



REQUEST FOR EMERGENCY FINANCIAL OR SAFETY ASSISTANCE

Program Name:

Advocate Name:

Advocate Email:

Advocate Phone Number:

Client Name:

Client Phone Number:

What is the reason for your client's request? Please tell us why the client is facing financial hardship at this time.

Has your client exhausted all other resources for assistance?

Is this a request that does not qualify for general Relocation & Safety Assistance funding or reimbursement?

Please list any previous Emergency Assistance Requests that were granted:

Amount of Current Request:

If request is granted, make check payable to:

Mail Check to:

NOTE: ODVN must receive appropriate documentation before a check can be issued. (Receipts, tickets, balances, etc.)

Advocate Signature and Date:

ODVN Representative Signature and Date:

Please save a copy of this form to your desktop, and then send the form to Cassie Baker at CassieB@odvn.org.