

MAINE HUMAN TRAFFICKING SURVIVOR FUND APPLICATION

Name of Service Provider Applicant:

Date of Application:

Phone Number:

Service Provider:

Service Provider address:

Are you an eligible service provider applicant? (Check one.)

- I work for a sexual assault support center.
- I work for a domestic violence resource center.
- I work for another victim services program connected to an anti-trafficking MDT.
- I work for another social service program connected to an anti-trafficking MDT
- I am a police officer and I am unable to reach any of the above providers.
- I am none of these things. I will call a sexual assault center at 1-800-871-7741 or a domestic violence center at 1-866-834-HELP for help.

Recipient Information (Create "Recipient ID" using first initial/last initial/birth month/birth day. Example: Jane Doe's birthday is September 25, so her ID would be JD925.)

Recipient ID:

Race/Ethnicity:

Age:

Gender:

Is recipient eligible? (Recipient is eligible if they are a victim/survivor of any of the following. Check all that apply.)

- Sex Trafficking (Maine):** Sex trafficking, as defined here, includes victims of sex trafficking (MRSA 17-A Section 853; when a third party knowingly promotes prostitution or commercial sex of an individual) or aggravated sex trafficking (MRSA 17-A Section 852, when a person is compelled (by a third party)) to engage in prostitution or commercial sex through any scheme, plan, or pattern which will cause the person to fear harm to oneself or others, or force, fraud, or coercion, or the individual is under the age of 18).
- Labor Trafficking (Maine):** Labor trafficking, as defined here, includes victims of criminal forced labor (MRSA 17-A Section 304, when a person is compelled to provide services or labor through force, fraud, or coercion) or aggravated criminal forced labor (MRSA 17-A Section 305, when a person under 18 is compelled to provide labor or services through force, fraud, or coercion).
- Human Trafficking (Federal):** Federal law describes human trafficking as any time an individual recruits, obtains, transports, or solicits a person for labor, services, or commercial sex, through force, fraud, or coercion (or when a minor is engaged in commercial sex) (Trafficking Victims Reauthorization Act of 2013).
- Recipient Not Eligible.**

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\$_____ Total cost of the need(s)
(This is a sum of the cost for all the individual needs.)

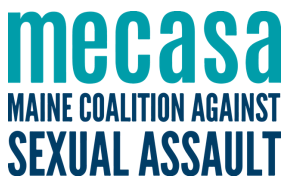
How many Need Request Forms are attached? _____
(Each need requires a separate Need Request Form)

By signing below I certify that all information here is true to the best of my knowledge. I understand that failure to follow the guidance in this document could result in lack of reimbursement from MECASA.

Signature

Date

Printed Name



The Maine Sex Trafficking & Exploitation Network is a program of the Maine Coalition Against Sexual Assault (MECASA). The Maine Human Trafficking Survivor Fund is managed by MECASA with funding and support from the Maine Department of Health & Human Services.

NEED REQUEST FORM

Include only one need per Need Request Form. Print out additional sheets for additional needs.

Need:

Cost requested for need: \$

Is this need directly related to the recipient's human trafficking victimization?

- ___ Yes
- ___ No, this need does not qualify for payment from this fund.

Is this an immediate need?

- ___ Yes
- ___ No, this need does not qualify for payment from this fund.

Is the need otherwise funded?

Check to acknowledge that you have explored each alternative funding source and deemed that they are unable to meet the recipient's need safely and in the appropriate time frame. Items in bold are links to additional information.

NOT SAFE/ NOT AVAILABLE	FUNDING SOURCE
<input type="checkbox"/>	Personal resources/insurance
<input type="checkbox"/>	MaineCare
<input type="checkbox"/>	General assistance
<input type="checkbox"/>	Maine Victims' Compensation
<input type="checkbox"/>	TVAP (Trafficking Victims' Assistance Program)
<input type="checkbox"/>	EWAP (Emergency Witness Assistance Program - for federal witnesses)
<input type="checkbox"/>	Other community funds/programs

IF REQUESTING HOTELING, these options are NOT safe/NOT available:

- ___ Community shelter
- ___ **Trafficking safe house**
- ___ **Domestic violence shelter**
- ___ Home of friend/family

NEED REQUEST FORM

Is this need pre-approved?

- ___ Yes
- ___ No, but MECASA has approved this need specifically.

Is the amount requested for this need within the pre-approved limit listed in the attached chart?

- ___ Yes
- ___ No, but MECASA has approved spending more than listed.

Is this the first time that the recipient has used this fund to meet this need during the current calendar year?

- ___ Yes
- ___ No, but MECASA has approved this recipient using the fund for this purpose again.

PAYMENT OPTIONS:

- ___ Our agency paid for this need already. The receipt is attached to the application.

Make check payable to:	Mail check to:
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OR

- ___ We are requesting that MECASA pay for this need directly. Documentation of the cost of the need and the vendor is attached to the application. We would like MECASA to pay by:

CHECK: Make check payable to:	CREDIT CARD: How should credit card payment be made?
Mail check to:	
Include in memo:	

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