Direct Victim Assistance Fund

NEBRASKA Good Life. Great Opportunity.

Section 1. VICTIM INFORMATION (All information MUST be completed in this section)

Program Name:	County:			
Victim ID # (Agency identifier for confidentiality)	NCC Grant Manager:			
Contact Information:				
DEMOGRAPHIC INFORMATION: The Department of Justice requires us to collect the following data and it is needed to comply with Federal regulations. This information is used for statistical purposes only and will remain confidential. (Information relates to victim only) Ethnic Group: American Indian/Alaskan Native Asian Hispanic or Latino Native Hawaiian or Other White Non-Latino/Caucasian Pacific Islander Multiple Races Some Other Race				
Victim information: Gender Identity: Male Female Other	List additional victim(s) to include age & gender:			
Age: □0-12 □13-17 □18-24 □25-59 □60 and Older				

Section 2. VICTIMIZATION TYPE & EXPLANATION OF NEED

Type of Crime: (Please check)					
	Sexual Assault Child Sex Abuse				
	Child Physical Abuse				
		Other (please specify)			
Was the crime related to any o		sault 🗆 Domestic Violence se 🛛 Underserved			
Brief description of crime & reasons for request to <u>ensure immediate safety and well-being</u> of survivor: Note: other resources tried & their ability to sustain ongoing					

Section 3. REQUESTS

Attach invoice | receipt | estimate for breakdown of costs and service provider information

 Relocation Costs (Rent/Deposits/Storage/Moving Expenses) Contact information for landlord leasing agent: Breakdown of costs associated: 	\$
2. Emergency Funds (Food/Shelter/Clothing/Transportation) Contact information for service provider:	\$
3. Window/Door Lock Repair or Replacement Contact information for service provider:	\$
4. Transportation/Meals/Lodging to participate in Criminal Justice System Breakdown of costs associated:	\$
5. Other expenses (Please Explain)	\$
TOTAL AMOUNT REQUESTED	\$

Supporting documentation to be submitted within 14 calendar days of expenditure

Project Director/Coordinator Signature:		Date:		
Signature is required to process request				

□ Approve □ Deny

Reason for denial: