

sacred

Sexually Abused Children's Relief Endeavor



CHILD ADVOCATE GUIDE FOR *sacred* APPLICATIONS

OUR MISSION: *sacred* provides temporary immediate financial assistance to families in need due to child sexual abuse.



The fear of financial crisis should never be an obstacle to a family with a sexually abused child.

sacred should be **ONE OF YOUR FIRST CALLS** after a report of child sexual abuse has been made where the offender had a financial impact on the family.



When to call?

PERPETRATORS

do not have to be biologically related to the sexually abused child or children.

do not necessarily have to live with the sexually abused child or children or be married to a parent.

may have been a financially contributing spouse, ex-spouse, roommate, family member, or friend.

FINANCIAL IMPACT

- * Main provider for household
- * Transportation provider

- * Child support
- * Support towards household expenses

- * Alimony
- * Mortgage or rent support

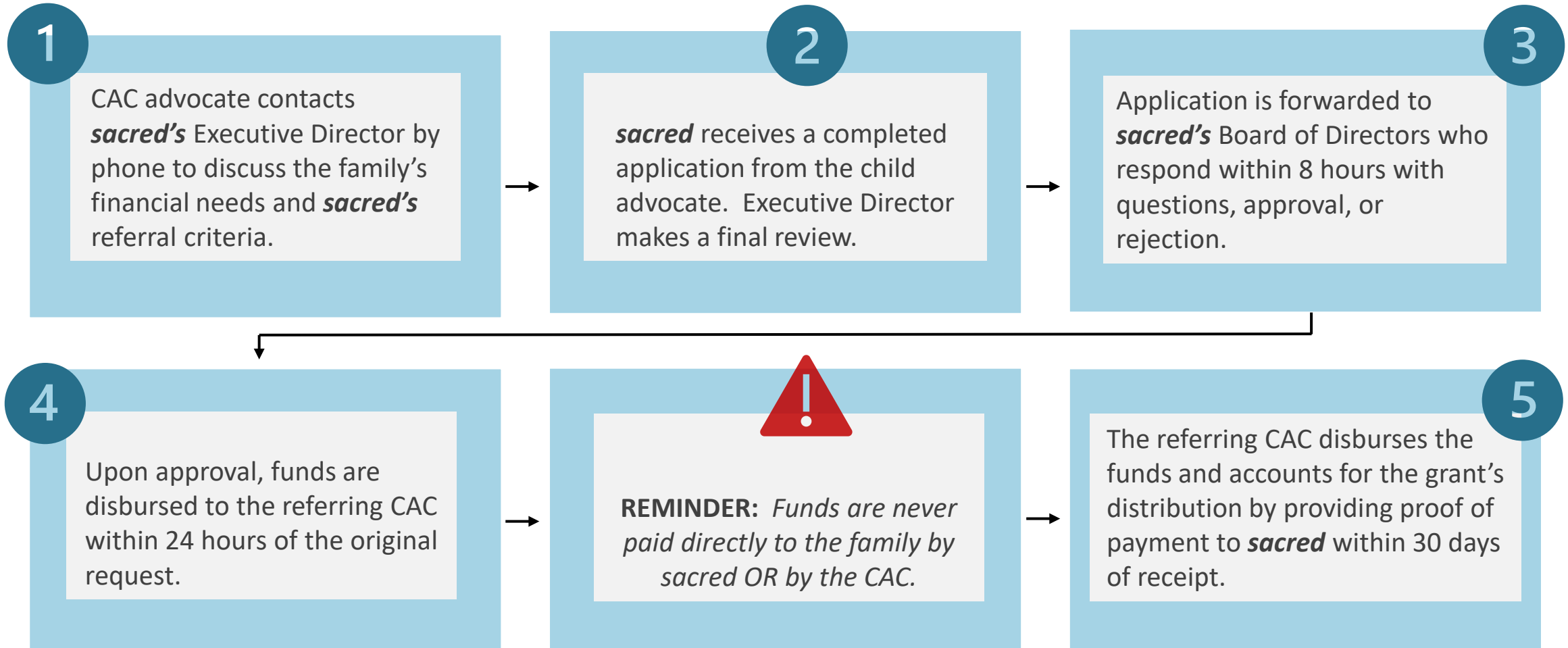
Perpetrators impact the family financially in a meaningful way.

Child sexual abusers may provide income to families in traditional and non-traditional ways. **You should apply for a sacred grant if the family is in a financial crisis.**

APPLICATION PROCESS OVERVIEW




Questions? Contact Gina McCord: 913.204.0158 | gina@kidsaresacred.org



THE APPLICATION


- The primary application form should be **sent to *sacred* after** the initial phone call and discussion with ***sacred's* Executive Director**.
- The application may be filled out electronically and emailed for faster turnaround.
- NEVER mention the family or victim's name on the application or in any correspondence. Please keep that information confidential among you and the family.

 sacred <small>SEXUALLY ABUSED CHILDREN'S RELIEF ENGINEER</small>		IMMEDIATE AID REQUEST																					
CHILD ADVOCACY CENTER INFORMATION																							
CAC Name:		Legal Entity Name (if different):																					
Mailing Address (for checks):																							
City:	State:	ZIP Code:	County:																				
AGENCY CONTACTS																							
Advocate Name:		Phone:	Email:																				
CAC Director Name:		Phone:	Email:																				
CASE INFORMATION																							
Date Report Made to CAC:		Case Number Assigned:																					
Does this report allege sexual abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alleged Abuser's Relationship to Child:																					
Sexually Abused Child or Children: <table border="1"> <thead> <tr> <th>Gender</th> <th>Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Gender	Age									Additional Children In The Home: <table border="1"> <thead> <tr> <th>Gender</th> <th>AGE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Gender	AGE								
Gender	Age																						
Gender	AGE																						
CURRENT FINANCIAL STATUS																							
MONTHLY EXPENSES	(USE WHOLE NUMBERS)	MONTHLY INCOME + ASSETS	(USE WHOLE NUMBERS)																				
	\$	Monthly Employment Income (Net):	\$																				
	\$	Other Monthly Income:	\$																				
	\$	Other:	\$																				
	\$	Other:	\$																				
	\$		\$																				
	\$		\$																				
	\$		\$																				
	\$		\$																				
	\$		\$																				
Total Monthly Expenses	\$	Total Current Assets	\$																				

Application Page 1 | Section 1

- ASSIGN A CASE NUMBER TO THE APPLICATION.
- **REFER TO THE CASE BY CASE # ONLY.** No family or children's names are to be on the application.



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**Examples of
expenses *sacred*
may support**

Rent or mortgage payment

Utilities

Gift Cards for food and clothing

Transportation and gas (*includes car, bus pass, and other forms of transportation*)

Deposits for new housing

Lock changes

Pets who provide emotional support

Replacement of mattress, bedding/sheets/pillows where sexual abuse occurred

Relocation – *this is not a regular expense request but may be considered in cases of a safety concern, on a case-by-case basis.*

BRIEFLY DESCRIBE HOW THE INVESTIGATION INTO THE SEXUAL ABUSE ALLEGATION(S) IS IMPACTING THE FAMILY'S IMMEDIATE FINANCIAL WELL-BEING. NOTE ANY URGENT FINANCIAL NEEDS RESULTING FROM THE INVESTIGATION.
 IF THE FAMILY HAS RECEIVED SACRED SUPPORT PREVIOUSLY, LIST: MONTH/YEAR, AMOUNT RECEIVED AND FOR WHAT EXPENSE(S):
 (Use back of page if needed for more writing space.)

Signature of CAC Staff Making Request: _____ Date: _____

If approved, funds will be disbursed to the legal entity as listed above.
 Following payment to the vendor(s), documentation of payment including Case Number must be returned to SACRED.

Questions? Contact SACRED at info@kidsaresacred.org

Narrative

Page 2 | Section 2

- Please do not provide intimate details of the abuse. A brief description of the family situation will suffice.
- Additional comments and facts pertinent to the financial needs may be detailed on Page 2 or a separate page.
- If using an Addendum Page for your narrative, INCLUDE CASE # in the title. *Example: NARRATIVE – CASE #123456*
- SIGN AND DATE the application

For sacred use only		Date Request Received:
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount Requested: \$	Amount Approved: \$
Payment: Check <input type="checkbox"/>	Check Number:	Date Mailed:
Payment: ACH <input type="checkbox"/>	Date:	
CAC Name:	Application #:	
# Children Impacted:	<i>NOTE: # of children impacted NOT required for follow-up applications</i>	
Notes:		

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After Notification of Approval CAC Next Steps



Notify the family that *sacred* will be able to assist with the request.



Determine the priority of the required payments and pay the vendors.



Purchase the requested gift cards for food, clothing, and other approved requested items. Disburse weekly.

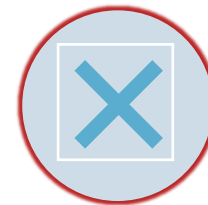


Forward proof of payment to *sacred* within 30 days.

IMPORTANT: The total amount paid by the CAC MUST equal the amount of the check received.

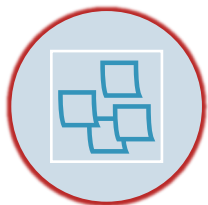


Combine all receipts into ONE PDF attachment when emailing proof of payment to *sacred*.



Delete any names/addresses from receipts and vendor invoices before sending them to *sacred*.

Sharing the names of the family and the victim is a violation of Federal HIPPA privacy laws.



Include the case number on each proof of payment document.



Locks must be changed whether the alleged perpetrator has fled, is incarcerated or the location of the assailant is unknown. The locks are changed to ensure the safety of the children.



If the alleged assault has taken place in their bed(s), **sacred** asks that the advocate request a new mattress complete with new linens and pillows. Box springs do not need to be changed.



No child or parent should be asked to relive the trauma of sleeping in the bed where the child was sexually abused.

REMINDER
These are required



*because all kids are sacred!**



sacred

Sexually Abused Children's Relief Endeavor



OVERVIEW

- Make *sacred* your first call
- Gina McCord – 913.204.0158
- Determine the family's financial needs for 30 days
- Think *Past. Present. Future.*
- Receive the funds from *sacred* and make payments
- Send your CAC proof of payment in ONE attachment to: gina@kidsaresacred.org
- NEVER identify the victim or family name on any correspondence.
- Identify by Case # only.

Thank you for your hard work and unwavering commitment to our children every day.