

Victim Financial Assistance Request Form

Please use this form when requesting approval for victim assistance. Agencies may use this form or adapt to best fit the needs of their agency. All grantees should refer to their grant to determine if an expense is allowable for reimbursement.

General Information

Date

Amount

Client Initials/ID

Funding Source (e.g., VOCA, FVPSA, etc.)

Requester's Name

Payee

Request Information

Type of Assistance Requested (e.g., emergency shelter, transportation, hotel rooms, etc.)

Brief explanation for why assistance is needed

Approved by

Date