

SURVIVOR SUPPORT ASSISTANCE APPLICATION



At **emPOWERment** by Dess Perkins, we are honored to walk alongside you.

This application is a safe, confidential space created to support survivors with dignity and respect. You are not alone, and you are deserving of safety, stability, an opportunity. Please answer what you feel comfortable sharing—only what feels safe for you.

Your information will never be shared without your consent

APPLICATION FORM

Full Name: _____

Pronouns: ☐ She/Her ☐ He/Him ☐ They/Them ☐ Other, _____

Date of Birth: _____ Age: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact: ☐ Phone ☐ Text ☐ Email

Current City: _____ Zip Code: _____

CASEWORKER / ADVOCATE (If Applicable)

Name: _____

Organization: _____

Phone: _____

Email: _____

SAFETY SCREENING (Check all that apply)

This helps us connect you to the right resources. Please select anything that applies to your experience or situation.

- ☐ I am a survivor of trafficking
- ☐ I am at risk due to unstable housing or homelessness
- ☐ I am experiencing unsafe living conditions
- ☐ I am experiencing poverty or financial hardship
- ☐ I am experiencing family violence or abuse
- ☐ I am a caregiver or supporting a child
- ☐ I am currently working with a case manager or advocate
- ☐ Prefer not to say ☐ Other (optional): _____

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SUPPORT REQUESTED

Please select the type(s) of support you are requesting

BASIC NEEDS

- ☐ Food assistance
- ☐ Hygiene items
- ☐ Clothing
- ☐ Transportation support
(bus pass, fuel card, ride voucher)

STABILIZATION ASSISTANCE

- ☐ Safe housing assistance
- ☐ Mental health referrals
- ☐ Legal fees / expungement support
- ☐ Emergency financial assistance

EDUCATIONAL SUPPORT

- ☐ Back-to-school needs
- ☐ Books or supplies
- ☐ Tutoring
- ☐ Technology support
(laptop, device, software)

CAREER & CREATIVE OPPORTUNITIES

- ☐ Job training
- ☐ Resume or employment support
- ☐ Assistance to publish a book or
creative project
- ☐ Entrepreneurship support

SHORT PERSONAL STATEMENT

A few sentences is all we need

PLEASE SHARE:

- Your short-term goals
- How the requested funds/items will help
- The impact this support could have on your life
- What you are working on right now
- What you are most proud of about yourself

RESPONSE:

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BUDGET / ASSISTANCE AMOUNT REQUESTED

Please complete the following:

ITEMS NEEDED

URGENCY

ESTIMATED TOTAL COST: \$ _____

- ☐ Immediate (0–7 days)
- ☐ Soon (1–2 weeks)
- ☐ Within (2–4 weeks)
- ☐ Flexible / No specific deadline

CONSENT & CONFIDENTIALITY

Please read carefully:

- I understand my information will remain confidential
- I understand that **emPOWERment** may contact my caseworker (if listed) to help coordinate support
- I consent to being contacted regarding my application
- I understand that completing this application does not guarantee funding

SIGNATURE (TYPED): _____ DATE: _____

ADDITIONAL SUPPORT QUESTIONS

Would you like referrals to any of the following? (**Check all that apply**)

- ☐ Therapy / Mental health services
- ☐ Legal aid
- ☐ Case management
- ☐ Support groups
- ☐ Employment services
- ☐ Housing resources
- ☐ No, not at this time

ADDITIONAL SUPPORT QUESTIONS

(Optional unless applying through an agency)

Name: _____

Organization: _____

Phone: _____

Email: _____

Thank you for trusting us with your story. Your courage matters, and we honor the strength it takes to seek support. No matter where you are in your journey, you deserve safety, healing, and opportunity. We are here to support you with compassion, empowerment, and respect.

**YOU ARE WORTHY
YOU ARE POWERFUL
YOU ARE NOT ALONE**