



Instructions for completing relocation request:

Requests for relocation funds may be made prior to or during relocation. However, local sources of relocation funds must be accessed first or determined as not available.

Purpose of funding is to help survivors who are in need of relocation for safety reasons.

Request for funds will only be taken from VOCA funded domestic violence programs.

The maximum funding request is \$1200. Please note that you are asked to secure all other funding first before requesting funds from ODVN.

We cannot cover the following items: work related expenses such as uniforms, vehicle repairs, license plates or registration, auto insurance, school fees, mortgage payments, cribs, mattresses, car seats, purchase of furniture, payment of rent due to job loss or other issue; broken lease fees; alarm systems.

Submission of Request:

1. Print and complete the form and release and fax it along with invoices/receipts to Shryiell Owens at 614-781-9652. Please send Shryiell an email at shryiello@odvn.org to let her know you are sending the fax. If you have any questions about the program, email Shryiell Owens.
2. ODVN reserves the right to deny any request that was not authorized by an ODVN staff member. Please be sure to get prior authorization before making any payment.

For Direct Payment to Vendor:

1. Include invoices for check requests. Processing may take a minimum of 2 weeks.
2. Each check request must be accompanied by full contact information for the vendor including name, address, phone number, email address, account number (if applicable), and any other pertinent information (form at back of application).
3. If a check is being requested for rent, a rental agreement, lease or documentation of rental is required. **NOTE: A W-9 tax form, completed by the landlord, is required to accompany the application if landlord is a private landlord (individual landlord not affiliated with a leasing company).**

For Reimbursement to Domestic Violence Program:

1. Include all receipts for reimbursement.
2. Each reimbursement request must be accompanied by full contact information for the program being reimbursed (see page 5 of application).
3. Payments may take up to a minimum of 2 weeks to be processed by ODVN.



The comprehensive resource on domestic violence

Survivor Relocation Request Form

Please complete this form before faxing to Shryiell Owens at ODVN at 614-781-9652. See instructions at the end of this form for invoicing and reimbursement information.

Date of Request: _____

A. Referring Program Information

- a. Program Name: _____
- b. Advocate Name: _____
Phone: _____
Email: _____

B. Local Emergency Funding (NOTE: each answer must be explained):

All other funding sources must be accessed and used first before applying for ODVN relocation funding. Has survivor accessed or used any of the following?

- I. HEAP (for utility request) Yes/No/NA
Explanation: _____
- II. In house VOCA Relocation Funds (MUST BE USED FIRST) Yes/No/NA
Explanation: _____
- III. Job & Family Services emergency funds (i.e. PRC) Yes/No/NA
Explanation: _____
- IV. HUD/Rapid Rehousing Funds Yes/No/NA
Explanation: _____

C. Survivor Information:

- a. Name: _____
- b. Family Size: Adults relocating: _____ Kids relocating: _____
- c. Reason for needing to relocate (briefly explain): _____

- d. Has the survivor been informed of: the address confidentiality program/crime victims compensation program? Y / N
- e. Has the survivor completed a safety plan, including financial safety? Y / N
- f. Does the survivor have a plan on how to maintain housing? Y / N

D. Relocation Needs: Check all that apply

	Security deposit		First Month Rent
	Utility Start up (gas, water, electric, propane delivery)		Transportation (bus, air fare, U-Haul, airport shuttle, fuel only gas card)
	Lock change		Documents needed to secure housing (birth certificate, social security card)
	Temporary boarding of pets		Storage unit for 30 days
	2 nd and 3 rd month rent if deposit and first month are paid		Back rent owed to Metro Housing/Housing Authority (must include letter from MHA stating that payment gets survivor immediate housing)

Assistance Requested:	Direct payment to vendor (DP) or reimbursement to DV program (R)	Amount Requested:
Example: Security deposit and 1 st month rent	DP	\$1200.00
	Total relocation request	\$

Date payment is needed: _____

<p>Do not fill out – for ODVN use only.</p> <p>Date Approved: _____</p> <p>Amount Approved: _____</p> <p>Authorized by ODVN staff member: _____</p>
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E. Survivor Demographic Information:

Please **Circle or Fill In** appropriate demographic information for VOCA grant reporting purpose only

Race/Ethnicity:

- American Indian or Alaskan Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian or Other Pacific Islander
- White Non-Latino or Caucasian
- Some Other Race
- Multiple Races
- Prefer not to answer

Gender Identity: Male Female Transgender

Age: 0-12 13-17 18-24 25-59 60 and older

Types of Victimization: domestic violence stalking sexual assault elder abuse

Special Classification:

- Deaf/HOH
- Homeless
- Immigrant/Refugee/Seeking Asylum
- LGBTQ
- Veteran
- Victims with Disabilities: Cognitive/Physical/Mental
- Victims with Limited English Proficiency
- Prefer not to answer

Referral:

How did survivor hear about the relocation program? _____

County of referral: _____

County where victim intends to relocate: _____

F. Check Request Information (Note: must be filled out completely. If there is more than one vendor for a given request, please make copies of this form. For security deposit and rental payments, be sure to include a W-9 tax form, completed by the landlord, with this application if vendor is a private landlord; i.e.: not a leasing company):

Check to vendor:

Business or individual name to appear on check:

Address check is to be mailed to:

Phone number of vendor:

Account number of survivor (if applicable): _____

Amount requested:

Reimbursement check to domestic violence program:

Program name to appear on check:

Address check is to be mailed to:

Phone number of program:

Amount requested:

Relocation Assistance Program
Authorization for Release of Information

I, _____, hereby authorize and request the
(Program) _____ to release and
obtain information about my case to and from the Ohio Domestic Violence Network, the
advocate, and interpreter (if necessary) assigned to my case to share information for the explicit
purpose of providing me with relocation assistance and related support.

I understand that the Ohio Domestic Violence Network and said individuals have agreed
to keep my information confidential and will only be shared with the purpose of providing
services to me, and that the only other way information concerning my case will be disclosed to
other parties is if it is subject to subpoena which cannot successfully be quashed.

I understand that I can withdraw my consent for this release of information orally or in
writing at any time by contacting the Ohio Domestic Violence Network at 800-934-9840.

This release is limited to a period of 90 days, or the duration of my case, whichever is
longer and may be renewed in writing in the same manner I provided the original release.

Client Signature

Date

Witness Signature

Date

Checklist for ODVN Relocation Assistance Application

Please DO NOT fax application until you have completed this checklist. Please include filled-out checklist with faxed application.

Please check the boxes below:

General for all Applications

- Is every page filled out?
- Is there proof for every monetary ask? (i.e.: for rent request: a signed lease; for utility request: a utility statement; for reimbursement request: a receipt).
- Is your math on page 3 correct?
- Do your check request amounts on page 5 match the amounts asked for on page 3?
- Have you given an explanation for each alternate funding source on page 2 in the "explanation" sections? (N/A should only be circled if, for instance, the request is for bus tickets and HEAP is obviously not applicable.)
- Have you filled out the "Reason for needing to relocate" section on page 2?
- Is the Release of Information page (page 6) is signed by both you and the survivor?
- Did you make sure your total ask does not exceed the maximum allowed amount of \$1200?

Rent/Deposit Requests (lease IS required)

- Have you check marked all items in the General category at the top?
- Do the amounts asked for on pages 3 and 5 match what the lease says in terms of rent/deposit amounts required? If they don't match, and there is a reason for that (such as, another agency has paid a half month's rent already), make sure to include an explanation of the difference written on your program's letterhead.
- Is the lease signed by both landlord and survivor?
- If landlord is private (i.e.: Joe Smith instead of Starr Realty): Did you include a W-9 tax form filled out by landlord with landlord's name/social security number?

Utility/Storage/Moving Truck Requests (lease IS required)

- Check marked all items in the General category at the top?
- Included utility/storage account numbers where requested on page 5?
- Included a utility/storage/moving expense statement or invoice?

If requesting payment for back utilities (up to \$500 max allowed), and if the utility owed exceeds \$500, provide **one** of these:

- Along with a utility statement, an additional statement from the utility company that states that \$500 will enable the survivor's utility to be turned on at the new residence.
or
- Along with a utility statement, statement on your program's letterhead verifying that you have communicated with the utility company and that \$500 will enable the utility to be turned on.
or
- Along with a utility statement, statement on letterhead that your program will pay the difference beyond ODVN's \$500 payment.

Bus/Airfare Requests (no lease required if survivors are traveling to shelter or to family/friend)

- Have you check marked all items in the General category at the top?
- Did you include a write-up on your program's letterhead explaining why the move is safer, and what resources in the new area you have made the survivor aware of?
- Did you include the receipt for purchase of bus or airline tickets, if applicable?