

PROCEDURES FOR USING THE SCVAN – VIP EMERGENCY FUND

ALL PROCEDURES LISTED BELOW MUST BE FOLLOWED TO RECEIVE EMERGENCY FUNDS

- **All** information on the Emergency Fund Application **must** be completed. Do not leave anything blank. (VIP grant requirements/tracking information)
- After telephoning VIP Program Manager (Nicole Goodwin – 888-TLC-1900), **immediately** fax the completed Emergency Fund Application to SCVAN at **(803) 750-3003**. VIP **must** receive the Emergency Fund Application prior to giving an “approval code.” No invoices will be paid or reimbursed without an approval code. (The approval code will be your reference number for future contact with VIP)
- Advocate/Victim Assistance Provider is responsible for verifying the victim’s eligibility for funding by meeting the following **four** criteria. Before a victim is deemed eligible by you, you must answer “yes” to the following four questions:
 1. Is this person a victim who has suffered physical or psychological harm as a result of a crime in the last three (3) months?
 2. Did the crime occur within the jurisdiction of the state of SC?
 3. 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?
 4. 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** fax Incident Reports to 803-750-3003 as soon as they are made available.
- ALL receipts for reimbursement or invoices for payment **must** be received in our office **within four weeks of request** being made **or grant funding will be denied**.
- **Please sign this sheet, make a copy for your files for future reference, and fax or mail it immediately to SCVAN. Failure to comply with all procedures listed above will result in denial of VIP Emergency Funding.**

I _____ 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.

Signature _____ Date _____