**LIZA’S LIFELINE**

**FINANCIAL ASSISTANCE REQUEST FORM**

**To be completed by Victim Advocate or other approved Agency Representative (see list below).**

**Note: Incomplete forms may slow down the approval process. Please answer all questions completely.**

**Today’s Date:**

**Requested By:**

**Title:**

**Agency Name:**

Address:

Phone #:

**Victim’s Name:**

**Crime/Incident (please provide a brief description and attach a police report or other supporting documentation):**

**Detail of Financial Assistance Requested\* (provide specifics as to $ amount and how it will be used):**

**Is victim currently with abuser or planning to return to abuser?\* Y or N**

**If assistance is for a past due bill, please provide a copy of most current bill and give details as to how assistance supports our mission of keeping victims out of harm’s way**

**(Revised 1/2018)**

\*Criteria for Victim Assistance

* 1. The victim must be in eminent danger of abuse by their intimate partner abuser or
  2. The victim must be in a situation where they require the resources to immediately escape the physical danger of their abuser or
  3. The victim is in need of assistance to prevent them from having to return to a violent living environment (i.e. rent deposit, utility bill).
  4. The request must be from a victim advocate and/or approved domestic violence related agency working with the named victim.

Approved Agencies:

Berkeley County Sheriff’s Office

Charleston City Police Department

Charleston County Sheriff’s Office

Dee Norton Lowcountry Children’s Center

Dorchester County Sheriff’s Office

ORIGIN (Family Services)

Folly Beach Police Department

Goose Creek Police Department

Hanahan Police Department

Isle of Palms Police Department

Mt. Pleasant Police Department

MUSC Crime Victims Center

My Sister’s House

Ninth Judicial Solicitor’s Office

North Charleston Police Department

People Against Rape (PAR)

Summerville Police Department

Sullivan’s Island Police Department

U.S. DOJ/U.S. Attorney’s Office

St. George Police Department

**If your agency is not on this list and would like to be included, please submit information about your agency along with this Financial Request Form to** [**lizaslifeline@gmail.com**](mailto:lizaslifeline@gmail.com)

**LIZA’S LIFELINE OF SOUTH CAROLINA, INC.**

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