



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 has a financial impact to the family
- The fear of financial crisis should never be an impediment to a family with a sexually abused child



Examples of financial impact

- The perpetrator must have a financial impact on the family in a meaningful way. Here are some examples:
 - Main provider
 - Child support
 - Alimony
 - Supports household expenses
 - Mortgage or rent support

Types of Qualifying Contributors

- Perpetrator does not have to be biologically related to the sexually abused child or children
- Does not necessarily live with the sexually abused child or children or is married to a parent
- He or she may be a financially contributing spouse, ex spouse, roommate, family member or friend who provides support to the family





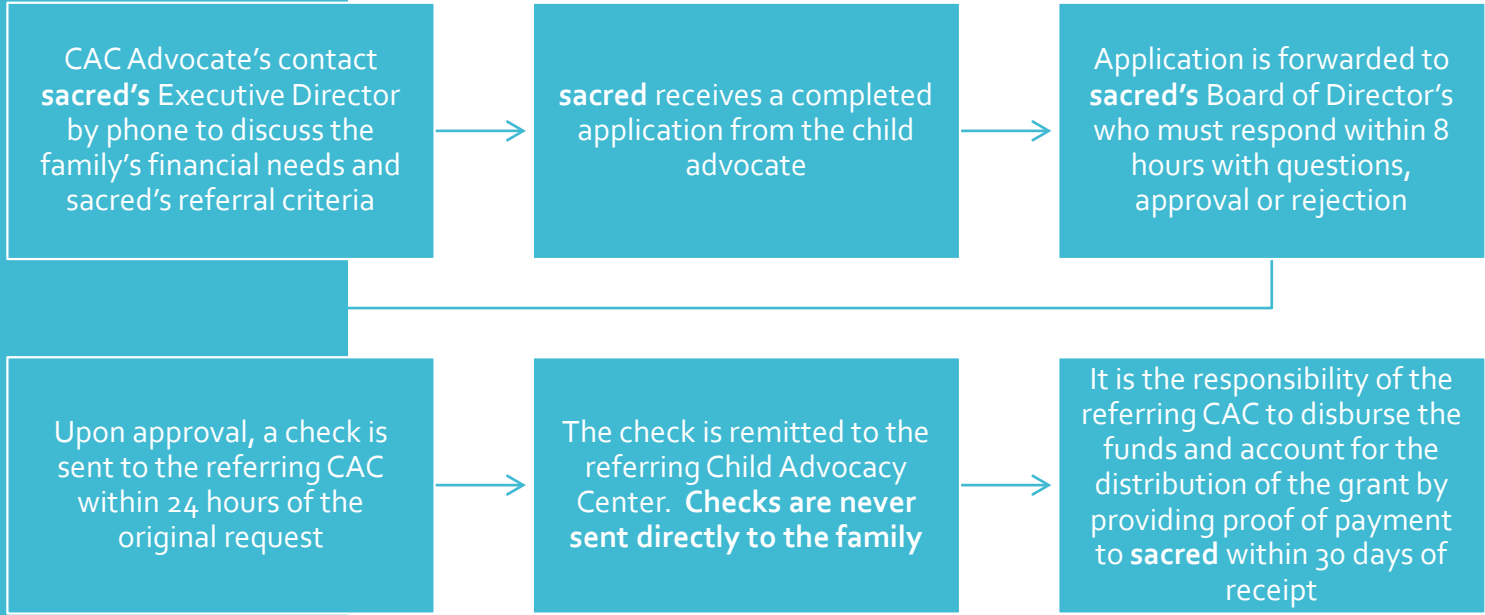
because all kids are sacred![®]

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 supports

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





Questions on how to apply?
Call Carol at 913-850-4550

The Application

- The primary application is form that 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.

 TRANSITIONAL 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? Yes / No		Alleged Abuser's Relationship to Child:	
Child's Age and Gender:		Number and Ages of other children in the home:	
CURRENT FINANCIAL STATUS			
MONTHLY EXPENSES - (USE WHOLE NUMBERS)		MONTHLY INCOME + ASSETS - (USE WHOLE NUMBERS)	
Mortgage or Rent	\$	Monthly Employment Income (Net)	\$
Individual Utility Bills Due	\$	Other Monthly Income	\$
Other:	\$	Other:	\$
Other:	\$	Other:	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total Monthly Expenses	\$	Total Current Assets	\$

Top section:
Note-Please,
no family or
children's
name on the
application.

You must assign a case
 number to this application.

 IMMEDIATE 30-DAY AID REQUEST		
CHILD ADVOCACY CENTER INFORMATION		
CAC Name: Child Advocacy Center		Legal Entity Name (if different): Child Advocacy & Parenting Services
Mailing Address (for checks): Where the check should be sent		
City: any town	State: KS	ZIP Code: Your ZIP
AGENCY CONTACTS		
Advocate Name: Jane Doe	Phone: (Best Contact #)	Email: jdoe@cac.org
CAC Director Name: Jane Doe's Director	Phone: (Best Contact #)	Email: director@cac.org
CASE INFORMATION		
Date Report Made to CAC: 01/01/2019	Case Number Assigned: 2019-111	
Does this report allege sexual abuse? Yes / No	Alleged Abuser's Relationship to Child: Father	
Child's Age and Gender: 5-year-old female	Number and Ages of other children in the home 3 children-males 7, 9, female 2	

CURRENT FINANCIAL STATUS			
MONTHLY EXPENSES - (USE WHOLE NUMBERS)		MONTHLY INCOME + ASSETS - (USE WHOLE NUMBERS)	
Mortgage or Rent	\$375	Monthly Employment Income (Net)	\$750.00
Individual Utility Bills Due	0	Other Monthly Income: Soc. Sec. Income	\$600.00
Other: Car Payment, Car Insurance	\$438.00	Other:	
Other: Food, Clothing, etc.	\$450.00	Other:	\$0
Phone:	\$100		
<i>Total Monthly Expenses</i>	\$1363.00	<i>Total Current Assets</i>	\$1350.00

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	Amount (Use Exact Dollar Amount due to Vendor)	Vendor Name	Brief Description
Internet/ Cable	\$130.60	USA Cable Company	Kids need internet for school and cable for TV. One month past due
Car Payment	\$620.80	Car Loans, Inc	One month past due and current month
Water	\$30.10	My Water Company, Inc.	Current month bill
Trash/ Sewer	\$24.89	City Services, Inc	Current Month bill
Gas for Car	\$100	Gas Station, Inc.	Gas card for transportation
Bedding/Mattress	\$ 459.60	Sam's Club	New Mattress and linens
Food	\$400.00	Your Grocery Gift Card	Groceries for one month
Total	\$1765.99		
Total Amount of Request			\$1765.99

e Request Section

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 invoices, for which payment is being requested, in your possession.

The Amount needs to be the exact amount requested from Vendor to pay the bill.

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.)**

THREE OF THE FOUR CHILDREN IN THIS FAMILY WERE INTERVIEWED AT OUR CAC ON 12/15/2018. CURRENTLY, ONLY TWO OF THE CHILDREN ARE IN THERAPY, AS THEY FELL BEHIND ON THE RENT DUE TO LACK OF INCOME. THE TOTAL RENT IS \$850. THE FATHER RESIDED IN THE FAMILY HOME WITHIN THE YEAR, HOWEVER HAS SINCE LEFT. THIS FAMILY HAS ATTEMPTED TO OBTAIN RENT ASSISTANCE FROM VARIOUS LOCAL AGENCIES, HOWEVER WERE NOT ABLE TO OBTAIN THE FULL AMOUNT.

Signature of CAC Staff Making Request: JANE DOE

Date:

01-01-2019

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

Following payment to the vendor(s), and within 30 days, documentation of payments with Case Number must be sent 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 stubs on **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 but no child and or parent should be asked to relive the trauma by sleeping where the child was sexually abused.



Final Thoughts

Make sacred one of your first calls:

Carol D'Attoma 913-850-4550

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

Receive the check and make payments.

Send your CAC proof of payment in one attachment to :

Carold@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

sacred

PO Box 23805

Overland Park, KS 66283



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