



Christos House, Incorporated Emergency Financial Assistance Request Application

Christos House, Incorporated extends the opportunity to apply for emergency financial assistance, to all victims of domestic and/or sexual violence, without attention to race, color, religion, sex, sexual orientation, gender identity, national origin, veteran or disability status. The requirements necessary to be considered for this opportunity are:

- 1) Validation(s) that the emergency client assistance costs is/are related to a survivor’s victimization,
- 2) Christos House, Incorporated is the payee of last resort (i.e. victim does not have insurance or the cost would otherwise be a burden to the survivor’s success in other areas), and
- 3) Paying the cost(s) will improve the survivor’s safety and well-being.

Please note, applying for emergency financial assistance is not a guarantee that funding, in full or in part, is available. Emergency financial assistance is provided based upon availability of funds and therefore, parties requesting funding may not be approved simply based upon conditions of victimization or financial need. Moreover, approval of financially assisting any party does not automatically guarantee future requests.

FOR STAFF and MANAGEMENT USE ONLY

DO NOT WRITE IN BOX

<input type="checkbox"/> Validating information/documentation is available confirming costs is/are related to survivor’s victimization. <input type="checkbox"/> Christos House is confirmed as last resort and receipt of cost, lease, utility bill/deposit statement, etc. is attached). <input type="checkbox"/> Confirmed paying the costs will improve survivor’s safety and well-being. <div style="text-align: right;">Advocate initials: _____</div>	<p><u>Application Received</u> on: _____ By: _____ <i>(Mgmt Initials)</i> _____ <i>All Required Information Recv’d</i> _____ <i>All Required Information not Recv’d</i> Returned on _____ <i>(see notes)</i></p>	<p><i>Application Approved By:</i> _____ <i>____ Proof of Payment Attached</i> <i>Sent to Invoicing on:</i> _____ <i>____ All Required Info Rec’d</i> <i>Processed in Invoicing on:</i> _____ <i>Application Rejected By:</i> _____ <i>(see notes)</i></p>
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Notes:

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Authorization to Release and/or Receive Information Form

I understand that Christos House, Incorporated has an obligation to keep my personal information, identifying information, and my records confidential.

Therefore, I, _____, by initialing the following statements, understand that:

___ I do not have to sign a release form. I do not have to allow Christos House to share my information. Signing this form is completely voluntary and this release is limited to those agencies or organizations below.

___ Releasing information about me could give another agency, organization, or person information about my location and would confirm that I am/have been receiving services from Christos House.

___ Christos House and I may not be able to control what happens to my information once it is released to any of the agencies, organizations, or their respective representatives indicated by my hand below and,

___ Any agency, organization, or their respective representatives may be required by law or practice to share the information they receive as I have agreed upon herein; and, therefore,

For the purposes of this request, I, by indication of my signature below, authorize Christos House to share (release **and/or** receive) information as such concerns myself and/or my children with the following (check all that apply):

- ___ Any Law Enforcement Agency ___ Any Medical Treatment Agency ___ Legal Aid
- ___ Prosecuting Attorney ___ Public Defender ___ Lawyer
- ___ Social Services Agency ___ Any Housing Agency ___ DFS
- ___ Social Security Administration ___ Probation/Parole ___ Day Care
- ___ Any Mental Health Agency ___ Any School ___ Any Shelter

I provide the name(s), address(es), and telephone number(s) of this(ese) party(ies), as selected above, of my own will *and* I understand that this release is only being used by Christos House to share information relating to the need for and request of emergency financial assistance and verification thereof. I understand that no other information will be released, discussed, and/or shared by Christos House without my further consent to release information.

By signing this form, I authorize Christos House, Incorporated to proceed with releasing and/or receiving information as designated in this consent. I recognize that this consent is subject to revocation by written notice by me at any time. I also recognize that, if this authorization is refused and/or revoked, Christos House, Incorporated may not be able to assist with the processing of this application. And, finally, I recognize that, unless otherwise noted, this consent expires six months from the date of this signing.

Signature

Date

Staff Signature

Date

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Date _____

What assistance is needed? (Check all that apply)

_____ Rent Deposit Assistance _____ Rent Payment Assistance _____ Other Rent Costs
_____ Utility Deposit Assistance _____ Utility Payment Assistance _____ Other
_____ Emergency Funding Assistance _____ Other

Why is assistance needed? (Check all that apply)

_____ In Shelter _____ Unemployed _____ Relocating _____ Insufficient Income
_____ Illness/Death _____ Eviction _____ Homeless _____ Crime Victim
_____ Other (Please explain) _____

How much assistance is needed? *(Please provide proofs of all amounts requested and payable to whom)*

\$ _____ . _____ for/payable to: _____
\$ _____ . _____ for/payable to: _____
\$ _____ . _____ for/payable to: _____

Have you contacted other agencies for assistance?

_____ Yes _____ No

(Is Christos House the last resort for a victim of domestic and/or sexual violence to receive requested funds?)

If "Yes," who?: _____, and when: _____
who?: _____, and when: _____
who?: _____, and when: _____

Client ID #s: _____

Signature _____ **Advocate Signature:** _____

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