

EMERGENCY FUND FOR CRIME VICTIMS

Increased Access to Emergency Funds for Crime Victims Throughout the
State of Colorado



Colorado Department of Public Safety
Division of Criminal Justice
Office for Victim Programs



Introduction

- In the Spring of 2015, the Office for Victims Programs, Division of Criminal Justice, conducted a statewide needs assessment of victim services programs on what were the most pressing needs of crime victims.
 - Out of that needs assessment, the following priority areas were identified:
 - Civil Legal Services for Crime Victims
 - Housing for Crime Victims
 - **Emergency Funds for Crime Victims**
- **The Emergency Funds for Crime Victims Special Project** was kicked-off in Fall 2015, by convening a statewide steering committee comprised of multi-disciplinary representatives to address the lack of sufficient emergency funds for crime victims.

Introduction (cont.)

- The Steering Committee met monthly to conduct further research of existing sources of emergency funds and to develop and implement a plan to increase accessibility of emergency funds for crime victims throughout the state of Colorado.
- While various potential strategies were considered, the Steering Committee eventual came to consensus around a two-prong approach:
 - Encourage individual programs to request eligible Emergency Funds in their 2016 CVS Application for funding
 - Create the Emergency Funds Program in partnership with the Colorado Organization for Victims Assistance (COVA)

NOW WHAT?!?!

- As of January 16, 2017, victim services programs in Colorado will be able to access additional emergency funds for crime victims through COVA's VOCA Emergency Fund!
- The Fund has close to \$1 million available to assist crime victims with the following emergency needs:
 - Clothing, Food, and Supplies (toiletries, diapers, etc.)
 - Rental Assistance
 - Hotel Stay
 - Utilities Assistance
 - Bus tickets and Transportation
 - Relocation
 - Short-term Nursing Home Shelters for Elder Abuse Victims (*when no other safe, short-term residence is available)
 - Childcare

What's the catch?

- Requests for emergency funds must be **advocate-initiated** – this means victims cannot request funds directly and need to be working with a community- or systems-based advocate.
- At this time, the Emergency Fund Program is not putting explicit restriction on the exact amount of financial assistance a crime victim can receive, nor on the frequency of which they can receive it.
- The use of the Emergency Fund is designed to be a source of **last resort**, and cannot be used in place of available Victim Compensation funds.

What's the catch? (cont.)

- While victims do not need to have interfaced with the criminal justice system (i.e. do not need to have reported their crime to law enforcement), to receive assistance, they must be a victim of a VOCA-eligible crime, including:
 - Adult Physical Assault
 - Adult Sexual Assault
 - Adults Sexually Abused/Assaulted as Children
 - Arson
 - Bullying (Verbal, Cyber, or Physical)
 - Burglary
 - Child Physical Abuse or Neglect
 - Child Pornography
 - Child Sexual Abuse/Assault
 - Domestic and/or Family Violence
 - DUI/DWI Incidents
 - Elder Abuse or Neglect
 - Human Trafficking: Labor, Human Trafficking: Sex
 - Identity Theft/Fraud/Financial Crime
 - Kidnapping (custodial) & Kidnapping (noncustodial)
 - Mass Violence (Domestic/International)
 - Other Vehicular Victimization (e.g., Hit & Run)
 - Robbery
 - Stalking/Harassment
 - Survivors of Homicide Victims
 - Teen Dating
 - Terrorism (Domestic/International)
 - Hate Crime: Racial/Religious/Gender/Sexual Orientation/Other

Accessing the Funds

- When interested in accessing the Emergency Fund Program, advocates should contact the **Emergency Fund Program Manager Mande McLane** at **mandee@coloradocrimevictims.org** or **303-996-2781**.
 - While the Program's main hours of operation are 8:00a.m. -5:00p.m. M-F, programs can call the Night Line after 5:00p.m. and on weekends for emergencies - 303-475-2496
- Advocates requesting emergency funds for victims must complete the **Emergency Funds Program Application** in full and provide the documentation required by the type of assistance requested.

Accessing the Funds (cont.)

COVA Emergency Assistance Application

Office: (303) 861-1160 Fax: (303) 861-1265

Date of Application: Referring Agency:

City Where Crime Occured: County: JD:

Type of Referring Agency:

Agency Advocate: Email:

Phone: Agency Fax:

Victim's Name: Date of Birth:

Parent/Guardian's Name: Date of Birth:

Perpetrator's Name: Date of Birth:

Primary Victimization(s)

<input type="checkbox"/> Adult Physical Assault	<input type="checkbox"/> Child Pornography	<input type="checkbox"/> Identity Theft/Fraud/Financial Crime	<input type="checkbox"/> Survivors of Homicide Victims
<input type="checkbox"/> Adult Sexual Assault	<input type="checkbox"/> Child Sexual Abuse/Assault	<input type="checkbox"/> Kidnapping (custodial)	<input type="checkbox"/> Teen Dating
<input type="checkbox"/> Adults Sexually Abused/Assaulted as children	<input type="checkbox"/> Domestic and/or Family Violence	<input type="checkbox"/> Kidnapping (non-custodial)	<input type="checkbox"/> Terrorism (Domestic/International)
<input type="checkbox"/> Arson	<input type="checkbox"/> DUI/DWI Incidents	<input type="checkbox"/> Mass Violence (Domestic/International)	<input type="checkbox"/> Hate Crime: Racial/Religious/Gender/Sexual Orientation/Other (Explanation Required)
<input type="checkbox"/> Battering (Verbal, Cyber, or Physical)	<input type="checkbox"/> Elder Abuse or Neglect	<input type="checkbox"/> Other Vehicular Victimization (e.g., Hit & Run)	
<input type="checkbox"/> Burglary	<input type="checkbox"/> Human Trafficking: Labor	<input type="checkbox"/> Robbery	
<input type="checkbox"/> Child Physical Abuse or Neglect	<input type="checkbox"/> Human Trafficking: Sex	<input type="checkbox"/> Stalking/Harassment	

Other:

Secondary Victimization(s)

<input type="checkbox"/> Adult Physical Assault	<input type="checkbox"/> Child Pornography	<input type="checkbox"/> Identity Theft/Fraud/Financial Crime	<input type="checkbox"/> Survivors of Homicide Victims
<input type="checkbox"/> Adult Sexual Assault	<input type="checkbox"/> Child Sexual Abuse/Assault	<input type="checkbox"/> Kidnapping (custodial)	<input type="checkbox"/> Teen Dating Victimization
<input type="checkbox"/> Adults Sexually Abused/Assaulted as children	<input type="checkbox"/> Domestic and/or Family Violence	<input type="checkbox"/> Kidnapping (non-custodial)	<input type="checkbox"/> Terrorism (Domestic/International)
<input type="checkbox"/> Arson	<input type="checkbox"/> DUI/DWI Incidents	<input type="checkbox"/> Mass Violence (Domestic/International)	<input type="checkbox"/> Hate Crime: Racial/Religious/Gender/Sexual Orientation/Other (Explanation Required)
<input type="checkbox"/> Battering (Verbal, Cyber, or Physical)	<input type="checkbox"/> Elder Abuse or Neglect	<input type="checkbox"/> Other Vehicular Victimization (e.g., Hit & Run)	
<input type="checkbox"/> Burglary	<input type="checkbox"/> Human Trafficking: Labor	<input type="checkbox"/> Robbery	
<input type="checkbox"/> Child Physical Abuse or Neglect	<input type="checkbox"/> Human Trafficking: Sex	<input type="checkbox"/> Stalking/Harassment	

Other:

Race/Ethnicity

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White Non-Latino or Caucasian	<input type="checkbox"/> Not Listed: <input type="text"/>	<input type="checkbox"/> Multiple Races
---	--------------------------------	--	---	--	--	---	---

Special classifications of individuals (self-reported):

<input type="checkbox"/> Deaf/ Hard of Hearing	<input type="checkbox"/> Disabilities: Cognitive/Physical/Mental	<input type="checkbox"/> Homeless	<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Immigrants/Refugees/Asylum Seekers	<input type="checkbox"/> LGBTQ+	<input type="checkbox"/> Veterans	<input type="checkbox"/> Not Listed: <input type="text"/>
--	--	-----------------------------------	--	---	---------------------------------	-----------------------------------	---

Gender Identity

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Not Listed: <input type="text"/>
-------------------------------	---------------------------------	---

Age

<input type="checkbox"/> 0-12	<input type="checkbox"/> 13-17	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-59	<input type="checkbox"/> 60 and Older
-------------------------------	--------------------------------	--------------------------------	--------------------------------	---------------------------------------

Has victim reported to law enforcement?: Yes No

Date of Most Recent Incident:

Has victim applied for Victims Compensation?: Yes No

Is this request different from the Victims Compensation request?: Yes No

Status of Victims Compensation Application:

Has victim received information regarding the VRA, if applicable? Yes No

Has victim applied for COVA's Emergency Assistance previously? Yes No Unsure

Amount Requesting:

Type of Assistance:

<input type="radio"/> Childcare	<input type="radio"/> Short-term Nursing Home Shelters for elder abuse victims
<input type="radio"/> Clothing	<input type="radio"/> Supplies (toiletries, diapers, etc.)
<input type="radio"/> Emergency Shelter	<input type="radio"/> These expenses for dependents
<input type="radio"/> Food	<input type="radio"/> Bus Tickets/Transportation
<input type="radio"/> Hotel Stay	<input type="radio"/> Moving Expenses
<input type="radio"/> Rental Assistance	<input type="radio"/> Other: <input type="text"/>
<input type="radio"/> Utilities Assistance	

(start-up and bills)

Types of Service(s) Provided by Referring Advocate:

<input type="checkbox"/> Info. re: victim rights, obtain notification, etc.
<input type="checkbox"/> Referral to other victim service programs
<input type="checkbox"/> Referral to other services (legal, medical, faith-based, address confidentiality, etc.)
<input type="checkbox"/> Emergency financial assistance
<input type="checkbox"/> Other

Is this Emergency Assistance for rent or reoccurring payments? (utility bill, etc.) Yes No

If yes, will victim be able to make future payments without future assistance? Yes No

Describe specifically what these funds will be used for, including why the victim needs emergency financial assistance at this time.

Has victim received or applied for assistance from another agency? Yes No

If yes, what agency(s)?

What did that agency help the victim with?

Check payable to:

Include Account #:

Mailing Address:

Phone/Fax:

Past Due?: Yes No

Amount Owed:

If applying for bus, air, or train tickets, this section **MUST** be filled out correctly and completely for all people traveling. All tickets will be purchased 7 days out if approved, unless stated otherwise.

First/Last Name & MI	Date of Birth	Leaving From	Destination	Valid ID- TSA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes:

FOR COVA USE ONLY

Funding Source: VOCA State VALE Other:

Date of Payment	Check #, AMX, MC, or VGC	Payment Amount	Payable to:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Accessing the Funds (cont.)

Type of Emergency Assistance	Notes	Receipts/Documentation needed
Clothing, Food and Supplies (diapers, toiletries, etc.)		Itemized store receipt
Emergency Shelter		Receipt from shelter and check or CC bill
Rental Assistance	No back-rent; Offender not on the lease	Copy of 1st and last page of lease and copy of cashed check
Emergency Hotel stay		Copy of receipt and check or CC bill
Utilities assistance (start-up and/or current bill)	If victim is on the bill	Copy of most recent bill and check or CC Bill
Short-term Nursing Home Shelters for elder abuse victims	when no other safe, short-term residence is available	Copy of bill and check or CC bill
Childcare	to receive services related to victimization and/or obtain/retain employment	Copy of bill and check or CC bill
These expenses for dependents		
Bus tickets/Transportation		Copy of bill, confirmation email, and CC Bill
Moving Expenses		Copy of bill and check or CC bill
Relocation		Copy of bill and check or CC bill

Accessing the Funds (cont.)

- Advocates can request a copy of the fillable pdf version of the application by contacting Mandee at mandee@coloradocrimevictims.org or **303-996-2781**.
- A Required Documentation Checklist can be downloaded here: <http://www.coloradocrimevictims.org/> (under the Emergency Fund Program tab), along with a recording of this webinar, FAQs, and more information about eligible uses of the emergency funds.
- This information will also be posted on DCJ's website here: <https://sites.google.com/a/state.co.us/dcj-victim-program/home/grant-programs/statewide-special-projects>
- In some cases, requesting advocacy organizations may be asked to “front” the expense for the crime victim and then be reimbursed through the Emergency Fund Program.

Q & A



- Please type your comment or questions in the Chat or Question Box
- All questions will be documented and compiled into a FAQs and posted here: www.coloradocrimevictims.org (under the Emergency Funds Program Tab)

Contact Info.

Ashley Riley Lopes
Grants Administrator
Office for Victims Programs
Division of Criminal Justice
ashley.lopes@state.co.us
Direct Line: 303.239.4529

Mandee McLane
Emergency Fund Program Manager
Colorado Office for Victims Assistance
(COVA)
mandee@coloradocrimevictims.org
Direct Line: 303-996-2781
Main Office: 303-861-1160
Night Line: 303-475-2496 (after 5:00p.m.-
emergencies only)
Fax: 303-861-2682
Toll Free: 800-261-2682
www.coloradocrimevictims.org