$843.05 approved to CARE Center.
Orleans	ORLE18-205	Claim Approved. Payment of \$598.30 approved to CARE Center.

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PARISH	CVR #	RESOLUTION
Orleans	ORLE18-206	Claim Approved. Payment of \$575.12 approved to CARE Center.
Orleans	ORLE18-207	Claim Approved. Payment of \$575.12 approved to CARE Center.
Orleans	ORLE18-208	Claim Approved. Payment of \$843.05 approved to CARE Center.
Orleans	ORLE18-209	Claim Approved. Payment of \$607.00 approved to CARE Center.
Orleans	ORLE18-210	Claim Approved. Payment of \$300.00 approved to CARE Center.
Orleans	ORLE18-211	Claim Approved. Payment of \$300.00 approved to CARE Center.
Orleans	ORLE18-212	Claim Approved. Payment of \$575.12 approved to CARE Center.
Orleans	ORLE18-213	Claim Approved. Payment of \$598.30 approved to CARE Center.
Orleans	ORLE18-214	Claim Approved. Payment of \$843.05 approved to CARE Center.
Orleans	ORLE18-215	Claim Approved. Payment of \$843.05 approved to CARE Center.
Orleans	ORLE18-216	Claim Approved. Payment of \$557.26 approved to CARE Center.
Orleans	ORLE18-217	Claim Approved. Payment of \$532.38 approved to CARE Center.
Orleans	ORLE18-218	Claim Approved. Payment of \$575.12 approved to CARE Center.
Orleans	ORLE18-219	Claim Approved. Payment of \$873.72 approved to CARE Center.
Orleans	ORLE18-220	Claim Approved. Payment of \$575.12 approved to CARE Center.
Orleans	ORLE18-221	Claim Approved. Payment of \$843.05 approved to CARE Center.
Orleans	ORLE18-222	Claim Approved. Payment of \$598.30 approved to CARE Center.
Orleans	ORLE18-223	Claim Approved. Payment of \$598.30 approved to CARE Center.
Orleans	ORLE18-224	Claim Approved. Payment of \$598.30 approved to CARE Center.

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PARISH	CVR #	RESOLUTION
Orleans	ORLE18-225	Claim Approved. Payment of \$843.05 approved to CARE Center.
Orleans	ORLE18-226	Claim Approved. Payment of \$598.30 approved to CARE Center.
Orleans	ORLE18-227	Claim Approved. Payment of \$461.88 approved to CARE Center.
Orleans	ORLE18-228	Claim Approved. Payment of \$843.05 approved to CARE Center.
Orleans	ORLE18-229	Claim Approved. Payment of \$843.05 approved to CARE Center.
Orleans	ORLE18-230	Claim Approved. Payment of \$547.30 approved to CARE Center.
Orleans	ORLE18-231	Claim Approved. Payment of \$935.75 approved to CARE Center.
Orleans	ORLE18-232	Claim Approved. Payment of \$691.00 approved to CARE Center.
Orleans	ORLE18-233	Claim Approved. Payment of \$843.05 approved to CARE Center.
Orleans	ORLE18-234	Claim Approved. Payment of \$598.30 approved to CARE Center.
Orleans	ORLE18-235	Claim Approved. Payment of \$1,000.00 approved to CARE Center.
Orleans	ORLE18-236	Claim Approved. Payment of \$843.05 approved to CARE Center.
Orleans	ORLE18-237	Claim Approved. Payment of \$843.05 approved to CARE Center.
Orleans	ORLE18-238	Claim Approved. Payment of \$1,000.00 approved to CARE Center.
Orleans	ORLE18-239	Claim Approved. Payment of \$598.30 approved to CARE Center.
Orleans	ORLE18-240	Claim Approved. Payment of \$598.30 approved to CARE Center.
Orleans	ORLE18-241	Claim Approved. Payment of \$691.00 approved to CARE Center.
Orleans	ORLE18-242	Claim Approved. Payment of \$843.05 approved to CARE Center.
Orleans	ORLE18-243	Claim Approved. Payment of \$547.30 approved to CARE Center.
Orleans	ORLE18-244	Claim Approved. Payment of \$575.12 approved to CARE Center.

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PARISH	CVR #	RESOLUTION
Orleans	ORLE18-245	Claim Approved. Payment of \$943.00 approved to CARE Center.
Orleans	ORLE18-246	Claim Approved. Payment of \$843.05 approved to CARE Center.
Orleans	ORLE18-247	Claim Approved. Payment of \$598.30 approved to CARE Center.
Orleans	ORLE18-248	Claim Approved. Payment of \$598.30 approved to CARE Center.
Orleans	ORLE18-249	Claim Approved. Payment of \$843.05 approved to CARE Center.
Orleans	ORLE18-250	Claim Approved. Payment of \$575.12 approved to CARE Center.
Orleans	ORLE18-251	Claim Approved. Payment of \$912.94 approved to CARE Center.
Orleans	ORLE18-252	Claim Approved. Payment of \$843.05 approved to CARE Center.
Orleans	ORLE18-253	Claim Approved. Payment of \$604.10 approved to CARE Center.
Orleans	ORLE18-254	Claim Approved. Payment of \$575.42 approved to CARE Center.
Orleans	ORLE18-255	Claim Approved. Payment of \$820.06 approved to CARE Center.
Orleans	ORLE18-256	Claim Approved. Payment of \$575.12 approved to CARE Center.
Orleans	ORLE18-257	Claim Approved. Payment of \$575.12 approved to CARE Center.
Orleans	ORLE18-258	Claim Approved. Payment of \$575.12 approved to CARE Center.
Orleans	ORLE18-259	Claim Approved. Payment of \$598.30 approved to CARE Center.
Orleans	ORLE18-260	Claim Approved. Payment of \$547.30 approved to CARE Center.
Orleans	ORLE18-261	Claim Approved. Payment of \$575.12 approved to CARE Center.
Orleans	ORLE18-262	Claim Approved. Payment of \$544.82 approved to CARE Center.
Orleans	ORLE18-263	Claim Approved. Payment of \$473.34 approved to CARE Center.
Orleans	ORLE18-264	Claim Approved. Payment of \$586.71 approved to CARE Center.

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Orleans	ORLE18-265	Claim Approved. Payment of \$843.05 approved to CARE Center.
Orleans	ORLE18-266	Claim Approved. Payment of \$613.75 approved to CARE Center.
Orleans	ORLE18-267	Claim Approved. Payment of \$598.30 approved to CARE Center.
Orleans	ORLE18-268	Claim Approved. Payment of \$575.12 approved to CARE Center.
Orleans	ORLE18-269	Claim Approved. Payment of \$598.30 approved to CARE Center.
Orleans	ORLE18-270	Claim Approved. Payment of \$325.00 approved to CARE Center.
Orleans	ORLE18-271	Claim Approved. Payment of \$598.30 approved to CARE Center.
Orleans	ORLE18-272	Claim Approved. Payment of \$575.12 approved to CARE Center.
Orleans	ORLE18-273	Claim Approved. Payment of \$575.12 approved to CARE Center.
Orleans	ORLE18-274	Claim Approved. Payment of \$532.38 approved to CARE Center.
Orleans	ORLE18-275	Claim Approved. Payment of \$835.40 approved to CARE Center.
Orleans	ORLE18-276	Claim Approved. Payment of \$598.30 approved to CARE Center.
Orleans	ORLE18-277	Claim Approved. Payment of \$598.30 approved to CARE Center.
Orleans	ORLE18-278	Claim Approved. Payment of \$575.12 approved to CARE Center.
Orleans	ORLE18-279	Claim Approved. Payment of \$598.30 approved to CARE Center.
Orleans	ORLE18-280	Claim Approved. Payment of \$843.05 approved to CARE Center.
Orleans	ORLE18-283	Claim Approved. Payment of \$843.05 approved to CARE Center.
Orleans	ORLE18-286	Claim Approved. Payment of \$598.30 approved to CARE Center.
Ouachita	OUAC18-309	Claim Approved. Payment of \$1,134.95 approved to St. Francis Medical Center.

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PARISH	CVR #	RESOLUTION
Plaquemines	PLAQ15-001	Claim Approved. Payment of \$804.38 approved to Ochsner Medical Center W. Bank.
Plaquemines	PLAQ18-315	Claim Approved. Payment of \$598.30 approved to CARE Center.
Plaquemines	PLAQ18-316	Claim Approved. Payment of \$547.30 approved to CARE Center.
Plaquemines	PLAQ18-317	Claim Approved. Payment of \$598.30 approved to CARE Center.
Plaquemines	PLAQ18-318	Claim Approved. Payment of \$598.30 approved to CARE Center.
Richland	RICH18-303	Claim Approved. Payment of \$2,333.70 approved to St. Francis Medical Center.
St. Bernard	BERN18-340	Claim Approved. Payment of \$575.12 approved to CARE Center.
St. Bernard	BERN18-341	Claim Approved. Payment of \$575.12 approved to CARE Center.
St. Bernard	BERN18-342	Claim Approved. Payment of \$754.32 approved to CARE Center.
St. Bernard	BERN18-343	Claim Approved. Payment of \$575.12 approved to CARE Center.
St. Bernard	BERN18-344	Claim Approved. Payment of \$843.05 approved to CARE Center.
St. Charles	CHAR16-027	Claim Approved. Payment of \$5,000.00 approved to Kelly Walker.
St. John	JOHN18-326	Claim Approved. Payment of \$598.30 approved to CARE Center.
St. John	JOHN18-327	Claim Approved. Payment of \$843.05 approved to CARE Center.
St. John	JOHN18-328	Claim Approved. Payment of \$843.05 approved to CARE Center.
St. John	JOHN18-329	Claim Approved. Payment of \$575.12 approved to CARE Center.
St. John	JOHN18-330	Claim Approved. Payment of \$820.06 approved to CARE Center.
St. John	JOHN18-331	Claim Approved. Payment of \$300.00 approved to CARE Center.
St. Landry	LAND15-005	Claim Approved. Payment of \$1,983.78 approved to LaHaye Total Eye Care.

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PARISH	CVR #	RESOLUTION
St. Tammany	TAMM18-396	Claim Approved. Payment of \$598.30 approved to CARE Center.
St. Tammany	TAMM18-397	Claim Approved. Payment of \$307.00 approved to CARE Center.
St. Tammany	TAMM18-398	Claim Approved. Payment of \$586.71 approved to CARE Center.
St. Tammany	TAMM18-399	Claim Approved. Payment of \$797.06 approved to CARE Center.
St. Tammany	TAMM18-400	Claim Approved. Payment of \$843.05 approved to CARE Center.
St. Tammany	TAMM18-401	Claim Approved. Payment of \$843.05 approved to CARE Center.
St. Tammany	TAMM18-402	Claim Approved. Payment of \$843.05 approved to CARE Center.
St. Tammany	TAMM18-403	Claim Approved. Payment of \$797.06 approved to CARE Center.
St. Tammany	TAMM18-404	Claim Approved. Payment of \$843.05 approved to CARE Center.
Tangipahoa	TANG15-006	Eligibility was DENIED due to Felony History.
Tangipahoa	TANG18-385	Claim Approved. Payment of \$843.05 approved to CARE Center.
Tangipahoa	TANG18-386	Claim Approved. Payment of \$843.05 approved to CARE Center.
Tangipahoa	TANG18-387	Claim Approved. Payment of \$575.12 approved to CARE Center.
Tangipahoa	TANG18-388	Claim Approved. Payment of \$575.12 approved to CARE Center.
Tangipahoa	TANG18-389	Claim Approved. Payment of \$843.05 approved to CARE Center.
Tangipahoa	TANG18-390	Claim Approved. Payment of \$843.05 approved to CARE Center.
Tangipahoa	TANG18-391	Claim Approved. Payment of \$575.12 approved to CARE Center.
Tangipahoa	TANG18-392	Claim Approved. Payment of \$835.40 approved to CARE Center.
Tangipahoa	TANG18-393	Claim Approved. Payment of \$797.06 approved to CARE Center.

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PARISH	CVR #	RESOLUTION
Tangipahoa	TANG18-394	Claim Approved. Payment of \$575.12 approved to CARE Center.
Tangipahoa	TANG18-395	Claim Approved. Payment of \$598.30 approved to CARE Center.
Tangipahoa	TANG18-396	Claim Approved. Payment of \$575.12 approved to CARE Center.
Tangipahoa	TANG18-397	Claim Approved. Payment of \$598.30 approved to CARE Center.
Tangipahoa	TANG18-398	Claim Approved. Payment of \$400.00 approved to EBRPCO – SANE Program.
Tangipahoa	TANG18-399	Claim Approved. Payment of \$586.71 approved to CARE Center.
Terrebonne	TERR15-008	Claim Approved. Payment of \$1,260.99 approved to Terrebonne General MC. Payment of \$544.50 to Houma EMA. Payment of \$300.00 to Acadian Ambulance. Payment of \$101.75 to Acadian Ambulance.
Terrebonne	TERR18-331	Claim Approved. Payment of \$658.70 approved to CARE Center.
Terrebonne	TERR18-332	Claim Approved. Payment of \$598.30 approved to CARE Center.
Terrebonne	TERR18-333	Claim Approved. Payment of \$843.05 approved to CARE Center.
Terrebonne	TERR18-334	Claim Approved. Payment of \$598.30 approved to CARE Center.
Terrebonne	TERR18-335	Claim Approved. Payment of \$532.38 approved to CARE Center.
Terrebonne	TERR18-336	Claim Approved. Payment of \$575.12 approved to CARE Center.
Terrebonne	TERR18-337	Claim Approved. Payment of \$843.05 approved to CARE Center.
Vernon	VERN18-310	Claim Approved. Payment of \$499.65 approved to Vernon Parish Coroner’s Office.
Vernon	VERN18-311	Claim Approved. Payment of \$529.50 approved to Vernon Parish Coroner’s Office.
Washington	WASH18-338	Claim Approved. Payment of \$797.06 approved to CARE Center.
Washington	WASH18-339	Claim Approved. Payment of \$598.30 approved to CARE Center.

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PARISH	CVR #	RESOLUTION
Washington	WASH18-340	Claim Approved. Payment of \$575.12 approved to CARE Center.
Washington	WASH18-341	Claim Approved. Payment of \$843.05 approved to CARE Center.
Washington	WASH18-342	Claim Approved. Payment of \$843.05 approved to CARE Center.
Washington	WASH18-343	Claim Approved. Payment of \$843.05 approved to CARE Center.
Washington	WASH18-344	Claim Approved. Payment of \$586.71 approved to CARE Center.
Washington	WASH18-345	Claim Approved. Payment of \$586.71 approved to CARE Center.
Webster	WEBS18-315	Claim Approved. Payment of \$400.00 approved to CARE Center.
West Feliciana	WFEL18-304	Claim Approved. Payment of \$550.00 approved to EBRPCO – SANE Program.

VII OTHER BUSINESS

The Board discussed a proposed fee scheduled (by Ms. Shorty) for Forensic Medical Exams. A decision was postponed until the next meeting.

CDC Guidelines were discussed.

The next Board meeting was planned for March 12, 2019 at 9:00 a.m. (That meeting was since cancelled and rescheduled for April 9, 2019.

Ms. Hebert made a motion to adjourn the meeting. Ms. Gautier seconded the motion. Mr. Guillory adjourned the meeting at 10:30 a.m.