

2024
Emergency Financial Assistance
APPLICATION FORM



*This application may be typed or handwritten and emailed to: emergencyassistance@tncoalition.org
Questions? Call Stephanie McCrary at 615-386-9406 ext. 323*

***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*)

I. CONTACT INFORMATION

Date (*Fecha*): _____

First Name (*Primer Nombre*): _____

Last Name (*Apellido*): _____

Date of Birth (*Fecha de nacimiento*): _____

***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 Organización*): _____

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

Email (*Correo electrónico de organización*): _____

Office Telephone/Ext (*Numero de teléfono de organización y extensión*): _____

II. 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 |

III. 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 indicarnos aquí:

IV. REQUESTED AMOUNT: \$ _____ (Cantidad solicitada): \$ _____

V. REQUIRED DETAILS (*DETALLES REQUERIDOS*)

1. Please provide a detailed description of your situation and emergency needs: (*Detalle su situación y necesidades de emergencia:*) _____

2. 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:*)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

3. 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.*)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Are you a resident of an MDHA assisted housing location? (Es usted residente de una ubicación de vivienda asistida por la MDHA?)

If yes, please provide your address below (En caso afirmativo, por favor proporcione su dirección):

VII. 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

VIII. 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 had a negative impact on you financially? ¿COVID ha impactado sus finanzas negativamente? Yes (Si) No (No)**

2. **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)**

3. **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)**



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.

| <u>Dependent's Name</u> | <u>Relationship</u> | <u>Date of Birth</u> | <u>Social Security Number</u> |
|-------------------------|---------------------|----------------------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

Client and/or Parent-Legal Guardian's
Authorizing Signature

Date

X

Agency Representative Signature

Date

**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.*

