

Emergency Assistance Funds Request Form

Request for funds must be related to the crime, immediate, health and safety are at risk, and victim has NO other resources. **Fax or email completed form to the Administrative agency in your region.** A victim service provider, who is working directly with the victim, MUST fully complete this form in order to qualify for these funds. It is NOT to be completed by the administrative agency.

Requested by (Victim Service (VS) Provider Name): _____ Date of Request: _____

Email Address of VS Provider: _____ Telephone No.: _____

Agency of VS Provider: _____

Victim's Name: _____ Victim's Phone: _____ Date of Victimization: _____

Print/Type summary of what occurred and why and when funding is needed. Attach additional pages with facts of the case, immediate impact of crime on victim, itemized expenses requested, copies of quotes, copy of lease, copy of victim ID if for travel requested

Information of other viable funding resource contacted (although attempt is required, it is not required to receive a response):

Resource Name: _____ Phone No.: _____ Contact Person: _____ Response: _____

Make Check Payable To: (Checks cannot be made payable to the victim)

Name/Company	Address	Telephone	Check Amount	Form of Payment (CC, check, money order)	Mail check or Hold for pick up

Complete the following (however, completing a compensation application is not required when applying for ER funds)

Is the victim eligible for compensation? _____ Yes _____ No

If Yes, has a compensation application been filed for this victim? _____ Yes _____ No

Administering agency making payment: _____ Method of Payment: _____

I certify the above information is true and correct. _____ (VS Provider Signature)

This section for Emergency Assistance Fund Administrators only Approved: _____ Denied: _____

Reason for Denial:

Advocate was responsive and returned calls: _____ Yes _____ No _____ N/A

Authorizing Signature: _____ Date: _____