



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 <input type="checkbox"/> No <input type="checkbox"/>		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): Unemployment	
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			
<i>Total Monthly Expenses</i>		<i>Total Current Assets</i>	

SACRED REQUEST			
Expense Type	Amount (Use Exact Dollar Amount due to Vendor)	Vendor Name	Brief Description
Internet/ Cable			
Car Payment			
Water			
Trash/ Sewer			
Gas for Car			
	\$		
	\$		
TOTAL REQUEST			

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.

<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:		