



P.W.I.C (Professional Women Impacting Change)

Emergency Assistance Program - 2020 Application

Submission Instructions: Please complete the following form and submit via email to Tiffany Perry, info@sldvc.org. Form should be completed by an advocate or case worker. If accessing this form via our website, download the form and save to your computer before filling it out and submitting it (data won't be saved if filling out this form directly on the website). For further information, please refer to guidelines posted at www.sldvc.org/emergency-assistance-program. Thank you!

Date: _____, 2020

SURVIVOR INFORMATION

Last Name: _____ M.I. _____ First Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone #: _____ Email: _____

May we contact the survivor directly? Y N

Other people in household needing assistance:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Demographics:

Gender: Male Female Transgender Non-Binary

Race: Caucasian Asian Pacific Islander Native American Hispanic/Latino
African American Other: _____

Age: 18-25 26-35 36-45 46-55 56-64 65+

REFERRING PARTY:

Name: _____ Organization/Agency: _____

Phone # _____ Email: _____

How are you involved with SLDVC? _____

Type Of Emergency-Related Item Needed:

Clothing Food Housing Gas Transportation Utilities
Daycare Medical Legal Mental Health Other: _____

