

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: <table border="0"> <tr> <td><input type="checkbox"/> American Indian/Alaskan Native</td> <td><input type="checkbox"/> Asian</td> </tr> <tr> <td><input type="checkbox"/> Black/African American</td> <td><input type="checkbox"/> Hispanic/Latino</td> </tr> <tr> <td><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</td> <td><input type="checkbox"/> White Non-Latino/Caucasian</td> </tr> <tr> <td><input type="checkbox"/> Multiple Races</td> <td><input type="checkbox"/> Some Other Race</td> </tr> </table>		<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White Non-Latino/Caucasian	<input type="checkbox"/> Multiple Races	<input type="checkbox"/> Some Other Race
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Special Classification: (Circle all that apply) Deaf/Hard-of-hearing Homeless Veteran Disability (Cognitive/Physical)									
Victim information: Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: <input type="checkbox"/> 0-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-59 <input type="checkbox"/> 60+	List additional victim(s) include age & gender:								

Section 2. VICTIMIZATION TYPE & EXPLANATION OF NEED

Crime Type: (Check all that apply) <table border="0"> <tr> <td><input type="checkbox"/> Sexual Assault</td> <td><input type="checkbox"/> Assault</td> </tr> <tr> <td><input type="checkbox"/> Child Sexual Abuse</td> <td><input type="checkbox"/> Murder/Homicide</td> </tr> <tr> <td><input type="checkbox"/> Stalking/Harassment</td> <td><input type="checkbox"/> DUI/DWI</td> </tr> <tr> <td><input type="checkbox"/> Domestic Violence</td> <td><input type="checkbox"/> Other (please specify)</td> </tr> </table>	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Assault	<input type="checkbox"/> Child Sexual Abuse	<input type="checkbox"/> Murder/Homicide	<input type="checkbox"/> Stalking/Harassment	<input type="checkbox"/> DUI/DWI	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Other (please specify)
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Is crime related to any of the following: <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Child Abuse <input type="checkbox"/> Underserved								
Brief description of crime & reasons for request to ensure immediate safety and well-being of survivor: <i>Note: Date of crime, other resources tried & their ability to sustain ongoing</i>								

Section 3. REQUESTS

Attach estimate(s) for breakdown of costs | Itemized invoice | receipt

1. Relocation Costs (Rent/Deposit/Storage/Moving Expenses)	\$_____
Attach: Lease face sheet and/or itemized tenant ledger Breakdown of costs being requested:	
2. ER Living Assistance	\$_____
Attach: Itemized invoice or tenant ledger detailing costs Breakdown of specific costs requested:	
3. Window/Door Lock Repair or Replacement	\$_____
Attach: Two estimates Breakdown of costs being requested:	
4. Transportation/Meals/Lodging to participate in Criminal Justice System	\$_____
Attach: Estimate for cost of transportation (airfare, etc.) Breakdown of costs being requested:	
5. Emergency Funds (Food/Shelter/Clothing/Transportation)	\$_____
Attach: Estimate of costs Breakdown of costs being requested:	
6. Other expenses (Please provide detailed explanation)	\$_____
Attach: Estimate of costs Breakdown of costs being requested:	
TOTAL AMOUNT REQUESTED	\$_____

Supporting documentation to be submitted within 14 calendar days of expenditure

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

☐ Approve ☐ Deny

Reason for denial | approval notes:

Statewide Victim Advocacy Coordinator

Date