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
- _____ Black/African American   _____ Hispanic/Latino
- _____ Native Hawaiian/Other Pacific Islander   _____ White Non-Latino/Caucasian
- _____ Multiple Races   _____ Some Other Race

Special Classification: (Circle all that apply)

Deaf/Hard-of-hearing | Homeless | Immigrant/Refugee | LGBTQ | Veteran
Disability (Cognitive/Physical) | Limited English Proficiency

Victim information: Gender Identity: ☐ Male ☐ Female ☐ Other Age: ☐0-12 ☐13-17 ☐18-24 ☐25-59 ☐60+	List additional victim(s) include age & gender:

Section 2. VICTIMIZATION TYPE & EXPLANATION OF NEED

Crime Type: (Check all that apply)

- _____ Sexual Assault   _____ Assault
- _____ Child Sexual Abuse   _____ Murder/Homicide
- _____ Stalking/Harassment   _____ DUI/DWI
- _____ Domestic Violence   _____ Other (please specify)

Is crime related to any of the following: ☐ Sexual Assault ☐ Domestic Violence ☐ Child Abuse ☐ 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 estimate(s) for breakdown of costs and service provider information | invoice | receipt

1. 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:

_____

_____

_____

_____   _____

Nebraska Victim Advocacy Coordinator   Date