

Victim Assistance Fund (VOCA funded)

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

Program	County								
Victim ID # (your identifier for confidentiality)	VOCA Grant Specialist:								
Why is the money being requested: <input type="checkbox"/> Not in Budget <input type="checkbox"/> Not enough in budget to cover expense (staff will verify if victim funds are expended) <input type="checkbox"/> Other (Please Explain): _____									
<p>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 must be completed for each primary and secondary victim receiving services. (Self-reported)</p> <p>Ethnic Group: (Information relates to victim only)</p> <table style="width:100%; border:none;"> <tr> <td style="text-align:center">_____ American Indian/Alaskan Native</td> <td style="text-align:center">_____ Asian</td> </tr> <tr> <td style="text-align:center">_____ Black / African American</td> <td style="text-align:center">_____ Hispanic or Latino</td> </tr> <tr> <td style="text-align:center">_____ Native Hawaiian or Other Pacific Islander</td> <td style="text-align:center">_____ White Non-Latino/Caucasian</td> </tr> <tr> <td style="text-align:center">_____ Some Other Race</td> <td style="text-align:center">_____ Multiple Races</td> </tr> </table>		_____ American Indian/Alaskan Native	_____ Asian	_____ Black / African American	_____ Hispanic or Latino	_____ Native Hawaiian or Other Pacific Islander	_____ White Non-Latino/Caucasian	_____ Some Other Race	_____ Multiple Races
_____ American Indian/Alaskan Native	_____ Asian								
_____ Black / African American	_____ Hispanic or Latino								
_____ Native Hawaiian or Other Pacific Islander	_____ White Non-Latino/Caucasian								
_____ Some Other Race	_____ Multiple Races								
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Age: <input type="checkbox"/> 0-12 <input type="checkbox"/> 25-59 <input type="checkbox"/> 13-17 <input type="checkbox"/> 60 and Older <input type="checkbox"/> 18-24								

Section 2. VICTIMIZATION INFORMATION & EXPLANATION OF NEED

Please identify type of crime per PMT crime descriptors & describe the reasons for the request to ensure immediate safety and well-being of victim: (use additional sheet if necessary)

Section 3. REQUESTS

1. Relocation Costs (Rent/Deposits/Storage/Moving Expenses) \$ _____ Service Provider: _____
2. Emergency Funds (Food/Shelter/Clothing/Transportation) \$ _____ Service Provider: _____
3. Window/Door Lock Repair or Replacement \$ _____ Service Provider: _____
4. Transportation/Meals/Lodging to participate in Criminal Justice System Service Provider: _____ \$ _____
5. Other expenses (Please Explain) \$ _____ Service Provider: _____
TOTAL AMOUNT REQUESTED \$ _____

Attach invoice(s)/receipts for supporting documentation and submit within 14 calendar days of expenditure

Project Director/Coordinator Signature: _____	Date: _____
--	-------------

Approve Deny

Reason:

Nebraska Victim Advocacy Coordinator

Date