IMMEDIATE AID REQUEST

CHILD ADVOCACY CENTER INFORMATION

CAC Name:	Legal Entity Name (if different):

Mailing Address (for checks):

City:	State:	ZIP Code:	County:

AGENCY CONTACTS

Advocate Name:	Phone:	Email:
CAC Director Name:	Phone:	Email:

CASE INFORMATION

Date Report Made to CAC:	**Case Number Assigned**:

Does this report allege sexual abuse? ☐ **Yes** ☐ **No**   Alleged Abuser's Relationship to Child:

Sexually Abused Child or Children:

Gender	Age

Additional Children In The Home:

Gender	AGE

CURRENT FINANCIAL STATUS

MONTHLY EXPENSES	(USE WHOLE NUMBERS)	MONTHLY INCOME + ASSETS	(USE WHOLE NUMBERS)
	$	Monthly Employment Income (Net):	$
	$	Other Monthly Income:	$
	$	Other:	$
	$	Other:	$
	$		$
	$		$
	$		$
	$		$
Total Monthly Expenses	**$**	*Total Current Assets*	**$**

SACRED REQUEST

Expense Type	Use Exact Dollar Amount Due to Vendor	Vendor Name	Brief Description
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
	$		
TOTAL REQUEST	$		

BRIEFLY DESCRIBE HOW THE INVESTIGATION INTO THE SEXUAL ABUSE ALLEGATION(S) IS IMPACTING THE FAMILY'S IMMEDIATE FINANCIAL WELL-BEING. NOTE ANY URGENT FINANCIAL NEEDS RESULTING FROM THE INVESTIGATION.
IF THE FAMILY HAS RECEIVED SACRED SUPPORT PREVIOUSLY, LIST: MONTH/YEAR, AMOUNT RECEIVED AND FOR WHAT EXPENSE(S):
(Use back of page if needed for more writing space.)

Signature of CAC Staff Making Request: _____   Date: _____

If approved, funds will be disbursed to the legal entity as listed above.
Following payment to the vendor(s), documentation of payment including Case Number must be returned to SACRED.

Questions? Contact SACRED at info@kidsaresacred.org

For *sacred* use only		Date Request Received:
Approved: Yes ☐ No ☐	Amount Requested: $	Amount Approved: $
Payment: Check ☐	Check Number:	Date Mailed:
Payment: ACH ☐	Date:	
CAC Name:		Application #:
# Children Impacted:	NOTE: # of children impacted NOT required for follow-up applications	
Notes:		