



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

## Emergency Assistance Program Application

*Submission Instructions: Please complete the following form and submit via email to Tiffany Perry, [info@sldvc.org](mailto: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](http://www.sldvc.org/emergency-assistance-program). Thank you!*

Date: \_\_\_\_\_

### 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: \_\_\_\_\_

