

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.

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Parish	CVR #	Claim #	Resolution
ASCENSION	ASCE19-303	190869	Claim Eligibility APPROVED. Payment of \$650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
ASCENSION	ASCE19-413	191721	Claim Eligibility APPROVED. Payment of \$1,000.00 APPROVED for MEDICAL to CARE Center
ASCENSION	ASCE19-419	200207	Claim Eligibility APPROVED. Payment of \$843.05 APPROVED for MEDICAL to CARE Center
ASCENSION	ASCE19-420	200208	Claim Eligibility APPROVED. Payment of \$325.00 APPROVED for MEDICAL to CARE Center
Assumption	ASSU16-004	160083	Claim Eligibility APPROVED. Payment of \$137.50 APPROVED for MEDICAL to Thibodaux Regional Medical Center
ASSUMPTION	ASSU19-303	190862	Claim Eligibility APPROVED. Payment of \$650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
Avoyelles	AVOY16-001	160182	Claim Eligibility APPROVED. Payment of \$300.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Acadian Ambulance Payment of \$47.30 APPROVED for MEDICAL to Acadian Ambulance Payment of \$812.35 APPROVED for MEDICAL to Avoyelles Hospital
BEAUREGARD	BEAU19-352	191696	Claim Eligibility APPROVED. Payment of \$1,167.75 APPROVED for MEDICAL to Lake Charles Memorial Hospital
BEAUREGARD	BEAU19-353	191680	Claim Eligibility APPROVED. Payment of \$1,651.55 APPROVED for MEDICAL to Lake Charles Memorial Hospital
BIENVILLE	BIEN19-001	200153	Claim Eligibility APPROVED. 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. EMERGENCY Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
BOSSIER	BOSS19-301	190256	Claim Eligibility APPROVED. Payment of \$0.00 APPROVED for MEDICAL to Forensic Nurse Examiners
BOSSIER	BOSS19-301	200434	Claim Eligibility APPROVED. Payment of \$397.00 APPROVED for MEDICAL to Willis Knighton Bossier Health Center

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BOSSIER	BOSS19-788	200211	Claim Eligibility APPROVED. Payment of \$716.24 APPROVED for MEDICAL to Willis Knighton Bossier Health Center
BOSSIER	BOSS19-789	200212	Claim Eligibility APPROVED. Payment of \$1,323.30 APPROVED for MEDICAL to Willis Knighton Bossier Health Center
BOSSIER	BOSS19-801	200160	Claim Eligibility APPROVED. Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
BOSSIER	BOSS19-804	200331	Claim Eligibility APPROVED. Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
BOSSIER	BOSS19-805	200347	Claim Eligibility APPROVED. Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
Caddo	CADD16-020	160333	Claim Eligibility APPROVED. Payment of \$4,500.00 APPROVED for FUNERAL to Heavenly Gates Funeral Home
Caddo	CADD16-021	160372	Claim Eligibility APPROVED. Payment of \$52.25 APPROVED for MEDICAL to WK Emergency Dept. Group
Caddo	CADD16-022	160393	Claim Eligibility APPROVED. Payment of \$3,726.00 APPROVED for FUNERAL to Claimant
Caddo	CADD16-030	161068	Claim Eligibility APPROVED. Payment of \$4,500.00 APPROVED for FUNERAL to Heavenly Gates Funeral Home
Caddo	CADD16-046	160854	Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for FUNERAL to Claimant
Caddo	CADD16-046	160855	Claim Eligibility APPROVED. 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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CADDO	CADD16-062	200312	Claim Eligibility APPROVED. Payment of \$1,991.37 APPROVED for FUNERAL to Claimant
Caddo	CADD16-063	160450	Claim Eligibility APPROVED. Payment of \$5,000.00 APPROVED for FUNERAL to Claimant
Caddo	CADD16-065	160040	Claim Eligibility APPROVED. Payment of \$406.57 APPROVED for MEDICAL to Willis Knighton Bossier Health Center Payment of \$44.12 APPROVED for MEDICAL to University Health Shreveport Payment of \$122.32 APPROVED for MEDICAL to Claimant
Caddo	CADD16-601	160861	Claim Eligibility APPROVED. Payment of \$30.00 APPROVED for MENTAL HEALTH to David Raines Community Health Center, Inc. Payment of \$30.00 APPROVED for MENTAL HEALTH to Claimant
Caddo	CADD17-002	170237	Claim Eligibility APPROVED. Payment of \$919.03 APPROVED for FUNERAL to Claimant
Caddo	CADD17-011	170643	Claim Eligibility APPROVED. Payment of \$5,000.00 APPROVED for FUNERAL to Claimant
CADDO	CADD18-016	180883	Claim Eligibility APPROVED. 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. EMERGENCY Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
Caddo	CADD18-391	190095	Claim Eligibility APPROVED. EMERGENCY Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-043	191774	Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant
CADDO	CADD19-044	200139	Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant
CADDO	CADD19-046	200138	Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Claimant
CADDO	CADD19-047	200151	Claim Eligibility APPROVED. 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. EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant
CADDO	CADD19-052	200414	Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant
CADDO	CADD19-401	200441	Claim Eligibility APPROVED. Payment of \$760.64 APPROVED for MEDICAL to Willis Knighton South
CADDO	CADD19-824	200214	Claim Eligibility APPROVED. Payment of \$472.73 APPROVED for MEDICAL to Ochsner LSU Health Shreveport
CADDO	CADD19-826	200161	Claim Eligibility APPROVED. Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-827	200164	Claim Eligibility APPROVED. Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-828	200168	Claim Eligibility APPROVED. Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-828	200433	Claim UNABLE TO PROCESS - . Payment of \$0.00 APPROVED for MEDICAL to Willis Knighton Pierremont (ED)
CADDO	CADD19-829	200181	Claim Eligibility APPROVED. Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-830	200182	Claim Eligibility APPROVED. Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CADDO	CADD19-833	200341	Claim Eligibility APPROVED. Payment of \$400.00 APPROVED for MEDICAL to Forensic Nurse Examiners
CALCASIEU	CALC15-042	200365	Claim Eligibility APPROVED. Payment of \$300.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Acadian Ambulance Payment of \$30.25 APPROVED for MEDICAL to Access Radiology Payment of \$2,322.23 APPROVED for MEDICAL to Lake Charles Memorial Hospital Payment of \$251.35 APPROVED for MEDICAL to Acadian Ambulance
Calcasieu	CALC16-011	160076	Claim Eligibility APPROVED. Payment of \$286.63 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Acadian Ambulance
Calcasieu	CALC16-016	160291	Claim Eligibility APPROVED. Payment of \$611.60 APPROVED for MEDICAL to Access Radiology/ R.A.S.L. 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. Payment of \$300.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Acadian Ambulance Payment of \$48.95 APPROVED for MEDICAL to Acadian Ambulance
Calcasieu	CALC16-050	160658	Claim Eligibility APPROVED. Payment of \$3,232.07 APPROVED for MEDICAL to Lake Charles Memorial Hospital Payment of \$498.85 APPROVED for MEDICAL to PEMM Lake Charles, LLC
Calcasieu	CALC16-059	161149	Claim Eligibility APPROVED. 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. Payment of \$110.00 APPROVED for MEDICAL to West Calcasieu-Cameron Hospital Payment of \$134.46 APPROVED for MEDICAL to Schlamp Family Medical Clinic Payment of \$137.50 APPROVED for MEDICAL to Ochsner Health System Payment of \$163.87 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Acadian Ambulance Payment of \$196.61 APPROVED for MEDICAL to Ochsner Health System Payment of \$27.50 APPROVED for MEDICAL to West Calcasieu-Cameron Hospital Payment of \$429.00 APPROVED for MEDICAL to West Calcasieu-Cameron Hospital Payment of \$56.36 APPROVED for MEDICAL to Center for Orthopaedics - LC Payment of \$750.55 APPROVED for MEDICAL to West Calcasieu-Cameron Hospital Payment of \$750.75 APPROVED for MEDICAL to West Calcasieu-Cameron Hospital
Calcasieu	CALC16-076	161170	Claim Eligibility APPROVED. Payment of \$28.25 APPROVED for MEDICAL to Lake Charles Memorial Hospital
Calcasieu	CALC16-079	160965	Claim Eligibility APPROVED. 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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Calcasieu	CALC16-642	160735	Claim Eligibility APPROVED. Payment of \$22.50 APPROVED for MEDICAL to Access Radiology/ R.A.S.L.
Calcasieu	CALC16-656	160962	Claim Eligibility APPROVED. Payment of \$220.00 APPROVED for MENTAL HEALTH to Elite Medical Wellness Payment of \$315.28 APPROVED for MEDICAL MILEAGE to Claimant
Calcasieu	CALC17-020	170592	Claim Eligibility DENIED - Not a Compensable Expense. Payment of \$0.00 APPROVED for FUNERAL to King's Funeral Home -- Lake Charles
Calcasieu	CALC17-021	170590	Claim Eligibility APPROVED. 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. Payment of \$431.97 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-451	191697	Claim Eligibility APPROVED. Payment of \$809.55 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-454	191695	Claim Eligibility APPROVED. Payment of \$1,329.00 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-458	191694	Claim Eligibility APPROVED. Payment of \$809.52 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-459	191693	Claim Eligibility APPROVED. Payment of \$822.58 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-465	191690	Claim Eligibility APPROVED. Payment of \$1,104.37 APPROVED for MEDICAL to Lake Charles Memorial Hospital
CALCASIEU	CALC19-605	200215	Claim Eligibility APPROVED. Payment of \$1,090.63 APPROVED for MEDICAL to Lake Charles Memorial Hospital

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



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

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EBR	EBAT19-100	200230	Claim Eligibility APPROVED. EMERGENCY Payment of \$300.00 APPROVED for MENTAL HEALTH to Claimant
EBR	EBAT19-101	200249	Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant
EBR	EBAT19-102	200241	Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for MEDICAL to Claimant
EBR	EBAT19-103	200243	Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Carney & Mackey Funeral Home
EBR	EBAT19-104	200245	Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant
EBR	EBAT19-105	200244	Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant
EBR	EBAT19-106	200250	Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for OTHER to Claimant
EBR	EBAT19-108	200313	Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Carney & Mackey Funeral Home
EBR	EBAT19-109	200412	Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Esperanza Funeral Home
EBR	EBAT19-110	200411	Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for WAGE to Claimant
EBR	EBAT19-111	200410	Claim Eligibility APPROVED. EMERGENCY Payment of \$150.00 APPROVED for WAGE to Claimant
EBR	EBAT19-312	200234	Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-556	191685	Claim Eligibility APPROVED. 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. 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. Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-569	200219	Claim Eligibility APPROVED. Payment of \$650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-572	200221	Claim Eligibility APPROVED. Payment of \$650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-573	200222	Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-575	200104	Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-576	200105	Claim Eligibility APPROVED. Payment of \$650.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-577	200106	Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
EBR	EBAT19-630	200152	Claim Eligibility APPROVED. Payment of \$1,928.86 APPROVED for MEDICAL to Our Lady of the Lake Regional Medical Center
EBR	EBAT19-641	200235	Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to East Baton Rouge Parish Coroner's Office
Franklin	FRAN16-003	160998	Claim Eligibility APPROVED. Payment of \$3,917.29 APPROVED for MEDICAL to Claimant Payment of \$1,018.16 APPROVED for MEDICAL to Claimant Payment of \$3,562.88 APPROVED for WAGE to Claimant
GRANT	GRAN19-301	200004	Claim Eligibility APPROVED. Payment of \$250.40 APPROVED for MEDICAL to Christus St. Frances Cabrini Hospital
Iberia	IBER17-001	170183	Claim Eligibility APPROVED. 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. 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. Payment of \$213.00 APPROVED for MEDICAL to Claimant
Jefferson	JEFF17-004	170630	Claim Eligibility APPROVED. Payment of \$1,992.04 APPROVED for FUNERAL to Claimant
Jefferson	JEFF17-005	170635	Claim Eligibility APPROVED. Payment of \$1,925.42 APPROVED for FUNERAL to Claimant
Jefferson	JEFF17-006	170629	Claim Eligibility APPROVED. Payment of \$1,904.42 APPROVED for FUNERAL to Claimant
JEFFERSON	JEFF19-614	191631	Claim Eligibility APPROVED. Payment of \$1,617.47 APPROVED for MEDICAL to Tulane Lakeside Hospital
JEFFERSON	JEFF19-615	191712	Claim Eligibility DENIED - Not a Compensable Expense. Payment of \$0.00 APPROVED for MEDICAL to LCMC - SBO
JEFFERSON	JEFF19-616	191708	Claim Eligibility APPROVED. Payment of \$1,000.00 APPROVED for MEDICAL to West Jefferson Medical Center
JEFFERSON	JEFF19-617	191713	Claim Eligibility APPROVED. Payment of \$1,000.00 APPROVED for MEDICAL to West Jefferson Medical Center
JEFFERSON	JEFF19-620	191689	Claim Eligibility APPROVED. Payment of \$0.00 APPROVED for MEDICAL to West Jefferson Medical Center
JEFFERSON	JEFF19-621	191678	Claim Eligibility APPROVED. Payment of \$0.00 APPROVED for MEDICAL to West Jefferson Medical Center
JEFFERSON	JEFF19-622	200145	Claim Eligibility APPROVED. 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. Payment of \$1,344.30 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-625	200148	Claim Eligibility APPROVED. Payment of \$598.30 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-626	200149	Claim Eligibility APPROVED. Payment of \$598.30 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-627	200150	Claim Eligibility APPROVED. Payment of \$691.00 APPROVED for MEDICAL to CARE Center
JEFFERSON	JEFF19-628	200155	Claim Eligibility APPROVED. Payment of \$544.82 APPROVED for MEDICAL to CARE Center

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

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

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Parish	CVR #	Claim #	Resolution
Lafayette	LAFA18-009	182100	Claim Eligibility APPROVED. Payment of \$150.00 APPROVED for MEDICAL to Claimant Payment of \$110.00 APPROVED for MEDICAL to Surgical Hospital Management System Payment of \$110.00 APPROVED for MEDICAL to Lafayette Pulmonary Clinic
LAFAYETTE	LAFA18-022	190474	Claim Eligibility APPROVED. Payment of \$2,405.00 APPROVED for FUNERAL to Claimant
LAFAYETTE	LAFA19-006	190496	Claim Eligibility APPROVED. Payment of \$1,740.46 APPROVED for MEDICAL to Claimant
LAFAYETTE	LAFA19-014	191776	Claim Eligibility APPROVED. Payment of \$800.00 APPROVED for WAGE to Claimant
Lafourche	LAFO16-018	160978	Claim Eligibility APPROVED. 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. Payment of \$1,131.00 APPROVED for FUNERAL to Claimant
Lafourche	LAFO16-027	161096	Claim Eligibility APPROVED. 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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Parish	CVR #	Claim #	Resolution
LAFOURCHE	LAFO19-601	191235	Claim Eligibility APPROVED.
Livingston	LIVI18-345	182240	Claim Eligibility APPROVED. Payment of \$350.57 APPROVED for MEDICAL to Ochsner Service Area -Michelle Morrison
LIVINGSTON	LIVI19-010	200311	Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for FUNERAL to Carney & Mackey Funeral Home
LIVINGSTON	LIVI19-515	191687	Claim Eligibility APPROVED. Payment of \$1,000.00 APPROVED for MEDICAL to Our Lady of the Lake Regional Medical Center
LIVINGSTON	LIVI19-531	191762	Claim Eligibility APPROVED. Payment of \$575.12 APPROVED for MEDICAL to CARE Center
LIVINGSTON	LIVI19-532	191763	Claim Eligibility APPROVED. Payment of \$586.71 APPROVED for MEDICAL to CARE Center
Madison	MADI16-002	160036	Claim Eligibility APPROVED. Payment of \$5,000.00 APPROVED for FUNERAL to Beckwith Golden Gate Funeral Home
MADISON	MADI18-001	181316	Claim Eligibility APPROVED. Payment of \$4,500.00 APPROVED for FUNERAL to Claimant
MADISON	MADI19-451	200276	Claim Eligibility DENIED - Not a Compensable Expense. Payment of \$0.00 APPROVED for MEDICAL to Ochsner LSU Health Shreveport Payment of \$0.00 APPROVED for MEDICAL to Forensic Nurse Examiners
MADISON	MADI19-452	200275	Claim Eligibility DENIED - Not a Compensable Expense. Payment of \$0.00 APPROVED for MEDICAL to Forensic Nurse Examiners Payment of \$0.00 APPROVED for MEDICAL to Ochsner LSU Health Shreveport
MOREHOUSE	MORE19-605	191756	Claim Eligibility APPROVED. Payment of \$400.00 APPROVED for MEDICAL to Ouachita Parish Coroner's Office
Orleans	ORLE14-100	140805	Claim Eligibility APPROVED. Payment of \$3,925.00 APPROVED for FUNERAL to Claimant
Orleans	ORLE16-006	160180	Claim Eligibility APPROVED. Payment of \$96.80 APPROVED for MEDICAL to LSU Healthcare Network - N.O. Payment of \$300.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to City of New Orleans EMS Payment of \$2,021.64 APPROVED for MEDICAL to Interim LSU Public Hospital Payment of \$108.35 APPROVED for MEDICAL to City of New Orleans EMS



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

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

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

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

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

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

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

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Parish	CVR #	Claim #	Resolution
St. Charles	CHAR16-020	160421	Claim Eligibility APPROVED. Payment of \$185.35 APPROVED for MEDICAL to City of Baton Rouge EMS Payment of \$900.00 APPROVED for MENTAL HEALTH to YNG Counseling/Consulting Payment of \$2,411.75 APPROVED for MEDICAL to Tulane University Medical Group Payment of \$133.72 APPROVED for MEDICAL to University Medical Center Mgt Corp Payment of \$1,948.67 APPROVED for WAGE to Claimant Payment of \$1,157.75 APPROVED for MEDICAL to LSU Healthcare Network - N.O. 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. 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. Payment of \$280.00 APPROVED for MENTAL HEALTH to Allyson Bodin O'Connor, LCSW, ACSW
St. Charles	CHAR18-009	180954	Claim Eligibility APPROVED. 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. 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. 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. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant
ST. CHARLES	CHAR19-351	191624	Claim Eligibility APPROVED. Payment of \$1,739.37 APPROVED for MEDICAL to Tulane Lakeside Hospital
ST. CHARLES	CHAR19-352	191785	Claim Eligibility APPROVED. Payment of \$335.00 APPROVED for MEDICAL to CARE Center
ST. CHARLES	CHAR19-353	191786	Claim Eligibility APPROVED. Payment of \$70.00 APPROVED for MEDICAL to CARE Center
ST. CHARLES	CHAR19-354	191787	Claim Eligibility APPROVED. Payment of \$575.12 APPROVED for MEDICAL to CARE Center
ST. CHARLES	CHAR19-355	191788	Claim Eligibility APPROVED. Payment of \$532.38 APPROVED for MEDICAL to CARE Center
ST. HELENA	HELE19-007	200372	Claim Eligibility APPROVED. EMERGENCY Payment of \$500.00 APPROVED for Relocation to Claimant
ST. HELENA	HELE19-303	191789	Claim Eligibility APPROVED. Payment of \$575.12 APPROVED for MEDICAL to CARE Center
ST. JAMES	JAME19-303	191791	Claim Eligibility APPROVED. Payment of \$575.12 APPROVED for MEDICAL to CARE Center
ST. JAMES	JAME19-304	191792	Claim Eligibility APPROVED. Payment of \$586.71 APPROVED for MEDICAL to CARE Center
ST. JAMES	JAME19-306	191790	Claim Eligibility APPROVED. Payment of \$598.30 APPROVED for MEDICAL to CARE Center
ST. JOHN THE BA	JOHN19-701	200008	Claim Eligibility APPROVED. Payment of \$843.05 APPROVED for MEDICAL to CARE Center
ST. JOHN THE BA	JOHN19-702	200007	Claim Eligibility APPROVED. Payment of \$575.12 APPROVED for MEDICAL to CARE Center

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ST. JOHN THE BA	JOHN19-703	200006	Claim Eligibility APPROVED. Payment of \$843.05 APPROVED for MEDICAL to CARE Center
ST. JOHN THE BA	JOHN19-704	200005	Claim Eligibility APPROVED. 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. 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. Payment of \$0.00 APPROVED for MEDICAL to Teche Regional Medical Center
ST. MARY	MARY19-311	191793	Claim Eligibility APPROVED. Payment of \$586.71 APPROVED for MEDICAL to CARE Center
ST. TAMMANY	TAMM19-322	191363	Claim Eligibility APPROVED. Payment of \$935.75 APPROVED for MEDICAL to CARE Center
ST. TAMMANY	TAMM19-403	191707	Claim Eligibility APPROVED. Payment of \$500.00 APPROVED for MEDICAL to West Jefferson Medical Center
ST. TAMMANY	TAMM19-404	191706	Claim Eligibility DENIED - Not a Compensable Expense. Payment of \$0.00 APPROVED for MEDICAL to Slidell Memorial Hospital
ST. TAMMANY	TAMM19-405	191794	Claim Eligibility APPROVED. Payment of \$575.12 APPROVED for MEDICAL to CARE Center
ST. TAMMANY	TAMM19-406	191795	Claim Eligibility APPROVED. Payment of \$877.00 APPROVED for MEDICAL to CARE Center
ST. TAMMANY	TAMM19-407	191796	Claim Eligibility APPROVED. Payment of \$598.30 APPROVED for MEDICAL to CARE Center
ST. TAMMANY	TAMM19-408	200142	Claim Eligibility APPROVED. Payment of \$598.30 APPROVED for MEDICAL to CARE Center
ST. TAMMANY	TAMM19-409	191797	Claim Eligibility APPROVED. Payment of \$364.58 APPROVED for MEDICAL to CARE Center
ST. TAMMANY	TAMM19-410	191798	Claim Eligibility APPROVED. Payment of \$835.40 APPROVED for MEDICAL to CARE Center
ST. TAMMANY	TAMM19-411	191799	Claim Eligibility APPROVED. Payment of \$340.00 APPROVED for MEDICAL to CARE Center

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

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

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

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

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