

Crime Victims Reparations Board
State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



JIM GRAFT
EXECUTIVE DIRECTOR

Louisiana Commission on Law Enforcement
www.lcle.la.gov/cvr
P.O. Box 3133 ♣ Baton Rouge, Louisiana 70821-3133 ♣ (225) 342-1749 ♣ 1-888-6-VICTIM (NATIONWIDE) ♣ Fax (225) 342-1672
An Equal Opportunity Employer

BOARD MEETING MINUTES

Monday, September 16, 2019

Louisiana Commission on Law Enforcement

Member Attendees

Linda Gautier, Rena Hebert, Angela Henderson, Carla Shorty, Carolyn Stapleton, Catalene Theriot, Audrey Thibodeaux

Member Absentees

Gary "Stitch" Guillory, Lisa Kiper, Amanda Tonkovich, Tameka White

Staff Attendees

Robert Wertz, Carla Trahan, Lakisha Harris

Guest Attendees

Jane Wood

CALL TO ORDER

Ms. Thibodeaux called the Crime Victims Reparations Board meeting for the date of September 16, 2019 to order at 9:36 a.m.

APPROVAL OF MINUTES OF PREVIOUS MEETING

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

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| Parish | CVR # | Claim # | Resolution |
|------------|------------|---------|---|
| ASCENSION | ASCE19-322 | 191130 | Claim Eligibility APPROVED. Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| ASCENSION | ASCE19-323 | 191139 | Claim Eligibility APPROVED. Payment of \$629.38 APPROVED for MEDICAL to CARE Center |
| ASCENSION | ASCE19-324 | 191188 | Claim Eligibility APPROVED. Payment of \$650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office |
| ASCENSION | ASCE19-401 | 191393 | Claim UNABLE TO PROCESS - . Payment of \$80.00 APPROVED for MEDICAL to Claimant |
| ASCENSION | ASCE19-402 | 191392 | Claim UNABLE TO PROCESS - . Payment of \$80.00 APPROVED for MEDICAL to Claimant |
| ASCENSION | ASCE19-403 | 191398 | Claim UNABLE TO PROCESS - . Payment of \$80.00 APPROVED for MEDICAL to Claimant |
| ASSUMPTION | ASSU19-304 | 191186 | Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office |
| AVOUELLES | AVOY19-300 | 190870 | Claim UNABLE TO PROCESS - . Payment of \$1,714.75 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital |
| BOSSIER | BOSS18-323 | 191349 | Claim Eligibility APPROVED. Payment of \$992.76 APPROVED for MEDICAL to University Health - Shreveport |
| BOSSIER | BOSS19-752 | 190650 | Claim Eligibility APPROVED. Payment of \$397.00 APPROVED for MEDICAL to Willis Knighton Bossier Health Center |
| BOSSIER | BOSS19-753 | 190653 | Claim Eligibility APPROVED. Payment of \$397.00 APPROVED for MEDICAL to Willis Knighton Bossier Health Center |
| CADDO | CADD16-004 | 160176 | Claim Eligibility APPROVED. Payment of \$0.00 APPROVED for MEDICAL to Enamel Dentistry |
| CADDO | CADD16-604 | 161293 | Claim Eligibility APPROVED. Payment of \$48.96 APPROVED for MEDICAL MILEAGE to Claimant Payment of \$340.00 APPROVED for MENTAL HEALTH to Claimant |
| CADDO | CADD16-743 | 161050 | Claim UNABLE TO PROCESS - . Payment of \$1,999.06 APPROVED for MEDICAL to Willis Knighton North |
| CADDO | CADD17-037 | 172200 | Claim Eligibility APPROVED. |
| CADDO | CADD17-600 | 170621 | Claim Eligibility APPROVED. Payment of \$157.45 APPROVED for MEDICAL to Claimant Payment of \$221.65 APPROVED for MEDICAL to LSUHSC Shreveport Faculty Group Practice |

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| CADDO | CADD17-734 | 191368 | Claim Eligibility APPROVED. |
| CADDO | CADD18-061 | 190840 | Claim Eligibility APPROVED. Payment of \$5,000.00 APPROVED for FUNERAL to Claimant |
| CADDO | CADD18-341 | 182122 | Claim Eligibility APPROVED. Payment of \$1,379.77 APPROVED for MEDICAL to University Health - Shreveport |
| CADDO | CADD19-035 | 191381 | Claim Eligibility APPROVED. |
| CADDO | CADD19-038 | 191303 | Claim Eligibility APPROVED. EMERGENCY Payment of \$300.00 APPROVED for MENTAL HEALTH to William Livigni |
| CADDO | CADD19-039 | 191382 | Claim Eligibility APPROVED. |
| Calcasieu | CALC17-018 | 170781 | Claim Eligibility APPROVED. Payment of \$5,000.00 APPROVED for FUNERAL to Claimant |
| Calcasieu | CALC17-070 | 172211 | Claim Eligibility APPROVED. Payment of \$3,689.50 APPROVED for FUNERAL to Claimant Payment of \$700.00 APPROVED for FUNERAL to James Funeral Home |
| CALCASIEU | CALC17-072 | 191250 | Claim Eligibility APPROVED. |
| CALCASIEU | CALC17-628 | 170356 | Claim Eligibility APPROVED. |
| CALCASIEU | CALC18-015 | 181472 | Claim Eligibility APPROVED. Payment of \$5,000.00 APPROVED for FUNERAL to Claimant |
| CALCASIEU | CALC19-002 | 191383 | Claim Eligibility APPROVED. Payment of \$1,798.10 APPROVED for MENTAL HEALTH to Claimant |
| CALCASIEU | CALC19-404 | 191181 | Claim Eligibility APPROVED. Payment of \$701.94 APPROVED for MEDICAL to Lake Charles Memorial Hospital |
| CALCASIEU | CALC19-601 | 191405 | Claim Eligibility APPROVED. Payment of \$61.90 APPROVED for MEDICAL to Lake Charles Memorial Hospital |
| CALCASIEU | CALC19-602 | 191422 | Claim Eligibility APPROVED. Payment of \$833.69 APPROVED for MEDICAL to Claimant |
| CALCASIEU | CALC19-603 | 191421 | Claim Eligibility APPROVED. Payment of \$833.69 APPROVED for MEDICAL to Lake Charles Memorial Hospital |
| CALCASIEU | CALC19-604 | 191420 | Claim Eligibility APPROVED. Payment of \$833.69 APPROVED for MEDICAL to Lake Charles Memorial Hospital |

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| CALDWELL | CALD19-401 | 191443 | Claim Eligibility APPROVED. Payment of \$400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office |
| DESOTO | DESO19-001 | 191109 | Claim Eligibility APPROVED. Payment of \$4,560.00 APPROVED for WAGE to Claimant |
| E. FELICIANA | EFEL17-002 | 171875 | Claim Eligibility APPROVED. Payment of \$5,000.00 APPROVED for FUNERAL to Claimant |
| E. FELICIANA | EFEL17-004 | 171934 | Claim Eligibility APPROVED. Payment of \$5,000.00 APPROVED for FUNERAL to Charlet Funeral Home, Inc. |
| E. FELICIANA | EFEL17-008 | 172392 | Claim Eligibility APPROVED. Payment of \$5,000.00 APPROVED for FUNERAL to Claimant |
| E. FELICIANA | EFEL19-002 | 191342 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Claimant |
| E. FELICIANA | EFEL19-300 | 191111 | Claim Eligibility APPROVED. Payment of \$575.62 APPROVED for MEDICAL to CARE Center |
| EBR | EBAT17-099 | 191397 | Claim Eligibility APPROVED. Payment of \$758.31 APPROVED for FUNERAL to Claimant |
| EBR | EBAT17-805 | 191333 | Claim Eligibility APPROVED. Payment of \$3,462.42 APPROVED for MEDICAL to Baton Rouge General Medical Center |
| EBR | EBAT18-026 | 180841 | Claim Eligibility DENIED - Involved in Illegal Activity. Payment of \$5,000.00 APPROVED for FUNERAL to Claimant |
| EBR | EBAT18-064 | 181513 | Claim Eligibility APPROVED. Payment of \$540.00 APPROVED for MENTAL HEALTH to Lynn R. Schechter, PhD, LLC Payment of \$825.00 APPROVED for MENTAL HEALTH to Brandon P. Romano & Associates EMERGENCY Payment of \$200.00 APPROVED for MENTAL HEALTH to Claimant |
| EBR | EBAT18-095 | 190590 | Claim Eligibility APPROVED. Payment of \$5,000.00 APPROVED for FUNERAL to Claimant |
| EBR | EBAT18-480 | 182517 | Claim Eligibility APPROVED. Payment of \$1,171.49 APPROVED for MEDICAL to Our Lady of the Lake RegMedCent |
| EBR | EBAT18-484 | 191344 | Claim Eligibility APPROVED. Payment of \$280.29 APPROVED for MEDICAL to Our Lady of the Lake RegMedCent |
| EBR | EBAT19-069 | 191249 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant |
| EBR | EBAT19-070 | 191269 | Claim Eligibility DENIED - . EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant |

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| EBR | EBAT19-071 | 191287 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant |
| EBR | EBAT19-072 | 191275 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant |
| EBR | EBAT19-073 | 191285 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for SUPPORT to Claimant |
| EBR | EBAT19-074 | 191291 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant |
| EBR | EBAT19-075 | 191292 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Claimant |
| EBR | EBAT19-077 | 191300 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to E J Property |
| EBR | EBAT19-078 | 191331 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Claimant |
| EBR | EBAT19-079 | 191330 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant |
| EBR | EBAT19-081 | 191347 | Claim Eligibility DENIED - Involved in Illegal Activity. |
| EBR | EBAT19-501 | 191396 | Claim UNABLE TO PROCESS - . Payment of \$80.00 APPROVED for MEDICAL to Claimant |
| EBR | EBAT19-502 | 191430 | Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to Claimant |
| EBR | EBAT19-503 | 191404 | Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to Claimant |
| EBR | EBAT19-504 | 191431 | Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to Claimant |
| EBR | EBAT19-505 | 191432 | Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to Claimant |
| EBR | EBAT19-605 | 190586 | Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office |
| EBR | EBAT19-607 | 190588 | Claim Eligibility APPROVED. Payment of \$650.00 APPROVED for MEDICAL to CARE Center |
| EBR | EBAT19-611 | 190699 | Claim Eligibility APPROVED. Payment of \$650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office |

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| EBR | EBAT19-612 | 191182 | Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office |
| EBR | EBAT19-613 | 191183 | Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office |
| EBR | EBAT19-614 | 191185 | Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office |
| EBR | EBAT19-615 | 191187 | Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office |
| FRANKLIN | FRAN19-322 | 191311 | Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office |
| IBERVILLE | IBEV19-301 | 191184 | Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office |
| JEFFERSON | JEFF16-015 | 191356 | Claim Eligibility APPROVED. Payment of \$3,758.21 APPROVED for MEDICAL to Jefferson Orthopedic Clinic Payment of \$5,463.17 APPROVED for MEDICAL to West Jefferson Medical Center - Marrero Payment of \$498.00 APPROVED for MEDICAL to Claimant Payment of \$136.87 APPROVED for MEDICAL to West Jefferson Heart Clinic of Louisiana Payment of \$113.83 APPROVED for MEDICAL to New Orleans Physician Svcs. Payment of \$29.92 APPROVED for MEDICAL to Jefferson Radiology Associates |
| JEFFERSON | JEFF19-011 | 191257 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for SUPPORT to Claimant |
| JEFFERSON | JEFF19-305 | 190585 | Claim Eligibility APPROVED. Payment of \$575.12 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-403 | 191272 | Claim Eligibility APPROVED. Payment of \$1,507.10 APPROVED for MEDICAL to University Medical Center Mgt Corp |
| JEFFERSON | JEFF19-405 | 191274 | Claim Eligibility APPROVED. Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-406 | 191277 | Claim Eligibility APPROVED. Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-407 | 191278 | Claim Eligibility APPROVED. Payment of \$843.05 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-408 | 191279 | Claim Eligibility APPROVED. Payment of \$918.00 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay |
| JEFFERSON | JEFF19-409 | 191280 | Claim Eligibility APPROVED. Payment of \$770.06 APPROVED for MEDICAL to CARE Center |

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| JEFFERSON | JEFF19-410 | 191281 | Claim Eligibility APPROVED. Payment of \$770.06 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-411 | 191282 | Claim Eligibility APPROVED. Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-412 | 191057 | Claim Eligibility APPROVED. Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-415 | 191116 | Claim Eligibility APPROVED. Payment of \$575.12 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-419 | 191283 | Claim Eligibility APPROVED. Payment of \$480.86 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-426 | 191296 | Claim Eligibility APPROVED. Payment of \$532.38 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-427 | 191293 | Claim Eligibility APPROVED. Payment of \$613.75 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-428 | 191294 | Claim Eligibility APPROVED. Payment of \$575.12 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-429 | 191297 | Claim Eligibility APPROVED. Payment of \$532.38 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-452 | 191125 | Claim Eligibility APPROVED. Payment of \$300.00 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-453 | 191131 | Claim Eligibility APPROVED. Payment of \$843.05 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-454 | 191134 | Claim Eligibility APPROVED. Payment of \$575.12 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-455 | 191137 | Claim Eligibility APPROVED. Payment of \$658.70 APPROVED for FUNERAL to CARE Center |
| JEFFERSON | JEFF19-456 | 191146 | Claim Eligibility APPROVED. Payment of \$843.05 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-502 | 191320 | Claim Eligibility APPROVED. Payment of \$300.00 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-503 | 191323 | Claim Eligibility APPROVED. Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| JEFFERSON | JEFF19-504 | 191326 | Claim Eligibility APPROVED. Payment of \$797.06 APPROVED for MEDICAL to CARE Center |

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| JEFFERSON | JEFF19-602 | 191395 | Claim UNABLE TO PROCESS - . Payment of \$80.00 APPROVED for MEDICAL to Claimant |
| JEFFERSON | JEFF19-605 | 191394 | Claim UNABLE TO PROCESS - . Payment of \$70.00 APPROVED for MEDICAL to Claimant |
| LAFAYETTE | Lafa17-013 | 170701 | Claim Eligibility DENIED - Involved in Illegal Activity. |
| LAFAYETTE | Lafa17-013 | 170702 | Claim Eligibility DENIED - Involved in Illegal Activity. |
| LAFAYETTE | Lafa17-601 | 171916 | Claim Eligibility APPROVED. Payment of \$319.87 APPROVED for MEDICAL to Claimant |
| LAFOURCHE | LAFO17-606 | 191304 | Claim Eligibility APPROVED. |
| LAFOURCHE | LAFO17-608 | 170364 | Claim Eligibility APPROVED. |
| LAFOURCHE | LAFO18-602 | 190603 | Claim Eligibility APPROVED. |
| LAFOURCHE | LAFO19-602 | 191316 | Claim Eligibility APPROVED. Payment of \$785.75 APPROVED for MEDICAL to CARE Center |
| LIVINGSTON | LIV19-352 | 191126 | Claim Eligibility APPROVED. Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| LIVINGSTON | LIV19-383 | 191308 | Claim UNABLE TO PROCESS - . Payment of \$1,000.00 APPROVED for MEDICAL to Our Lady of the Lake RegMedCent |
| LIVINGSTON | LIV19-384 | 191317 | Claim Eligibility APPROVED. Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| LIVINGSTON | LIV19-385 | 191324 | Claim Eligibility APPROVED. Payment of \$300.00 APPROVED for MEDICAL to CARE Center |
| LIVINGSTON | LIV19-501 | 191406 | Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to Claimant |
| LIVINGSTON | LIV19-503 | 191407 | Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to Claimant |
| LIVINGSTON | LIV19-506 | 191416 | Claim Eligibility APPROVED. Payment of \$80.00 APPROVED for MEDICAL to Claimant |
| MOREHOUSE | MORE19-401 | 191440 | Claim Eligibility APPROVED. Payment of \$400.00 APPROVED for MEDICAL to Claimant |

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| MOREHOUSE | MORE19-402 | 191442 | Claim Eligibility APPROVED. Payment of \$400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office |
| ORLEANS | ORLE16-009 | 160156 | Claim Eligibility APPROVED. Payment of \$4,500.00 APPROVED for FUNERAL to Claimant |
| ORLEANS | ORLE16-828 | 191436 | Claim Eligibility APPROVED. Payment of \$272.00 APPROVED for MEDICAL to George Strain DDS |
| ORLEANS | ORLE17-072 | 172010 | Claim Eligibility APPROVED. Payment of \$5,000.00 APPROVED for FUNERAL to Professional Funeral Services |
| ORLEANS | ORLE17-086 | 172411 | Claim Eligibility APPROVED. Payment of \$5,000.00 APPROVED for FUNERAL to A. Hamilton Platinum Funeral Services |
| ORLEANS | ORLE17-098 | 170570 | Claim Eligibility APPROVED. |
| ORLEANS | ORLE17-106 | 170648 | Claim Eligibility APPROVED. Payment of \$5,000.00 APPROVED for FUNERAL to Claimant |
| ORLEANS | ORLE17-115 | 171882 | Claim Eligibility APPROVED. Payment of \$5,000.00 APPROVED for FUNERAL to Claimant |
| ORLEANS | ORLE18-060 | 181866 | Claim Eligibility APPROVED. Payment of \$150.00 APPROVED for MEDICAL to Claimant Payment of \$3,272.32 APPROVED for WAGE to Claimant Payment of \$496.04 APPROVED for MEDICAL to Houston Methodist Hospital |
| ORLEANS | ORLE19-065 | 191253 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant |
| ORLEANS | ORLE19-077 | 191093 | Claim Eligibility APPROVED. EMERGENCY Payment of \$246.26 APPROVED for OTHER to Claimant |
| ORLEANS | ORLE19-086 | 191251 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant |
| ORLEANS | ORLE19-090 | 191268 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant |
| ORLEANS | ORLE19-091 | 191256 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Professional Funeral Services |
| ORLEANS | ORLE19-094 | 191295 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Claimant |
| ORLEANS | ORLE19-097 | 191286 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant |

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| ORLEANS | ORLE19-098 | 191288 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant |
| ORLEANS | ORLE19-100 | 191332 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant |
| ORLEANS | ORLE19-101 | 191306 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant |
| ORLEANS | ORLE19-102 | 191338 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant |
| ORLEANS | ORLE19-105 | 191339 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Heritage Funeral Directors, Inc. |
| ORLEANS | ORLE19-110 | 191340 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant |
| ORLEANS | ORLE19-111 | 191346 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant |
| ORLEANS | ORLE19-113 | 191380 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant |
| ORLEANS | ORLE19-114 | 191348 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant |
| ORLEANS | ORLE19-305 | 190350 | Claim Eligibility APPROVED. Payment of \$1,358.05 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay |
| ORLEANS | ORLE19-314 | 190581 | Claim Eligibility APPROVED. Payment of \$873.72 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-321 | 190605 | Claim Eligibility APPROVED. Payment of \$10,000.00 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay |
| ORLEANS | ORLE19-322 | 191254 | Claim Eligibility APPROVED. Payment of \$667.00 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay |
| ORLEANS | ORLE19-327 | 191262 | Claim Eligibility APPROVED. Payment of \$325.00 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-328 | 191258 | Claim Eligibility APPROVED. Payment of \$1,558.15 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay |
| ORLEANS | ORLE19-329 | 191263 | Claim Eligibility APPROVED. Payment of \$2,768.80 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay |

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| ORLEANS | ORLE19-330 | 191267 | Claim Eligibility APPROVED. Payment of \$1,648.58 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay |
| ORLEANS | ORLE19-331 | 191271 | Claim Eligibility APPROVED. Payment of \$852.00 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay |
| ORLEANS | ORLE19-347 | 191255 | Claim Eligibility APPROVED. Payment of \$1,538.59 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay |
| ORLEANS | ORLE19-350 | 191261 | Claim Eligibility APPROVED. Payment of \$1,966.82 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay |
| ORLEANS | ORLE19-361 | 191264 | Claim Eligibility APPROVED. Payment of \$1,891.96 APPROVED for MEDICAL to UMCMC-New Orleans ATTN: Hospital Commercial Pay |
| ORLEANS | ORLE19-362 | 191265 | Claim Eligibility APPROVED. Payment of \$1,479.78 APPROVED for MEDICAL to LCMC - SBO Payment of \$3,209.08 APPROVED for MEDICAL to LCMC - SBO |
| ORLEANS | ORLE19-384 | 191445 | Claim Eligibility APPROVED. Payment of \$2,150.46 APPROVED for MEDICAL to LCMC - SBO Payment of \$468.60 APPROVED for MEDICAL to LCMC - SBO |
| ORLEANS | ORLE19-602 | 191385 | Claim Eligibility APPROVED. Payment of \$80.00 APPROVED for MEDICAL to Claimant |
| ORLEANS | ORLE19-604 | 191434 | Claim Eligibility APPROVED. Payment of \$308.00 APPROVED for MEDICAL to Claimant |
| ORLEANS | ORLE19-606 | 191424 | Claim Eligibility APPROVED. Payment of \$869.00 APPROVED for MEDICAL to Claimant |
| ORLEANS | ORLE19-608 | 191391 | Claim Eligibility APPROVED. Payment of \$80.00 APPROVED for MEDICAL to Claimant |
| ORLEANS | ORLE19-609 | 191390 | Claim Eligibility APPROVED. Payment of \$80.00 APPROVED for MEDICAL to Claimant |
| ORLEANS | ORLE19-610 | 191425 | Claim Eligibility APPROVED. Payment of \$308.00 APPROVED for MEDICAL to Claimant |
| ORLEANS | ORLE19-611 | 191426 | Claim Eligibility APPROVED. Payment of \$319.00 APPROVED for MEDICAL to Claimant |
| ORLEANS | ORLE19-612 | 191389 | Claim Eligibility APPROVED. Payment of \$80.00 APPROVED for MEDICAL to Claimant |
| ORLEANS | ORLE19-613 | 191388 | Claim Eligibility APPROVED. Payment of \$70.00 APPROVED for MEDICAL to Claimant |

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| ORLEANS | ORLE19-614 | 191387 | Claim Eligibility APPROVED. Payment of \$332.45 APPROVED for MEDICAL to Claimant |
| ORLEANS | ORLE19-784 | 191298 | Claim Eligibility APPROVED. Payment of \$575.12 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-785 | 191114 | Claim Eligibility APPROVED. Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-786 | 191117 | Claim Eligibility APPROVED. Payment of \$843.05 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-787 | 191121 | Claim Eligibility APPROVED. Payment of \$843.05 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-788 | 191124 | Claim Eligibility APPROVED. Payment of \$604.10 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-789 | 191127 | Claim Eligibility APPROVED. Payment of \$465.82 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-800 | 191132 | Claim Eligibility APPROVED. Payment of \$541.00 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-801 | 191141 | Claim Eligibility APPROVED. Payment of \$330.00 APPROVED for FUNERAL to CARE Center |
| ORLEANS | ORLE19-802 | 191142 | Claim Eligibility APPROVED. Payment of \$397.11 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-803 | 191312 | Claim Eligibility APPROVED. Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-804 | 191313 | Claim Eligibility APPROVED. Payment of \$691.00 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-805 | 191321 | Claim Eligibility APPROVED. Payment of \$586.71 APPROVED for MEDICAL to CARE Center |
| ORLEANS | ORLE19-806 | 191328 | Claim Eligibility APPROVED. Payment of \$541.00 APPROVED for MEDICAL to CARE Center |
| OUACHITA | OUAC19-401 | 191444 | Claim Eligibility APPROVED. Payment of \$400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office |
| OUACHITA | OUAC19-402 | 191439 | Claim Eligibility APPROVED. Payment of \$400.00 APPROVED for MEDICAL to Claimant |
| PLAQUEMINES | PLAQ19-603 | 191145 | Claim Eligibility APPROVED. Payment of \$465.82 APPROVED for MEDICAL to CARE Center |

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| RAPIDES | RAPI16-708 | 160091 | Claim Eligibility APPROVED. Payment of \$905.00 APPROVED for MENTAL HEALTH to Center for Family & Individual Counseling |
| RAPIDES | RAPI19-301 | 190871 | Claim Eligibility APPROVED. Payment of \$2,355.06 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital |
| ST. BERNARD | BERN19-001 | 190583 | Claim Eligibility APPROVED. Payment of \$873.72 APPROVED for MEDICAL to CARE Center |
| ST. BERNARD | BERN19-008 | 191118 | Claim Eligibility APPROVED. Payment of \$607.00 APPROVED for MEDICAL to CARE Center |
| ST. BERNARD | BERN19-009 | 191143 | Claim Eligibility APPROVED. Payment of \$325.00 APPROVED for MEDICAL to CARE Center |
| ST. CHARLES | CHAR17-600 | 171209 | Claim Eligibility APPROVED. |
| ST. CHARLES | CHAR17-601 | 171917 | Claim UNABLE TO PROCESS - . Payment of \$525.00 APPROVED for MENTAL HEALTH to Allyson Bodin O'Connor, LCSW, ACSW |
| ST. CHARLES | CHAR17-602 | 171865 | Claim Eligibility APPROVED. Payment of \$1,575.00 APPROVED for MENTAL HEALTH to Allyson Bodin O'Connor, LCSW, ACSW |
| ST. CHARLES | CHAR19-015 | 190975 | Claim Eligibility APPROVED. |
| ST. CHARLES | CHAR19-016 | 191438 | Claim Eligibility APPROVED. |
| ST. CHARLES | CHAR19-018 | 191129 | Claim Eligibility APPROVED. Payment of \$843.05 APPROVED for MEDICAL to CARE Center |
| ST. CHARLES | CHAR19-019 | 191246 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for SUPPORT to Claimant |
| ST. JOHN THE BA | JOHN16-002 | 160044 | Claim Eligibility APPROVED. Payment of \$5,000.00 APPROVED for FUNERAL to Claimant |
| ST. JOHN THE BA | JOHN19-606 | 191314 | Claim Eligibility APPROVED. Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| ST. MARTIN | MART18-002 | 182207 | Claim Eligibility APPROVED. Payment of \$3,447.00 APPROVED for FUNERAL to Claimant Payment of \$1,553.00 APPROVED for FUNERAL to Golden Meadows Funeral Home |
| ST. TAMMANY | TAMM19-002 | 191343 | Claim Eligibility APPROVED. |

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| ST. TAMMANY | TAMM19-318 | 191136 | Claim Eligibility APPROVED. Payment of \$843.05 APPROVED for MEDICAL to CARE Center |
| ST. TAMMANY | TAMM19-319 | 191315 | Claim Eligibility APPROVED. Payment of \$300.00 APPROVED for MEDICAL to CARE Center |
| ST. TAMMANY | TAMM19-320 | 191322 | Claim Eligibility APPROVED. Payment of \$586.71 APPROVED for MEDICAL to CARE Center |
| ST. TAMMANY | TAMM19-321 | 191325 | Claim Eligibility APPROVED. Payment of \$691.00 APPROVED for MEDICAL to CARE Center |
| TANGIPAHOA | TANG19-032 | 191252 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant |
| TANGIPAHOA | TANG19-305 | 190582 | Claim Eligibility APPROVED. Payment of \$691.00 APPROVED for MEDICAL to CARE Center |
| TANGIPAHOA | TANG19-309 | 191115 | Claim Eligibility APPROVED. Payment of \$25.00 APPROVED for MEDICAL to CARE Center |
| TANGIPAHOA | TANG19-402 | 191402 | Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to Claimant |
| TERREBONNE | TERR19-001 | 191128 | Claim Eligibility APPROVED. Payment of \$843.05 APPROVED for MEDICAL to CARE Center |
| TERREBONNE | TERR19-002 | 191133 | Claim Eligibility APPROVED. Payment of \$843.05 APPROVED for MEDICAL to CARE Center |
| VERMILLION | VERM17-602 | 170316 | Claim Eligibility APPROVED. |
| VERMILLION | VERM19-401 | 191441 | Claim Eligibility APPROVED. Payment of \$400.00 APPROVED for MEDICAL to Ouachita Parish Coroner office |
| VERNON | VERN17-702 | 171203 | Claim Eligibility APPROVED. Payment of \$276.65 APPROVED for MEDICAL to Dr. Christina Lord MD |
| WASHINGTON | WASH19-012 | 191119 | Claim Eligibility APPROVED. Payment of \$935.75 APPROVED for MEDICAL to CARE Center |
| WASHINGTON | WASH19-013 | 191120 | Claim Eligibility APPROVED. Payment of \$843.05 APPROVED for MEDICAL to CARE Center |
| WASHINGTON | WASH19-014 | 191318 | Claim Eligibility APPROVED. Payment of \$575.12 APPROVED for MEDICAL to CARE Center |
| WASHINGTON | WASH19-015 | 191319 | Claim Eligibility APPROVED. Payment of \$575.12 APPROVED for MEDICAL to CARE Center |

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| WASHINGTON | WASH19-016 | 191327 | Claim Eligibility APPROVED. Payment of \$598.30 APPROVED for MEDICAL to CARE Center |
| WASHINGTON | WASH19-017 | 191329 | Claim Eligibility APPROVED. Payment of \$613.75 APPROVED for MEDICAL to CARE Center |
| WASHINGTON | WASH19-101 | 191352 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant |
| WASHINGTON | WASH19-102 | 191354 | Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant |

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ADJOURNMENT / OTHER BUSINESS

Ms. Theriot made a motion to approve a request by the claims investigator from Jefferson Parish to have pins made for their staff reflecting the Crime Victims Reparations program. Ms. Hebert seconded the motion and the motion passed unanimously.