



Emergency Flex Funding Application

The Indiana Coalition Against Domestic Violence, Inc. (ICADV) has secured flex funding to assist victims of violent crime and their families in securing safety, fostering stability, and gaining independence. Families experiencing forms of violence including but not limited to domestic or sexual violence, stalking, human trafficking, child abuse, etc. will be prioritized for funding.

Application Information:

- Funding is available to support eligible expenses incurred from **March 5, 2021 to September 30, 2021.**
- **Eligible expenses include:**
 - Security Deposit
 - First and Last Month Rent
 - Application Fees
 - Utilities (at current address)
 - Electric
 - Gas/Propane
 - Water/Sewage
 - Internet (supports remote work and virtual learning)
- Rent is not an eligible expense under this fund. Please visit www.indianahousingnow.org for statewide rental assistance information.
- Applicants must be an ICADV member program or a program whose primary role is serving survivors of crime.
- Once the survivor has completed a signed written release (included), the advocate must contact the vendors (i.e. landlords, utility companies) to verify the cost(s).
- All supporting documentation of costs (i.e. estimate, receipts, must be attached to the application before submission.)
- All efforts will be made to review the completed application within 10 business days. ICADV will advise the advocate of the final determination. ICADV is not responsible for funds disbursed by the program prior to the application being approved.
- **ICADV will reimburse the referring program.** The program is responsible for paying the vendor(s) directly. ICADV will process payment within 21 business days.
- If funding is limited or depleted, ICADV reserves the right to award partial or no funding.
- An informational webinar on completing the application can be viewed on the ICADV website <https://icadvinc.org/covid19/>
- Applications should be sent securely ICADV at economicjustice@icadvinc.org.

This initiative is supported by VOCA Grant No 2018-V2-GX-0031 awarded by the Indiana Criminal Justice Institute with funds originating from the Office on Victims of Crime.

Last Update 3/10/21



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TARGETED RELEASE OF INFORMATION

I, _____,
(Client name)

authorize advocates from _____ to provide
(Agency)

information about my request for financial assistance with:

1. Staff from the Indiana Coalition Against Domestic Violence, and
2. The following vendors for the purpose of documenting outstanding bills, debts, payments.

Vendor: _____

Point of contact (if known) _____

Vendor phone (if known) _____

This release is valid from this date _____ until _____ (not to exceed 30 days).

I understand that my records are protected under Federal and State confidentiality laws and regulations. My records cannot be disclosed without my written consent unless otherwise provided in the regulations. I may cancel this release at any time. The cancellation must be in writing to the program(s) named. I understand that until I cancel this release, the workers in the program may continue to use my information to advocate on my behalf.

Printed name _____

Signature and date _____

Witness: name and title _____

Witness Signature and date _____

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APPLICANT INFORMATION

| | | |
|---------------------------|-------------------------|-------------|
| Name (First/Last): | | |
| City: | State: | Zip: |
| Age: | # of Dependents: | |

Demographics: You are not required to answer these questions, but your answers will assist ICADV with data collection. Please select ALL of the following that apply.

| | | | | | | | |
|--------------------------------|----------------------|------------------------|------------------|------------------|----------------------|------------------|-------|
| Ethnic Identity | Black | Asian | Caucasian | Hispanic | Native American | Pacific Islander | Other |
| Income Level | \$5,000 or less | \$15,000 or less | \$25,000 or less | \$40,000 or less | \$40,000 or more | Unknown | |
| Relationship Status | Married | Divorced | Separated | Widow | Boyfriend/Girlfriend | Other | |
| Education Level | Elementary (1-6) | Middle/Jr. High school | High School | College | Post College | Other | |
| Gender Identity | Male | Female | Non-Binary | Trans | Please share: | | |
| Special Classifications | Deaf/Hard of Hearing | Immigrant/Refugees | Veteran | Homeless | LGBTQ | Disability | Other |

FINANCIAL REQUEST INFORMATION

Please enter the amount next to the expense/asset in which funding is being requested. If a category doesn't exist, please write the expense/asset into an empty row.

| Expense | Rate | Quantity/Months | Total |
|--------------------------------------------------------------------------------------------------------------------------------------|------|-----------------|-------|
| Security Deposit | | | |
| First and Last Month Rent | | | |
| Application Fees | | | |
| Electric | | | |
| Gas/Propane | | | |
| Water/Sewage | | | |
| Internet | | | |
| Total Amount Requested: | | | |
| Have you requested assistance for this client in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? | | | |

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ADVOCATE INFORMATION

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------|
| Domestic Violence Program Name: | | |
| Advocate Name: | | |
| Address: | City: | |
| Phone: | Fax: | State: |
| Email: | | |
| How long have you been working with the client (days/months)? | | |
| <p>Advocates must provide a narrative below that addresses the following:</p> <ol style="list-style-type: none"> (1) A summary of the type(s) of violence the survivor has experienced; (2) A summary of the programs and services the client has participated in/ been offered by your program; (3) The reason the client is applying for assistance; (4) How these funds will further the client's goal of economic self-sufficiency/barrier reduction and; (5) A plan if the request for funds will result in a reoccurring expense. | | |

By signing below, I certify that the information submitted in this application is true to the best of my knowledge.

Advocate/Supervisor Signature Date

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