



Financial Relief for Victims Victim Service Provider Procedures

ALL PROCEDURES LISTED BELOW MUST BE FOLLOWED TO RECEIVE EMERGENCY FUNDS

ALL information on the Emergency Fund Application **must** be completed in its entirety. Incomplete applications will not be processed and will delay approval.

After making contact with the Emergency Fund staff via phone or email, **immediately** submit the Emergency Fund Application. All approved applications are assigned an approval code after receipt of completed application. No invoices will be paid or reimbursed without an approval code. This code will be your reference number for future correspondence.

Victim Service Provider is responsible for verifying the victim's eligibility for funding by meeting the following four criteria.

- Is this person a victim who has suffered physical or psychological harm as a result of a crime in the last three (3) months?
- Did the crime occur within the jurisdiction of the state of SC?
- If the victim is under the age of 18, is a non-offending parent, legal guardian or custodian cooperating with the Victim Assistance Provider during the application process?
- Have all other services and financial resources been explored before applying to the Emergency Financial Assistance Fund, including a Victim Compensation Fund application in appropriate cases?

You **must** submit Incident Reports as soon as they are made available. If no incident report is available, please include a detailed description of events in the designated area on the application.

ALL receipts for reimbursement or invoices for payment must be received in our office within two weeks of approval or we will not be able to pay them. It is the responsibility of the Victim Service Provider to ensure all bills are submitted within this time frame.

Please sign this sheet, make a copy for your files for future reference, and return via email/fax (funds@scvan.org or 1.888.965.5634). You will not need to submit this form with each application. This form is updated each grant year.

Failure to comply with all procedures listed above will result in denial of VIP Emergency Funding.

Application Submission: Fax: 1.888.965.5634 OR Email: funds@scvan.org

If you desire to have application correspondence (i.e approval codes, bill reminders, etc.) sent to you as a SMS Text message, please complete below:

(Standard text message rates may apply)

(PLEASE PRINT)

Cell Number _____

Carrier: Verizon Sprint AT & T T-Mobile Other _____

I, (PLEASE PRINT) _____ certify that I have read and understand the above procedures and will adhere to them in order to comply with the Federal & State guidelines required by the Victim Information Program Grant. I understand that failure to comply with all procedures listed above will result in denial of VIP Emergency Funding.

Agency _____ Email Address _____

Signature _____ Date _____