



A Child Advocates Guide to sacred

Our mission

sacred provides IMMEDIATE financial assistance to families in need due to child sexual abuse.



sacred[®]
SEXUALLY ABUSED CHILDREN'S RELIEF ENDEAVOR

because all kids are sacred![®]

When to call?

- **sacred** should be **one of your first calls** after a report of child sexual abuse with an offender who had a financial impact to the family
- The fear of financial crisis should never be an obstacle to a family with a sexually abused child



Examples of financial impact

- The perpetrator has financially impacted the family in a meaningful way. Here are a few examples:
 - Main provider
 - Child support
 - Alimony
 - Supports household expenses
 - Mortgage or rent support

Perpetrators

- Perpetrator does not have to be biologically related to the sexually abused child or children
- Perpetrator not necessarily live with the sexually abused child or children or married to a parent
- The perpetrator may have been a financially contributing spouse, ex-spouse, roommate, family member or friend





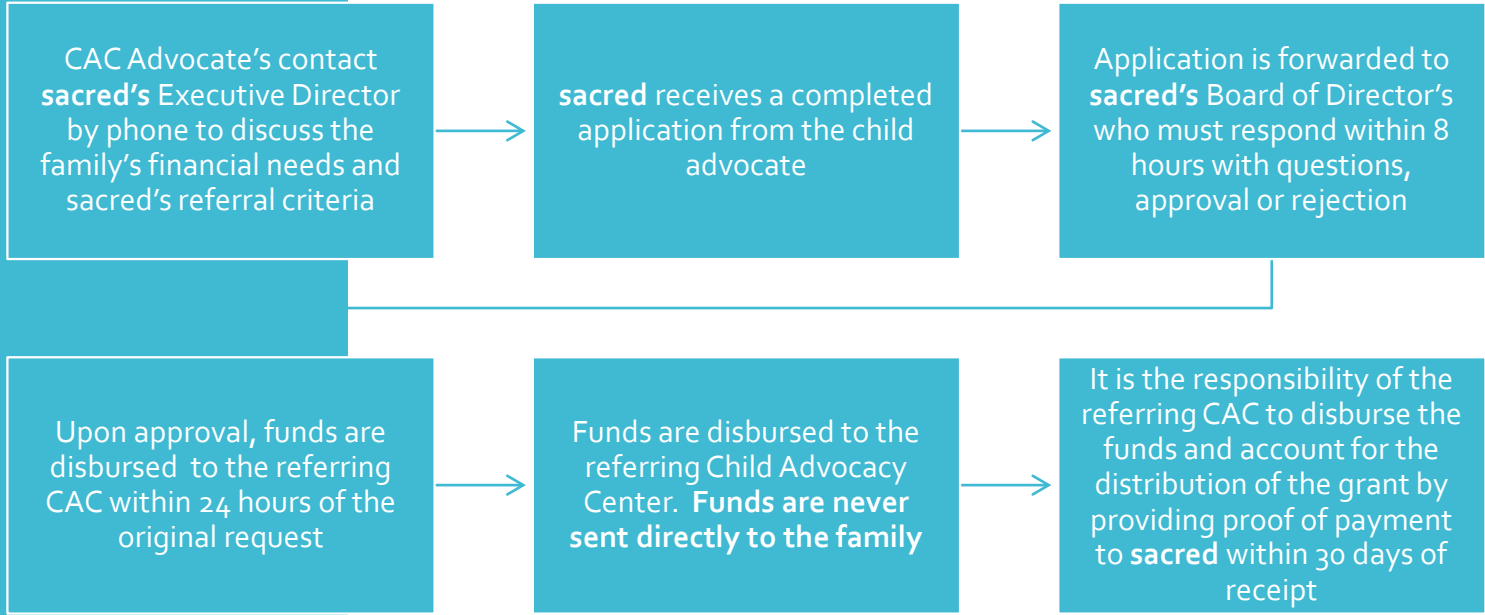
because all kids are sacred![®]

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

Examples of expenses **sacred** may supports

- Rent or mortgage payment
- Utilities
- Gift cards for food and clothing
- Transportation and gas expense
- Relocation expenses
- Deposits for new housing
- Lock changes
- Replacement of bedding, sheets and pillows where the sexual abuse occurred
- Pets who provide emotional support






Questions on how to apply?
Call: Carol at 913-850-4550
Gina at 913-314-3160


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 victims name on the application or in any correspondence. Please keep that information confidential among you and the family. Refer to the case by case # only.

 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" style="margin-top: 10px;"> <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" style="margin-top: 10px;"> <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		MONTHLY INCOME + ASSETS																					
	(USE WHOLE NUMBERS)		(USE WHOLE NUMBERS)																				
Mortgage or Rent	\$	Monthly Employment Income (Net)	\$																				
Individual Utility Bills Due Electric/Gas	\$	Other Monthly Income: Food Stamps	\$																				
Other: Water	\$	Other:	\$																				
Other: Cable/Internet	\$	Other:	\$																				
Gas for Vehicle	\$		\$																				
Car Payment	\$		\$																				
Trash/Sewer	\$		\$																				
	\$		\$																				
Total Monthly Expenses	\$	Total Current Assets	\$																				

Top section:
Note:
No family or children's name on the application.

You must assign a case number to this application.

 sacred <small>SEXUALLY ABUSED CHILDREN'S RELIEF FUNDING</small>		IMMEDIATE AID REQUEST																					
CHILD ADVOCACY CENTER INFORMATION																							
CAC Name:		Legal Entity Name (if different):																					
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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	\$

Center Section-Financial Information

The current financial status should be filled in as accurately as possible for **sacred's** Board of Director's to quickly assess the needs of the family and render a decision on the application.

The Request Section

SACRED REQUEST			
Expense Type	Use Exact Dollar Amount Due to Vendor	Vendor Name	Brief Description
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
TOTAL REQUEST	\$		

sacred’s application is based on a 30-day need. Child advocates must be forward thinking with helping the family assess their true needs for 30 days. What will the family need for the next 30 days? **This is what should be requested.** The family, in this time of emotional and physical crisis, will need **YOUR** guidance to correctly estimate their needs.

Please review any late payments that may be past due and include them in your request. It is important that you have the bills in your possession for each request.

The Amount should be the EXACT amount requested from each vendor.

Please Note: sacred does not require a copy of the family’s bills. The CAC must provide proof of payment for grant distribution exactly as approved by the Board of Directors. Any changes must be approved by sacred **prior** to vendor payment.

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, a check will be sent made payable to the legal entity as listed.

Following payment to the vendor(s), documentation of payment including Case Number must be returned to SACRED.

Description

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 (not shown) or on a separate piece of paper.

You may sign the application electronically, scan and send or we will accept the email with your application as your endorsement and approval.

<i>FOR SACRED USE ONLY</i>		Date Request Received:
Approved? Yes <input type="checkbox"/> No <input type="checkbox"/>	Amt. Approved: \$	Approved Expenses:
Check Number:	Check Mailed:	Date Receipt Received:
Notes:		

The last page of the application is for 'sacred' use only. No need to fill out anything.

After Notification of Approval

- Notify the family that **sacred** will help.
- Determine the priority of the required payments and pay the vendors.
- Purchase the requested gift cards for food, clothing and other approved purchases.
- 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.**
- When emailing proof of payment to **sacred**, please combine all in **one** attachment.
- Please do not send **sacred** vendor invoices addressed to the family. Sharing the names of the family and the victim is a violation of Federal HIPPA privacy laws.
- Please include the case number on the proof of payment documents.





Reminder: These are required:

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, or the marriage bed - we ask that the advocate request a new mattress complete with new linens. Box springs do not need to be changed. No child and or parent should be asked to relive the trauma of sleeping in the bed where the child was sexually abused.



Final Thoughts

Make sacred one of your first calls:

Carol D'Attoma: 913-850-4550

Gina McCord: 913-314-3160

Determine the family's financial needs for 30 days. Think Past, Present, and Future.

Receive the funds from sacred and make payments.

Send your CAC proof of payment in one attachment to:

Gina@kidsaresacred.org

Remember, never identify the victim or family name on any correspondence. Case number only please.

Thank you.

Contact information

Thank you
for all you do
on behalf of
children!

Carol D'Attoma
913-850-4550
carold@kidsaresacred.org

Gina McCord
913-314-3160
gina@kidsaresacred.org

sacred
PO Box 23805
Overland Park, KS 66283



for additional information about sacred, visit our website at www.kidsaresacred.org