

2021

Emergency Financial Assistance

APPLICATION FORM

*This application may be typed or handwritten and emailed to:* [*emergencyassistance@tncoalition.org*](mailto:emergencyassistance@tncoalition.org)

*Questions? Call Cathy Radig at 615-386-9406 ext. 322*

**\*Are you or have you been a victim of domestic or sexual violence?** *(¿Eres o ha sido víctima de violencia doméstica o sexual?)*

\_\_\_Yes, please proceed with the application *(Sí, continúe con la solicitud.)*

\_\_\_No, if you are not a survivor of domestic or sexual violence, but are in need of resources related to COVID-19, please call The United Way Helpline at 2-1-1. *(No, si no es un sobreviviente de violencia doméstica o sexual, pero necesita recursos relacionados con COVID-19, llame a la Línea de ayuda de United Way al 2-1-1)*

1. **CONTACT INFORMATION**

**Date** *(Fecha)*:

**First Name** *(Primer Nombre):*

**Last Name** *(Apellido)*:

**Date of Birth** *(Fecha de naciemento)*:

**\*Safe Phone Number** *(\*Numero de contacto seguro)*:

**Email** *(Dirección de correo electrónico): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Do you have an organization helping you complete this form?** *(¿Tiene una organización que le ayude a completar este formulario?)*

\_\_\_yes *(sí)* \_\_\_no *(no)*

If “yes,” please complete the next four questions. If “no,” skip to section II. *(Si es así, complete las siguientes cuatro preguntas. Si no, pase a la sección II)*

**Name of Organization** *(Nombre de Organizacion)*: \_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person/Title** *(Persona de contacto y Titulo*):

**Email** (*Correo electronico de organizacion)*: \_\_\_\_\_\_\_\_\_\_\_\_

**Office Telephone/Ext** (*Numero de telefono de organizacion y extension)*: \_\_\_\_\_\_\_\_\_\_\_\_

1. **DEMOGRAPHIC INFORMATION**

**Gender** (*Genero)*:

**Age** (*Edad*):

**Race** *(Raza)*

**Location: Circle or underline the county where you are currently located**. *(Circulo o subraya el condado donde está actualmente localizada(o)):*

**East:**  
Anderson, Bledsoe, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Cumberland, Grainger, Greene, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Scott, Sevier, Sullivan, Unicoi, Union and Washington

**Middle:**  
Bedford, Cannon, Cheatham, Clay, Coffee, Davidson, DeKalb, Dickson, Fentress, Franklin, Giles, Grundy, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Sequatchie, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson and Wilson

**West:**  
Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, Obion, Shelby, Tipton and Weakley

**Do you have minor children in your care? If so, what are their ages?** (*Tiene hijos menores de edad a su cuidado? Si es asi, cuales son las edades?)*

**Gross (before tax) Annual Household Income - circle or underline one:** (*Ingresos del hogares (antes de impuestos: Circulo o subrayar el aplicable:*

Less than $15,000 $25,000 - $30,000 $40,000 - $45,000

$15,000 - $20,000 $30,000 - $35,000 $45,000 - $50,000

$20,000 - $25,000 $35,000 - $40,000 $50,000 and above

1. **The TN Coalition Emergency Assistance Fund is considered a fund of last resort and must be used as such.** If you need help finding other financial assistance options, please give our office a call at 615-386-9406. If you have already applied for assistance from other organizations, please list those here:  
   ***El fondo de asistencia para emergencias de La Coalición de Tennessee se considera un fondo de último recurso y debe utilizarse como tal.*** *Si necesita ayuda para encontrar otras opciones de asistencia financiera, por favor llame a nuestra oficina al 615-386-9406. Si ha solicitado la asistencia de otras organizaciones, sírvase indicarlas aquí:*
2. **REQUESTED AMOUNT: $\_\_\_\_\_\_\_\_\_\_\_\_** (*Cantidad solicitada): $*
3. **REQUIRED DETAILS (*DETALLES REQUERIDOS)***
4. **Please provide a detailed description of your situation and emergency needs**: (*Detalle su situacion y necesidades de emergencia:)*
5. **Please provide cost estimates for the items or services that you need:**

(*Por favor indique los gastos estimados para los artículos o servicios que necesita):*

1. **Please attach supporting documentation for all rent and utility requests. The Coalition requires either a lease agreement, account contract, or current bill reflecting the requested need with all such requests.**

*(Por favor ajunte la documentación justificativa para la solicitud de la renta y utilidades. La Coalición requiere el acuerdo de arrendamiento, el contrato de cuenta, o un proyecto de ley corriente que refleje la necesidad solicitada con toda esa solicitud.*

1. **SAFE PHONE NUMBER**

***\*Upon approval of your application, the Tennessee Coalition to End Domestic and Sexual Violence will need to speak directly with you, the survivor of abuse, before payments are disbursed AND 1-2 months after you have received assistance. Please make sure to provide us with a safe, working phone number. Applications without a safe phone number will not be approved.***

*\*NOTA: (En cuanto su solicitud sea aprobada, La Coalición de Tennessee tendrá que hablar directamente con usted, la/el superviviente de abuso, ates de dispersar los pagos Y dentro de uno o dos meses, después de recibir asistencia. Por favor de asegúrese de darnos un numero de teléfono seguro que trabaja. Solicitudes sin un numero de teléfono segur, no se aprobarán.)*

**Safe phone number/**(*Telefono seguro*):**:**

1. **SAFETY EVALUATION (*EVALUACION DE SEGURIDAD)***

**How this will help: *Circle or underline the number that corresponds with your response***

*(Como le ayudara) Circulo o subraye el número que corresponde con su respuesta)*

**1) With this assistance, I (the survivor) will be able to escape an abusive situation and feel(s) safer:***(Con esta ayuda, yo (la/el sobreviviente) soy capaz de escapar del abuso y sentir me más segura/o).*

**1 - Strongly disagree/** Totalmente, no estoy de acuerdo   
**2 – Disagree/** No estoy de acuerdo   
**3 – No Opinion/** No hay opinión   
  
**4 – Agree/** Estoy de acuerdo  
  
**5 - Strongly Agree/** Estoy totalmente de acuerdo

**2) With this assistance, I (the survivor) will be able to cover some of the expenses necessary to get safe:** (*Con esta ayuda, Yo (la/el sobreviviente) voy a poder cubrir algunos de los gastos necesarios para estar segura/o).*

**1 - Strongly disagree/** Totalmente, no estoy de acuerdo   
**2 – Disagree/** No estoy de acuerdo  
  
**3 – No Opinion/** No hay opinión   
  
**4 – Agree/** Estoy de acuerdo  
  
**5 - Strongly Agree/** Estoy totalmente de acuerdo

**3) I (the survivor) am receiving helpful guidance on how to access community resources, services and benefits to overcome the trauma of domestic violence:**

*Yo (la/el sobreviviente) Estoy recibiendo orientación sobre cómo acceder a los recursos y beneficios de la comunidad para ayudarme a superar este trauma.***1 - Strongly disagree/** Totalmente, no estoy de acuerdo   
**2 – Disagree/** No estoy de acuerdo  
  
**3 – No Opinion/** No hay opinión   
  
**4 – Agree/** Estoy de acuerdo  
  
**5 - Strongly Agree/** Estoy totalmente de acuerdo

**4) I (the survivor) would recommend this service to others who are suffering from domestic violence and need help escaping:***Yo (la/el sobreviviente) recomendaría este servicio a otras personas que sufren violencia doméstica o sexual y necesitan ayuda para escapar:*

**1 - Strongly disagree/** Totalmente, no estoy de acuerdo   
**2 – Disagree/** No estoy de acuerdo  
  
**3 – No Opinion/** No hay opinión   
  
**4 – Agree/** Estoy de acuerdo  
  
**5 - Strongly Agree/** Estoy totalmente de acuerdo

**Please share any comments that you may have about this program:** (*Por favor comparta cualquier comentario que tenga sobre este programa:)*

1. **COVID-19 EVALUATION** (*COVID-19 EVALUACION)*

***Please answer these 6 yes/no questions about COVID-19’s impact on your life:***

*Responda estas 6 preguntas de sí / no sobre el impacto de COVID-19 en su vida:*

1. **Has COVID impacted your physical health or the physical health of someone in your home?** *¿COVID ha afectado su salud física o la salud física de alguien en su hogar?* **Yes** (Si) **No** (No)
2. **Has COVID impacted your mental health or the mental health of someone in your home?** *¿COVID ha afectado su salud mental o la salud mental de alguien en su hogar?* **Yes** (Si) **No** (No)
3. **Has COVID had a negative impact on you financially?** *¿COVID ha impactado sus finanzas negativamente?* **Yes** (Si) **No** (No)
4. **Has COVID made it harder to meet your basic needs (such as food and a home)?** *COVID hizo que fuera mas difícil satisfacer sus necesidades básicas (como la comida en casa)?* **Yes** (Si) **No** (No)
5. **Has “safer at home” orders made you less safe from violence and abuse?** *¿Sobre la orden “más seguro en casa” te han hecho sentir menos seguro de la violencia y el abuso?* **Yes** (Si) **No** (no)
6. **If you are experiencing abuse, has the abuse escalated/gotten worse during this time?** *Si está sufriendo abuso, ¿el abuso ha aumentado o empeorado durante este tiempo?* **Yes** (Si) **No** (No)

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| --- | --- |
| https://impactnashville.charitytracker.net/media/network/thumbnails/UWGN-Stacked-Color-ol.jpg.png | **Impact Nashville Assistance Network** *Shared Case Management Software - CharityTracker* **RELEASE OF INFORMATION (ROI)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client's Last Name:** |  | **First Name:** |  | **MI:** |  |
|  |  |  |  |  |  |
| **Address:** |  | **City/State:** |  | **Zip:** |  |
|  |  |  |  |  |  |
| **Date of Birth:** |  | **SSN:** |  |  |  |
|  | mm / dd / yyyy |  |  |  |  |
| **Phone:** | | |  |  |  |

The **Impact Nashville Assistance Network***, hereinafter referred to as "CharityTracker"*, is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. United Way of Greater Nashville (Administrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including Tennessee Coalition to end DV and SV (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker. I also understand information entered in CharityTracker will be retained by the organization initiating this Release of Information.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dependent's Name** |  | **Relationship** |  | **Date of Birth** |  | **Social Security Number** |
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I authorize Tennessee Coalition to end DV and SV, as a CharityTracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other CharityTracker Participating Agencies. I also authorize Tennessee Coalition to end DV and SV, to share my previously provided basic identifying and non-confidential information, service transactions, financial assistance, and program goals from a third-party database with other agencies participating in CharityTracker. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize Tennessee Coalition to end DV and SV (Participating Agency), as a CharityTracker Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other CharityTracker participating agencies. I authorize Tennessee Coalition to end DV and SV to share my dependents' previously provided basic, identifying and non-confidential information, service transactions, financial assistance, and program goals from a third-party database with agencies participating in CharityTracker.

|  |  |  |
| --- | --- | --- |
| **X** |  | **X** |
| Client and/or Parent-Legal Guardian's Authorizing Signature |  | Agency Representative Signature |
|  |  |  |
|  |  |  |
| Date |  | Date |

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**Thank you for applying to the Tennessee Coalition to End Domestic and Sexual Violence**

**For Emergency Financial Assistance!**

*Gracias por aplicar para asistencia financiera de emergencia de la Coalición de Tennessee para acabar con la violencia doméstica y sexual.*