

**Wyoming Coalition Against Domestic Violence and Sexual
Assault
Transitional Housing Assistance Application
May 1, 2008**

To be completed by an advocate with the person requesting services.

Program Name _____

Date _____

Staff Person Completing the Application

Address _____ City _____

State _____ Zip _____ Phone _____

E-Mail Address

County _____ TH Applicant
Number _____

The TH applicant number will be assigned by each program. For example, in Albany County, Albany #1 for the first TH applicant, Albany #2 for the second applicant. Numbers cannot be duplicated. If Albany #1 applies for assistance in July 2006 and then again in November 2007, please use the same TH Applicant Number for the applicant.

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Housing Assistance Section

Are you requesting transitional housing funds to support a housing unit for a domestic violence victim? Yes; complete this section. No; skip to the Support Service Section.

For what type of housing unit are you requesting funding assistance?

_____ Program Owned

- Your DVSA program owns the housing unit and is responsible for the unit in all aspects.

_____ Program Rented

- Your DVSA program rents the housing unit and sublets the unit to victims.

_____ Vouchers/Rent Subsidies

- Your DVSA program will provide victims with rent vouchers or assist with rent payments that are used to make payment to a third-party owned unit.

Which of the following categories does the housing unit you checked above best fit?

_____ Scattered

- Individual housing units located throughout the community or service area.

_____ Clustered

- Multiple housing units located in one building or complex.

_____ Co-Located with a DV Emergency Shelter

- Housing unit located in the same building on the same property as a domestic violence emergency shelter.

_____ Co-Located with a Homeless Emergency Shelter

- Housing unit located in the same building or on the same property as a homeless emergency shelter.

Is the above checked housing unit accessible to people with disabilities?

_____ Yes

_____ No

Please report the type of service, total requested cost, number of victims and dependents that will benefit and the total number of months rental assistance will be provided. Each person may be counted once for each type of housing assistance they received.

Type of Service	Total Cost	Number of Victims/Dependants	Total Number of Months
Rental Assistance/Voucher			
Rental Unit Fees (application fee, credit report fee, etc.)			
Utilities			
Household Furnishings			
Security Deposit			
Relocation Expenses			
Total	\$		

Support Service Section

Are you requesting transitional housing funds to provide support services for one or more of the following: assistance for victims fleeing to re-locate, to secure permanent housing and/or to integrate into the community? If yes; complete this section. If no, skip to Victims Served Section.

Please indicate the types of service for which you are requesting assistance. Please indicate the amounts for which you are requesting assistance.

Support Service Requested	Amount
_____ Counseling	_____
_____ Transportation (gas vouchers, cards)	_____
_____ Material Assistance (including clothing, food, & personal items)	_____
_____ Childcare	_____
_____ Telephone	_____
_____ Accessibility and Security	_____
• _____ TTD/TTY	
• _____ Cell Phones	
• _____ Interpreters	
• _____ Language Lines	
• _____ Translation of forms and documents	
• _____ Secured or monitored entrances	
• _____ Metal Detectors	
• _____ Security Systems (e.g.; alarms)	
• _____ Security Personnel/Guards	
• _____ Security Cameras	
• _____ Other _____	
Total	\$ _____

Victims Served Section

Please indicate the number of victims, children and other dependents who will be served, partially served and not served through this request.

_____ Served

- Victim will receive the services she needs as is allowed under the Transitional Housing grant funds guidelines.

_____ Partially Served

- Victim will receive some, but not all of the services she needs, as provided and allowed under the Transitional Housing grant guidelines.

_____ Not Served

- The victim who sought services did not receive the services she needed as provided and allowable by the Transitional Housing grant guidelines.

Of the victims partially served and not served above, report the number, per category, for the reason services were not provided. Please report as many of the following categories that apply.

_____ Lack of available affordable housing.

_____ Program reached capacity.

_____ Did not meet program eligibility or statutory requirements.

_____ Program rules not acceptable to victim.

_____ Services not appropriate for victim.

_____ Transportation problems.

_____ Conflict of interest.

_____ Safety/security risk due to offender's behavior.

_____ Services inappropriate or inadequate for people with substance abuse problems.

_____ Services inappropriate or inadequate for people with mental health problems.

_____ Services not available for victim based on family composition.

_____ Inadequate language capacity including sign language.

_____ Insufficient/lack of culturally appropriate services.

_____ Insufficient/lack of services for people with disabilities.

_____ Geographic or other isolation of victim.

_____ Hours of operation.

_____ Other (specify): -

Primary Victimization

DV

SA

Stalking

(Please check the victimization above that most closely reflects the need for the transitional housing assistance.)

Please provide the following demographic information for all of the individuals that will receive benefit from this request. Please provide the number of individuals for each category (i.e.: 1 victim, 3 children and 1 other dependant are Black or African American).

Racial/Ethnicity	Victim	Children	Other
Dependent			
Black or African American	_____	_____	_____
American Indian and Alaska Native	_____	_____	_____
Asian	_____	_____	_____
Native Hawaiian & other Pacific Islander	_____	_____	_____
Hispanic or Latino	_____	_____	_____
White	_____	_____	_____
Unknown	_____	_____	_____
Gender	Victim	Children	Other
Dependent			
Female	_____	_____	_____
Male	_____	_____	_____
Unknown	_____	_____	_____
Age	Victim	Children	Other
Dependent			
0-6	_____	_____	_____
7-12	_____	_____	_____
13-17	_____	_____	_____
18-24	_____	_____	_____
25-59	_____	_____	_____
60+	_____	_____	_____
Other Demographics	Victim	Children	Other
Dependents			
People with disabilities	_____	_____	_____
People with limited English proficiency	_____	_____	_____
People who are immigrants/refugees/ asylum seekers	_____	_____	_____
People who live in rural areas	_____	_____	_____

Please report the relationship of the victim to the offender. Count the relationship to each offender for victims who were victimized by more than one perpetrator. For example, a victim was physically abused by an intimate partner and by the intimate partner's brother who lived with them.

- Current or former spouse or intimate partner
 - Other family or household member (in-law, sibling, grandparent, roommate, etc.)
 - Dating relationship
 - Relationship unknown
 - Other (specify):
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What do you see as the most significant areas of remaining need with regard to increasing victim safety, access to permanent housing of choice and economic self-sufficiency as related to the victim for which you applying for funds?

What has this funding allowed your program to do that you could not do prior to receiving this funding?

Total Request		
Housing Assistance	Description	Total
Rental Assistance		
Rental Unit Fees		
Utilities		
Household furnishings		
Security Deposit		
Relocation Expenses		
<i>Sub-Total Housing</i>		\$
Support Services		
Counseling		
Transportation		
Material Assistance		
Childcare		
Telephone		
Accessibility & Security		
<i>Sub-Total Support</i>		\$
Total Request		\$

Submit All Requests To: Carol Lowe
 WCADVSA
 613 Hwy 30
 Basin, WY 82410
 Cell: 307-272-2067
 Phone/Fax: 307-568-2769
 E-Mail: carolelowe2003@yahoo.com