

# 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?\*** Y or N

**Is victim 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Criteria for Victim Assistance**

- a. The victim must be in eminent danger of abuse by their intimate partner abuser or
- b. The victim must be in a situation where they require the resources to immediately escape the physical danger of their abuser or
- c. 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).
- d. 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	Mt. Pleasant Police Department
Charleston City Police Department	MUSC Crime Victims Center
Charleston County Sheriff's Office	My Sister's House
Coastal Catholic Charities	Ninth Judicial Solicitor's Office
Dee Norton Child Advocacy Center	North Charleston Police Department
Dorchester County Sheriff's Office	Tri-County S.P.E.A.K.S.
ORIGIN (Family Services)	St. George Police Department
Folly Beach Police Department	Summerville Police Department
Goose Creek Police Department	Sullivan's Island Police Department
Hanahan Police Department	U.S. DOJ/U.S. Attorney's Office
Isle of Palms Police Department	Veteran's Affairs Hospital

**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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