

HUMAN TRAFFICKING CERTIFICATION WORKSHEET

SECTION ONE: SERVICE PROVIDER ACKNOWLEDGEMENTS

To be completed by victim service provider(s). (Please print)

INSTRUCTIONS: To qualify for crisis stabilization, the individual must be a victim of human trafficking with safety concerns and with the last victimization having occurred within the last two years in New Mexico. A victim service provider, who is providing case management services for the victim, must certify the victim's needs. In cases that exceed the two-year requirement, reasonable justification must be provided with this certification.

Victim Service Provider Name:

First/Last

Agency:

Victim Service Organization

Victim Service Provider Contact(s):

Telephone

E-mail(s)

Fax (if applicable)

Agency Address:

Street (PO BOX)

City, State

Zip

Print or Type description of WHAT and WHY this funding is needed. Include facts of the case and immediate impact of the crime on the victim. Attach additional pages if more space is needed.

Check off each of the following acknowledgements:

The application meets the necessary requirements.

I certify that this request is being submitted due to the victim's urgent need to relocate results from human trafficking.

I understand that I or another representative must witness the victim/applicant's acceptance of payment. In doing so will have the victim/applicant sign receipt of payment and will fax or email a signed copy of the proof of acceptance to the administering agency. If victim/applicant does not have proper identification, a VISA gift card may be purchased, however itemized receipts are required.

La Pinion

New Mexico Immigrant Law Center

I AFFIRM I HAVE READ, INITIALED AND WILL COMPLY WITH THE ABOVE.

Victim Service Provider Signature

Date

HUMAN TRAFFICKING CERTIFICATION WORKSHEET

SECTION TWO: EXPENSE INFORMATION AND ACKNOWLEDGEMENTS

To be completed by the victim or legal guardian of a minor or incapacitated adult. (Please print)

Victim's Name: _____ **Victim's Contact:** _____
First/Middle/Last Phone/Email

Date of Birth: _____ SSN: XXX-XX-_____

Applicant's Name: _____ **Applicant's Contact:** _____
First/Middle/Last Phone/Email

Date of Birth: _____ SSN: XXX-XX-_____

Provide dollar amount of each expense for which assistance is being requested
 Copies of all signed leases, contracts, agreements, and/or itemized receipts **must** be submitted

\$1,500 for Relocation Expenses	\$1,500.00	\$1,500 for Rent Expenses	\$1,500.00
Temporary Shelter (motel/hotel nights)		Rent Month 1	
Rental Deposit		Rent Month 2	
Utility Deposits (gas, water, electric)		Rent Month 3	
Moving Company		<i>Reimbursement for rent, up to \$1,500.00 or three months, whichever is first.</i>	
Storage Unit			
Transportation (air, bus, train, moving vehicle)			
Care and Support			
Total		Total	

Review and initial each of the following acknowledgements:

_____ I agree that the Human Trafficking administrating agency may deny, reduce, or withdraw any payments if itemized receipts are not received or if receipts do not reflect the approved purpose for payment.

_____ I understand that criminal prosecution for fraud may be pursued (§31-22-20 NMSA) if I make a false claim or use funds in a manner inconsistent with the approved use.

I AFFIRM I HAVE READ, INITIALED AND WILL COMPLY WITH THE ABOVE.

 Victim/Applicant Signature

 Date