



Step 1: Access the VCF Claims Management System

Go to: <https://www.claims.vcf.gov/welcome.aspx>

You will be directed to the Login screen from which you can create a new account. **Click on “Create Account”.**

September 11th
Victim Compensation Fund

CREATE ACCOUNT RESET PASSWORD HELP LOGIN ?

You are here: [Login](#) [Create Account](#) | [Login](#)

Click “Create Account”

Account Login

Username:

Password:

Login

Notice to Users:

You are accessing a U.S. Government information system. Information system usage may be monitored, recorded, and subject to audit. Unauthorized use of the information system is prohibited and subject to criminal and civil penalties. Use of the information system indicates consent to monitoring and recording.

Please review the [privacy policies](#) for information relevant to visiting the Victim Compensation Fund website.

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Step 2: Create your Account

Begin by creating your User Name. It is recommended that you use your email address as your User Name.

Enter your preferred User Name in the blank field and click on “Check User Name Availability”. Since the system does not allow duplicate User Names, this will allow you to confirm the User Name you selected is valid. If not, the system will ask you to try a different User Name.

If your User Name is available, you will see a message in blue below the User Name box that states, “User Name is available. Continue below to create account.”

Be sure to **read the disclosure statement and click in the box** to show your agreement.

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CREATE ACCOUNT RESET PASSWORD HELP LOGIN ?

You are here: [Create Account](#) [Create Account](#) | [Login](#)

Account Creation

***Note:** All fields marked with an asterisk (*) are required.
(Registration may take several seconds. Once you click the Check User Name Availability button please wait until the system responds.)

We recommend using your email address as your User Name.

☐ *User Name:

☒ I have read and agree to the disclosure listed below

The Department of Justice is authorized to collect this information... Fund of 2001, Title IV...
of Public Law 107-42, Air Transportation Safety and System Stabilization Act of 2001, Title IV...
Zadroga 9/11 Health and Compensation Act of 2010, Title II of Public Law 111-347. The information you submit is for official use by
the U.S. Department of Justice for the purposes of determining your eligibility for and the amount of compensation you may receive
under any claim you may choose to submit to the Victim Compensation Fund. Provision of this information is voluntary. Information
you submit may be disclosed by the Government only in accordance with the provisions of the Privacy Act.

I authorize the U.S. Department of Justice to disclose any records or information relating to my Victim Compensation Fund claim for
the purpose of determining qualification and/or compensation of my claim to: agency contractors assisting in the administration of the
Victim Compensation Fund; other federal, state, or local agencies, including the Department of Treasury and NIOSH; and other
individuals or entities having information related to the claim, such as physicians, medical service providers, insurers, and employers.
Failure to acknowledge and agree to the disclosure of your records will prevent the U.S. Department of Justice from moving forward
with your claim.

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Scroll down the page to complete your account setup by creating your password and answering questions that will allow you to recover your password in case you forget it in the future. Be sure to complete all of the fields on this screen as they are all required.



TIP: Pay close attention to the password you create as it must meet very specific requirements. These requirements are explained on the screen.

In the red box at the bottom, **enter the code as shown on the screen.**

Click **“Create Account”** at the bottom to complete your account setup.

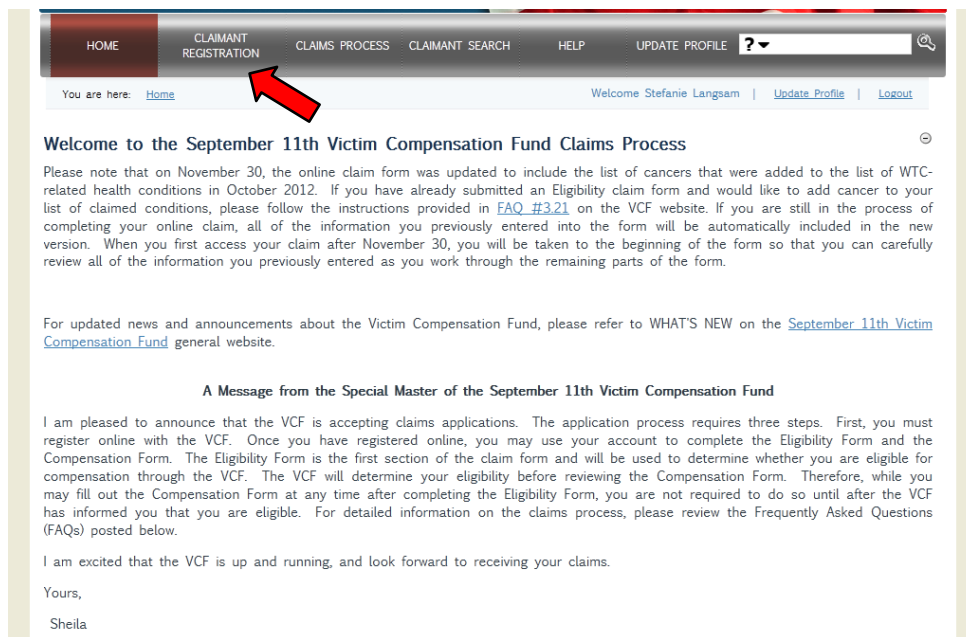
The screenshot shows the registration form for the September 11th Victim Compensation Fund. It includes sections for Required Information (First Name, Last Name, Email Address, Confirm Email Address), Password Information (Password, Confirm Password), and Password Recovery Information (5 questions). A red box at the bottom highlights the CAPTCHA area and the 'Create Account' button. A yellow callout box with a red arrow points to the 'Create Account' button, stating: 'Click on “Create Account” once all of the information is complete'. The CAPTCHA area shows a grid of numbers and letters, with a red box around the numbers '6027' and '2236344'. Below the CAPTCHA is a 'Privacy & Terms' link and a 'Create Account' button. At the bottom of the page, there are links for 'September 11th Victim Compensation Fund', 'Policies', 'Privacy', 'FOIA', 'Paperwork Reduction Act', and 'Site Map'.

You will be taken to the VCF Welcome page.



Step 3: Begin your Registration

Read the welcome message and then scroll down to the section titled **“What is the Registration Process”** and click on the **“Claimant Registration”** link in the middle of the screen. You may also click on the **“Claimant Registration”** button on the main menu.



What is the Registration Process?

The registration process is the first step in the claims process and is designed to collect basic information about the potential Claimant (and the Claimant's representative, if applicable) and his/her claim.

In the registration process, you will be asked to provide basic information on (i) the Claimant who was injured or harmed, or the deceased individual who died as a result of the air crashes of September 11, 2001 or the subsequent debris removal, (ii) if applicable, the authorized guardian or representative who will be filing the claim on behalf of the injured or deceased individual (such as the parent or guardian of a minor child or the Personal Representative of a deceased individual), and (iii) if applicable, the attorney or other individual who is assisting the Claimant or authorized representative. In addition, the registration form requests basic information about the status of the Claimant, including the Claimant's "presence" at a 9/11 crash site during the period between September 11, 2001 and May 30, 2002.

This registration process does not create a claim and you do not waive any rights by registering. By submitting the information requested, you will be registering with the VCF either as a potential Claimant or a representative of a potential Claimant, but you will not be making an official claim to the VCF. This registration process helps the VCF effectively manage resources.

Click [Claimant Registration](#) menu item above to begin the registration process

How Do I Complete the Eligibility Form?

If you decide to proceed with filing a claim with the VCF online, you must first register. You may then use the account you set up in the registration process to get access to and then complete the Eligibility Form. The Eligibility Form includes some of the same questions that you answered in the registration process. The information that you provided when registering will be saved so that you do not have to enter it a second time, but if you need to change your answers, you may do so. If you are filing a hard copy claim form by mail, you do not need to register online.



Step 4: Complete your Registration

You will now be taken to the Claimant Registration screen and a set of Initial Questions. **Be sure to answer ALL of the questions on this screen as they are all required.** Once you have answered all of the questions, **click “Save and Continue”**.



TIP: Do not leave the word “Select” in any of the fields or the system will ask you to go back and provide an answer.

Claimant Registration

Enter information about the claimant below or update a prior registration by selecting it from the list, when shown.

Initial Questions	Claimant Information	Authorized Representative	Attorney or Other Authorized Individual
OMB Control Number: 1105-0092 Expiration Date: 07/31/2015			
<p>Please answer these initial questions about the Claimant. You must select "Yes" to at least one question in Section 1.</p> <p>What is the definition of a "Responder" for purposes of the Registration?</p> <p>A "Responder" is defined as an individual who performed rescue, recovery, demolition, debris cleanup or other related services in the area in the NYC Exposure Zone (defined below), at the Pentagon site or at the Shanksville, PA site, in response to the September 11, 2001 terrorist attacks, regardless of whether the individual was a state or federal employee or member of the National Guard or performed the services in some other capacity. Therefore, you may be considered a Responder even if you performed the listed services through a private employer or on a volunteer basis.</p> <p>What is the "NYC Exposure Zone" for purposes of the Registration?</p> <p>For purposes of the Registration, the NYC Exposure Zone is defined to include:</p> <ul style="list-style-type: none">the area in Manhattan south of the line that runs along Canal Street from the Hudson River to the intersection of Canal Street and East Broadway, north on East Broadway to Clinton Street, and east on Clinton Street to the East River; andany area related to or along the routes of debris removal, such as barges and Fresh Kills landfill <p>SECTION 1</p> <p>These questions ask about your presence from September 11, 2001 to May 30, 2002.</p> <p>*Was the Claimant a Responder within the NYC Exposure Zone? <input type="text" value="Select"/></p> <p>*Was the Claimant a Responder at the Pentagon site? <input type="text" value="Select"/></p> <p>*Was the Claimant a Responder at the Shanksville, PA site? <input type="text" value="Select"/></p> <p>*Does the Claimant claim presence at the site based on residence within the NYC Exposure Zone? <input type="text" value="Select"/></p> <p>*Did the Claimant work (as a non-Responder) cleaning buildings or performing maintenance work within the NYC Exposure Zone? <input type="text" value="Select"/></p> <p>*Did the Claimant work (as a non-Responder) within the NYC Exposure Zone in a capacity other than cleaning buildings or performing maintenance work? <input type="text" value="Select"/></p> <p>*Did the Claimant attend a school, a child care or adult care facility within the NYC Exposure Zone? <input type="text" value="Select"/></p> <p>*Was the Claimant present within the NYC Exposure Zone in some other capacity (e.g., as a visitor)? <input type="text" value="Select"/></p> <p>*Was the Claimant present at the Pentagon site (as a non-Responder)? <input type="text" value="Select"/></p> <p>SECTION 2</p> <p>*Has the Claimant received treatment for the injury under the World Trade Center Health Program? <input type="text" value="Select"/></p> <p>*Did the Claimant previously file a claim with the original September 11th Victim Compensation Fund of 2001? <input type="text" value="Select"/></p> <p>*Is the Claimant deceased? <input type="text" value="Select"/></p> <p>*What is your relationship to the Claimant? <input type="text" value="Select"/></p> <p><input type="button" value="Save and Continue"/></p> <p>All fields marked with an asterisk (*) are required</p>			

LEGEND
X Section Incomplete
! Section Warning
✓ Section Completed

SECTION STATUS
X Initial Questions
X Claimant Information
X Authorized Representative
X Attorney or Other Authorized Individual



TIP: Use the “Legend” and the “Section Status” box to see which sections have been completed and which ones still need to be completed.

Click on “Save and Continue” once you have answered ALL the questions





You will now be taken to the General Claimant Information page. Be sure to complete all of the **required fields** as shown with a **red asterisk (*)**.

Once you have answered the required questions, **click “Save and Continue”**.

☰ Claimant Registration

Enter information about the claimant below or update a prior registration by selecting it from the list, when shown.

Initial Questions	Claimant Information	Authorized Representative	Attorney or Other Authorized Individual
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GENERAL CLAIMANT INFORMATION

*Claimant's Last Name

*First Name Middle Name

*Mailing Address

Apartment/Suite Number

*Country *State

*City *Zip/Postal Code

*Date of Birth

Email Address

*You must provide at least one telephone number

Telephone Number (Home) Telephone Number (Work)

Telephone Number (Mobile)

*Country of Citizenship Social Security Number or National ID Number

*Passport Country (if not U.S.) Passport Number (if not U.S. and if available)

All fields marked with an asterisk (*) are required

LEGEND

- ✗ Section Incomplete
- ⚠ Section Warning
- ✓ Section Completed

SECTION STATUS

- ✓ Initial Questions
- ✗ Claimant Information
 - Last Name Missing
 - First Name Missing
 - Address Missing
 - City Missing
 - State/Province Missing
 - Country Missing
 - Zip/Postal Code Missing
 - Date of Birth Missing
 - Country of Citizenship Missing
 - Telephone Number Missing
- ✗ Authorized Representative
- ✗ Attorney or Other Authorized Individual

Click on “Save and Continue” once you have answered all the questions marked with a *

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Step 5: Provide Information about your Authorized Representative or your Attorney (if applicable)

If you are the Claimant, please click “Not Applicable” on the “Authorized Representative” screen AND on the “Attorney or Other Authorized Individual” screen and then **click “Save and Continue” at the bottom of each screen.**

If you are a Guardian or Authorized Representative submitting this form on the Claimant’s behalf, please indicate your relationship to the Claimant by selecting from the listed options on the “Authorized Representative” screen. You will then be prompted for additional information such as your name and contact information. If you are also represented by an attorney, you will be prompted to complete the “Attorney or Other Authorized Individual Screen”. Be sure to click “Save and Continue” at the bottom of each screen.

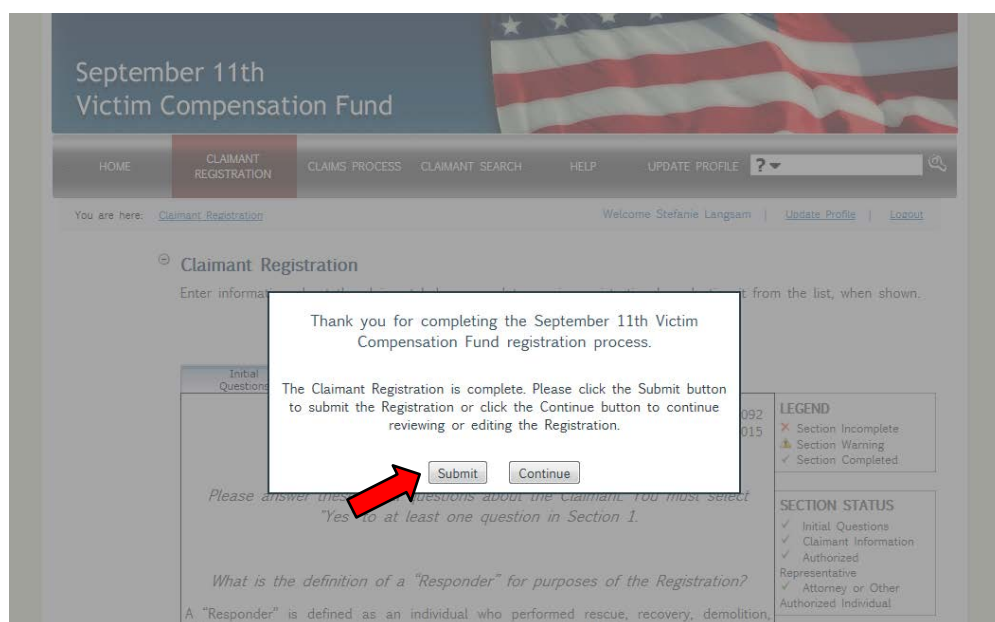
If you are an attorney completing this form on the Claimant’s behalf, please complete this section as applicable and click “Save and Continue” to move to the “Attorney or Other Authorized Individual” screen where you will be able to enter your information.



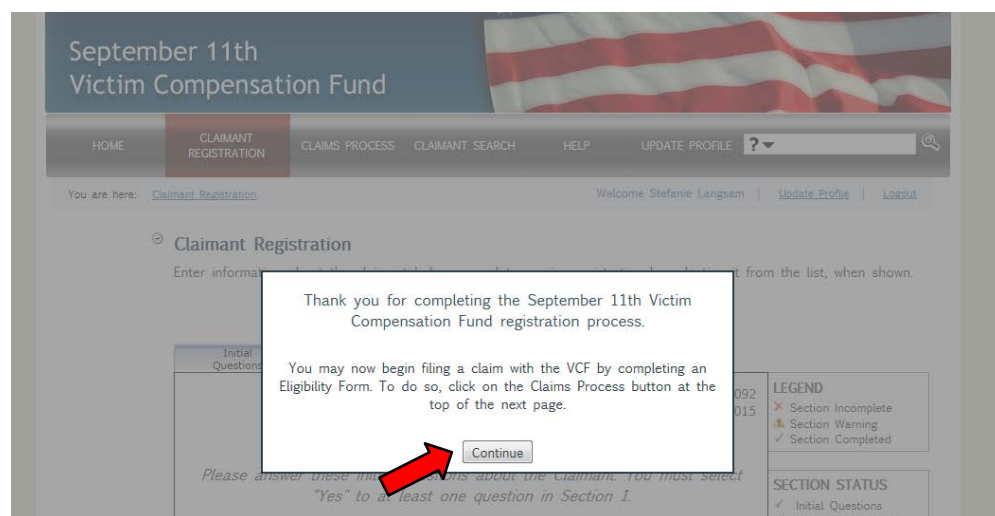
Step 6: Submit your Registration

When you click “Save and Continue” from the “Attorney or Other Authorized Individual” screen, you will be prompted to submit your registration.

Read the text in the box and **click “Submit”** to submit your Registration. If you are not ready to submit and need to review the information or make any corrections, **click “Continue” to edit the Registration.**



After clicking “Submit”, the following message will appear:



Click “Continue” and you will be taken to the Claims Process screen.



You will see on this screen your **VCF Claim Number** (also called a “Case Number”) and a Registration Status of “Submitted”. You may logout at the top of the screen or click on “Start” to begin your online Eligibility Form.

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HOME CLAIMANT REGISTRATION CLAIMS PROCESS CLAIMANT SEARCH HELP UPDATE PROFILE ?

You are here: [Claims Process](#) Welcome Stefanie Langsam | [Update Profile](#) | [Logout](#)

Claims Process

Claimants Related to this Account

- Click on the Case Number link to review the details of the claim.
- Click on the Registration Status link that is associated to the Case Number to make changes for the Registration.
- Click on the Eligibility Status link that is associated to the Case Number to start your eligibility or to make any changes.
- Click on Print Form link to generate the entire claim form in PDF format.

Number of Results Per Page: 10

Case Number	Last Name	First Name	Registration Status	Eligibility Status	Compensation Status	Print Form
VCF0008872	Tester	Test	Submitted	[Start]	n/a	Print Form

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Your VCF Claim Number

Your Registration Status