

# INTERNAL APPLICATION FOR AUTHORIZATION EXAMPLE

## THE CENTER FOR TRAUMA AND RESILIENCE

### Application for Emergency Funds

(CONFIDENTIAL INFORMATION)

DATE: \_\_\_\_\_

APPLICANT:

Name:	Age:	Telephone:	(h) (w) (c)
Address:	Apt.:	City/State/Zip	

<b>Amount of Request:</b>	<b>Vendor:</b>
1) _____ <input type="checkbox"/> CTR <input type="checkbox"/> VOCA <input type="checkbox"/> VC	1) _____
2) _____ <input type="checkbox"/> CTR <input type="checkbox"/> VOCA <input type="checkbox"/> VC	2) _____
3) _____ <input type="checkbox"/> CTR <input type="checkbox"/> VOCA <input type="checkbox"/> VC	3) _____
<b>Full address of Vendor:</b>	
1) _____	
2) _____	
3) _____	
<b>Date Needed/Staff Initials:</b>	<b>Persons Approving Request:</b>
1) _____	1) _____
2) _____	2) _____
3) _____	3) _____

## OTHER RESOURCES CONTACTED FOR ASSISTANCE (REQUIRED)

Service Organizations:	Donation Amount:
1) _____	1) _____
2) _____	2) _____
3) _____	3) _____

1. Victims' Compensation eligible?  Yes  No
2. Victims' Compensation Application submitted?  Yes  No
3. Request listed on police report?  Yes  No
4. Has the client met with CTR or other partner?  Yes  No
5. Receipt included?  Yes  No

## BACKGROUND INFORMATION

Please summarize request for emergency financial assistance:

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Check Number:	Payee:	Date:	Amount: