

Emergency Fund Application

FOR OFFICE USE ONLY:

Denied _____

APPROVAL CODE: _____

Date of Request _____

Type of Need:

Please check all that apply:

- Food (Meals or Groceries)
- Prescriptions (No Schedule II Narcotics)
- Clothing
- Lodging
- Home Repairs
- Locks

- Crime Scene Clean Up
- Transportation
- Glasses
- Dentures
- Other _____

Type of Crime: (i.e. Domestic violence, sexual assault, etc) _____

Date of Crime _____ **City/State/County of Crime:** _____

Was the crime reported? Yes No - **Incident Report Available** Yes No

(If "Yes", please be sure to send incident report with application; If "No", give description of crime events - attach additional paper if necessary) **Applications received without description or incident report will be denied.**

Number of primary and secondary victims that services will assist: _____

Applicant's Information

Name (First, MI, Last) _____

Social Security #: _____ Date of Birth _____ Age: _____

(Required for prescription requests)

Sex: Male Female

Race: Caucasian African American Hispanic Asian Other

The following information is needed for grant purposes, please check all that apply to the above listed victim:

Child Disabled/Handicapped Native Americans Elderly Minority

Annual Household Income: Under \$10,000 Under \$20,000 Under \$30,000

Number of household members: _____

Victim Assistance Provider Information

Name _____ Agency _____

Mailing Address _____

Phone _____ Fax _____

Email _____

I have received the Emergency Fund Guidelines and Procedures and certify that this application meets the funding criteria and is not supplanting other resources. I certify that a crime was committed against this applicant (and have provided that information in writing

Signature of Victim Assistance Provider _____ Date _____

FAX OR MAIL THIS FORM TO SCVAN FOR APPROVAL - (803) 750-3003

TIPS FOR COMPLETING EMERGENCY FUND APPLICATION

DATE OF REQUEST:

Please be sure to record date the application is actually sent to SCVAN for approval. **Do not back date!**

TYPE OF NEED:

Food: Please make sure to include on application or fax cover sheet the store preference (Bi-Lo or Food Lion) along with the address!

Prescriptions: List the names of the drugs requested OR attach copies of the prescriptions to the application

DATE OF CRIME / CITY, STATE AND COUNTY OF CRIME:

Please be sure to complete both fields

WAS THE CRIME REPORTED / INCIDENT REPORT AVAILABLE

Please let me know if the crime was reported or not. All reported crimes must have an incident report! If crime was not reported, please give description of crime events.

NUMBER OF PRIMARY/SECONDARY VICTIMS THAT SERVICES WILL ASSIST:

VERY IMPORTANT: Include number of all persons in household (or that are directly affected by crime). This is also needed to determine eligibility amount for food requests.

APPLICANT'S INFORMATION:

Victim's Information. Please provide social security number and date of birth for all requests (**especially important for prescription requests**) If the victim is deceased, please use next of kin as applicant.

VICTIM ASSISTANCE PROVIDER:

Advocate's Information. Make sure to include your phone number and email address (if you have one)!

Please read disclosure, sign and date application.

NOTE: Victim's signature is not required.

INCOMPLETE APPLICATIONS WILL NOT BE APPROVED