

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

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

LIZA'S LIFELINE OF SOUTH CAROLINA, INC.

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