**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* *- 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

If unable to complete this form, please send an email to outreach@lvatweek.com with all of the required information.

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