**Survivor Fund Request Form**

*Directions:* *Please complete this form to the best of your ability. Please explicitly note if you do not have an answer for a specific question. Please email this request form to* [*outreach@lvatweek.com*](mailto:outreach@lvatweek.com) *- you will receive a response in 24-48 hours.*

Please Note: Organizations have a designated limit per year. LVAT requires a receipt for reimbursements made receipts are to be sent to [outreach@lvatweek.com](mailto:outreach@lvatweek.com)

If unable to complete this form, please send an email to [outreach@lvatweek.com](mailto:outreach@lvatweek.com) with all of the required information.

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| 1. Name and contact information for person submitting request: |
| 1. Have you confirmed that the person you are assisting has previously or is currently experiencing a human trafficking situation? |
| 1. What date/time is the assistance needed? |
| 1. What is the purpose or need of the request? |
| 1. What is the estimated cost of the request? |
| 1. Has the survivor received assistance previously from the LVAT Survivor Fund? If yes, please provide details of the previous request(s). |