

Dear Applicant,

Please complete the attached application for funds in its entirety to the best of your ability. Incomplete applications may cause a delay in processing. All applications for financial assistance from the Sexual Assault Victim Fund are reviewed by the Anoka County Sexual Violence Services Professionals Committee. The review committee may confirm that you have reported your incident to a mandated reporter, and may also verify the existence and/or credentials of the person and/or program to which you are requesting payment.

The amount of money and the person or agency to which the cost should be remitted needs to be clearly identified. A maximum of \$1000 can be paid out per incident per applicant. When the application and any supplemental documents have been received by the Anoka County Sexual Violence Services Professionals Committee, you will be contacted by email or telephone regarding notification of receipt of application. Any additional materials or documentation will be requested at that time if the application is incomplete. A formal letter stating approval and amount granted or disapproval will be mailed to you within seven (7) business days of receipt of application submission. The Sexual Assault Victim Fund treasurer will mail payment to the designated payee within 30 days in the case of an approval.

Before submitting your application, please verify that you meet all of the following **eligibility requirements**:

1. Applicant must be a current resident of Anoka County,
OR the sexual assault must have occurred within Anoka County.
2. Requests for financial assistance must pertain to expenses incurred as a result of the sexual assault.
3. Applicant needs to demonstrate that all other means of reimbursement have been exhausted.
4. Applicant must have disclosed the sexual assault to a mandated reporter (law enforcement, social services, school personnel, victim services program staff, counselor or therapist, etc.).
5. Applicant must sign a release of information to any entities to which payment has been requested.

Completed applications and applicable documentation should be submitted to:

Alexandra House, Inc.
c/o Community Program Supervisor
2150 3rd Avenue, Suite 240
Anoka, MN 55303

Fax: 763-795-5466

Phone: 763-656-1373

Email: jbridgeman@alexandrahouse.org

APPLICATION FOR FINANCIAL ASSISTANCE

Please remit questions to the Alexandra House, Inc. Sexual Violence Services Coordinator at (763) 656-1366.

1. Victim Information

Name of Victim: _____
(Last) (First) (MI)

Date of Birth: _____ SS#: _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

Home Phone #: _____ Cell/Work Phone #: _____

Email Address: _____ @ _____

2. Applicant Information

Name of Applicant: _____
(Last) (First) (MI)

Relationship to Victim: (circle one) Self Parent/Guardian Other: _____

Home Phone #: _____ Cell/Work Phone #: _____

Email Address: _____ @ _____

3. Incident Information Date of sexual assault: _____ County in which assault occurred: _____

Please check the agencies/persons to which the sexual assault was disclosed: Approximate date of disclosure: Phone Number:

Agency/Person	Approximate date of disclosure	Phone Number
_____ Law Enforcement	_____ / _____ / _____	# _____
_____ Social Services	_____ / _____ / _____	# _____
_____ Child Protection Services	_____ / _____ / _____	# _____
_____ School Personnel	_____ / _____ / _____	# _____
_____ Victim Services Program	_____ / _____ / _____	# _____
_____ Counselor/ therapist	_____ / _____ / _____	# _____
_____ Other _____	_____ / _____ / _____	# _____

RELEASE OF INFORMATION

I, _____ (applicant name) authorize the Sexual Violence Services Professionals Committee and any of its members to obtain information from and disclose information to *the above checked mandated reporters* regarding my disclosure of a recent incidence of sexual assault.

Signature: _____ Date: _____

4. Request for Funds

Amount requested: \$ _____ (maximum \$1,000)

Applicant must demonstrate that all other means of reimbursement have been exhausted prior to this application.

Please list all other financial sources accessed for assistance/repayment:	Was your request for assistance approved?	How much were you awarded?	What costs did the monetary award cover?
_____	YES / NO	\$ _____	_____
_____	YES / NO	\$ _____	_____
_____	YES / NO	\$ _____	_____
_____	YES / NO	\$ _____	_____

Please provide an itemized list of all requests for financial assistance/reimbursement for costs not covered by other sources. *(Items must pertain to expenses incurred as a result of the sexual assault):*

Please provide contact information for all parties to which payment is requested (healthcare facility, daycare, therapists, self, etc.)

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

***Attach additional payee contact information if needed.**

NOTE: *If you are requesting payment of outstanding bills, attach a copy of the bill with the account number. If you are requesting reimbursement of transportation costs, include number of miles and verification of visits to therapists, court, etc. If you are requesting reimbursement for lost wages, we cannot consider this expense if sick/vacation time was available. If not, include amount of wage and number of hours.*

Please complete ONLY if you are requesting financial assistance for medical bills related to the incident.

Do you have health insurance coverage? YES / NO

If yes, have you submitted these costs to the insurance company? YES / NO

Are there costs that are not covered by insurance that you cannot afford? YES / NO

If you answered "NO" to any of the above questions, please explain:

PLEASE INCLUDE A COPY OF THE PATIENT RESPONSIBILITY STATEMENT WITH THE VICTIM'S NAME AND SERVICES RENDERED.

Anonymous Data Collection

This section is used for data collection purposes only. We ask that you answer the following questions regarding the victim's demographics so that we have some data on the people who request our services. This has no bearing on whether or not you will receive services.

1. Victim's current age:

0-12 13-17 18-25 26-35 36-45 over 45

2. Victim's age when incident occurred:

0-12 13-17 18-25 26-35 36-45 over 45

3. Relationship of victim to assailant:

blood related well-known acquaintance not known

4. Type of incident (mark all applicable):

fondling oral contact vaginal penetration anal penetration

5. Number of contacts:

one time 2-5 times 6-10 times more than 10 times

6. If more than one contact, time period in which contacts occurred:

one week one month one year more than one year

7. Was physical injury sustained:

Yes No

8. Was a weapon used or threat of physical injury:

Yes No

ANOKA COUNTY
Sexual Assault Victim Fund