

# **LIZA'S LIFELINE**

## **FINANCIAL ASSISTANCE REQUEST FORM**

This form must be completed and submitted by a Victim Advocate or an approved Agency Representative only (see list below).

**Note:** Incomplete forms may slow down the approval process. Please answer all questions completely.

**Today's Date:** \_\_\_\_\_

**Requested By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Victim's Name:** \_\_\_\_\_

**Crime/Incident** (please provide a brief description and attach a police report or other supporting documentation):

---

---

---

---

---

---

**Detail of Financial Assistance Requested\*** (provide specifics as to \$ amount and how it will be used): \_\_\_\_\_

---

---

---

---

---

**Is victim currently with abuser?\* Y or N**

**Is victim planning to return to abuser?\* Y or N**

**If assistance is for a past due bill, please provide a copy of most current bill and give details as to how assistance supports our mission of keeping victims out of harm's way:**

---

---

---

---

**\*Criteria for Victim Assistance**

- a. The victim must be in eminent danger of abuse by their intimate partner abuser or
- b. The victim must be in a situation where they require the resources to immediately escape the physical danger of their abuser or
- c. The victim is in need of assistance to prevent them from having to return to a violent living environment (i.e. rent deposit, utility bill).
- d. The request must be from a victim advocate and/or approved domestic violence related agency working with the named victim.

**Current Partner Agencies:**

Berkeley County Sheriff's Office  
Charleston City Police Department  
Charleston County Sheriff's Office  
Coastal Catholic Charities  
Dee Norton Child Advocacy Center  
Dorchester County Sheriff's Office  
ORIGIN (Family Services)  
Folly Beach Police Department  
Goose Creek Police Department  
Hanahan Police Department  
Isle of Palms Police Department  
The Hive Community Circle

Mt. Pleasant Police Department  
MUSC Crime Victims Center  
My Sister's House  
Ninth Judicial Solicitor's Office  
North Charleston Police Department  
Tri-County S.P.E.A.K.S.  
St. George Police Department  
Summerville Police Department  
Sullivan's Island Police Department  
U.S. DOJ/U.S. Attorney's Office  
Veteran's Affairs Hospital  
The Formation Project

**If your agency is not on this list and would like to be included, please submit information about your agency along with this Financial Request Form to [lizaslifeline@gmail.com](mailto:lizaslifeline@gmail.com)**

**LIZA'S LIFELINE OF SOUTH CAROLINA, INC.**

P.O. Box 80546, Charleston, SC 29416

[lizaslifeline@gmail.com](mailto:lizaslifeline@gmail.com) \* [www.lizaslifelinesc.org](http://www.lizaslifelinesc.org)

843-991-9085