

MAINE HUMAN TRAFFICKING SURVIVOR FUND

FUND PURPOSE

This fund is available to meet the immediate emotional, psychological, and physical health and safety needs of human trafficking victims/survivors when other funds are unavailable or unable to do so.[1] The Maine Coalition Against Sexual Assault (MECASA) manages this fund and is available to answer questions by phone at 207-626-0034 or by email at htfund@mecasa.org.

QUALIFYING SERVICE PROVIDER APPLICANTS

Applications can be submitted by

- sexual assault support centers.
- domestic violence resource centers.
- trafficking-specific social service agencies or programs.
- other social service programs that are connected to an anti-trafficking Multidisciplinary Team (MDT).

Law enforcement officers who encounter a person with qualifying needs should contact a service provider for help. Law enforcement officers should only apply for the funds themselves in cases where service providers are unreachable. In those cases, law enforcement should make every effort to connect the individual with ongoing services as soon as possible.

Applications must always be submitted with the consent of the victim/survivor and in response to their self-identified needs. The application asks as few identifying questions as possible to maintain anonymity for those accessing it.

If you are not an eligible provider and want to access funds, you can contact any sexual assault center at 1-800-871-7741 or any domestic violence center at 1-866-834-HELP.

RECIPIENT ELIGIBILITY

The recipient of the funds must be a victim/survivor of human trafficking in Maine. There is no requirement that the victim/survivor report the trafficking to law enforcement or that the victim/survivor be cooperating with any investigation of alleged criminal conduct. There is no dollar limit per recipient. Each recipient may access each item on the pre-approved needs list one time per year; subsequent requests may be approved by MECASA if the expenses are eligible and funding is available.

NEED ELIGIBILITY

The needs identified in the request must be connected to the individual's victimization. They must be immediate needs. If another source of funds can meet the needs of the recipient in the necessary time safely, those funds must be used first. The applying service provider must acknowledge that they have explored all other sources of funding before being approved. Qualifying needs include but are not limited to: shelter, clothes, food, and medicine. A complete list of pre-approved needs is attached, and other needs may be covered. Alcohol and cigarette purchases are prohibited.

[1] This fund is primarily supported with resources from the Office of Victims of Crime. The Victims of Crime Act (VOCA) regulations require that needs be 1) immediate, 2) related to the commission of a crime (meaning a crime has been committed), and 3) not qualified for payment under any other funds or resources, especially the Maine Victims' Compensation Fund and health insurance.

PAYMENT

STEP 1:

- Confirm that the recipient is eligible using the flow chart and application (attached here).
- Confirm that the need is eligible (on the attached pre-approved list or through approval from MECASA).
- Confirm that there is funding available by visiting mainesten.org/htfund.

STEP 2:

Service providers that meet the requirements above have three options for payment. Eligible Service Providers may access funding in the following ways:

a) Service providers may pay the costs directly for approved purchases and submit for reimbursement from MECASA.

To use this option:

- Make eligible purchase
- Send the following documents to MECASA within two weeks of purchase:
 - 1) The completed application, including one "Need Request Form" for each need requested.
 - 2) If requesting reimbursement, include photos or copies of original receipts. Payment will not be made without proof of purchase.
- MECASA will mail your reimbursement within 2 weeks of receipt of the application.

b) Service providers unable to pay the costs directly can contact any sexual assault support center (1-800-871-7741) or domestic violence resource center (1-888-834-HELP) for payment assistance. In this case, the sexual assault support center or domestic violence resource center would be responsible for completing the screening, application, and payment processing.

To use this option:

- Call a sexual assault or domestic violence program with the recipient you are working with. Tell them you want to apply for the fund and go through the application process with an advocate.

c) Service providers can request MECASA pay for needs directly to vendors. This option is only available for needs that can be paid by check or by credit card remotely. MECASA may take up to 2 weeks to process these applications. If the need must be paid for more quickly, use options 1 or 2.

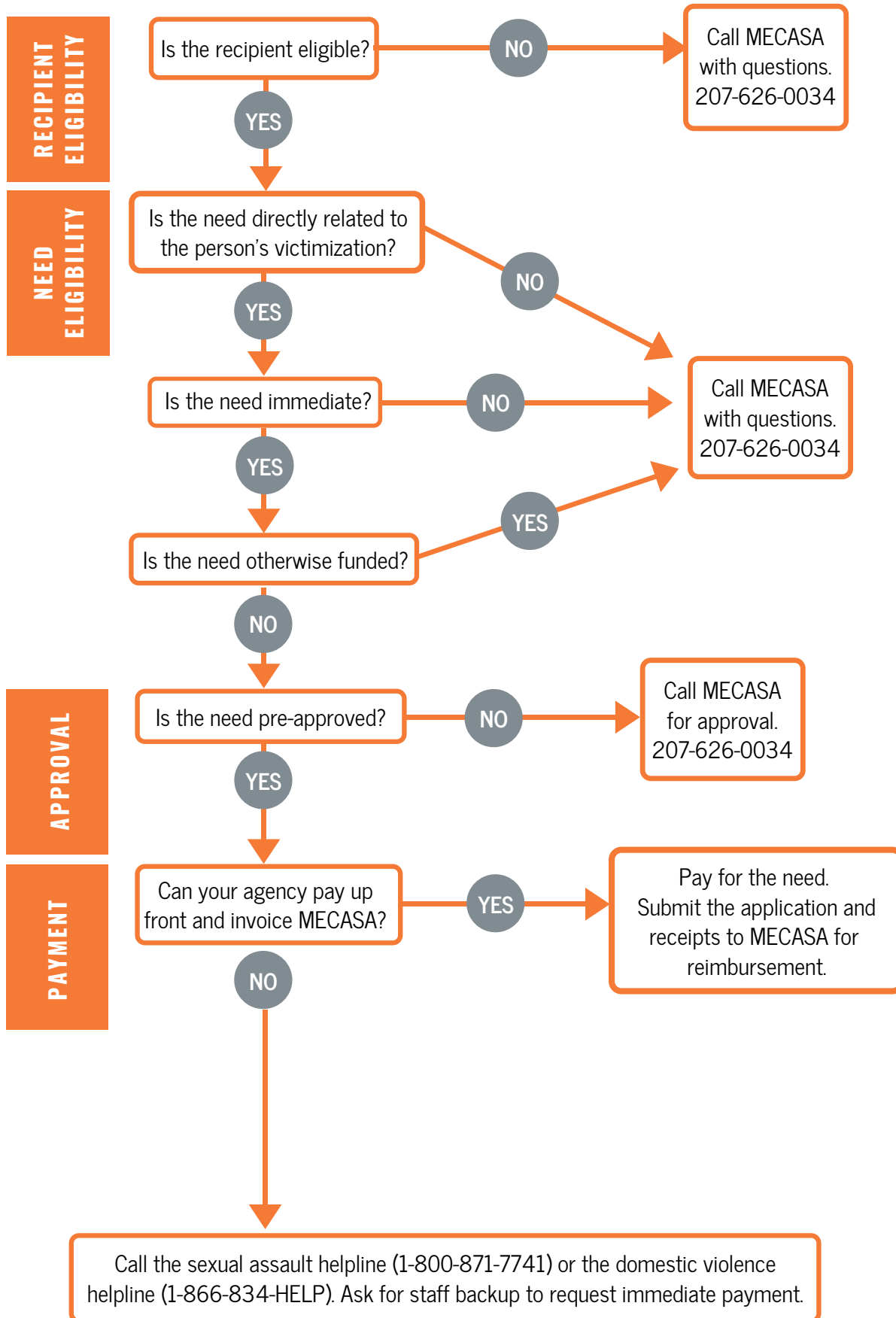
To use this option:

- Send the following documents to MECASA within two weeks of purchase:
 - 1) The completed application, including one "Need Request Form" for each need requested.
 - 2) If requesting MECASA directly pay vendors, include documentation of the need and documentation that verifies the vendor.

Documentation can be sent to htfund@mecasa.org or by mail to:

MECASA
Attn: HT Survivor Fund
45 Memorial Circle, Suite 302
Augusta, ME 04330

MAINE HUMAN TRAFFICKING SURVIVOR FUND PROCESS



PRE-APPROVED NEEDS

Each applicant can only be pre-approved for each need once per year.

MAINE HUMAN TRAFFICKING SURVIVOR FUND

TRANSPORTATION

NEED	PRE-APPROVED LIMIT	NOTES
Bus pass - city/local	Single rides (up to 4) Day pass (up to 4) Month pass (1 max per application)	
Bus pass - statewide	One-way	
Bus pass - out of state	One-way	
Rideshare app	\$50 maximum	Uber gift cards are allowed.
Taxi	\$50 maximum	Public transport preferred. Tipping is not allowed.
Gas	\$50 maximum	
Car repair	\$500 maximum	Must get quotes from 2 auto body shops.
Car fees	Registration and tax One month of insurance payments	Agency must certify and keep proof in their records that the recipient has a valid driver's license and that the car is <ul style="list-style-type: none">- registered to the recipient.- inspected.- insured.
Airfare	One-way (\$300 maximum)	Must demonstrate that the most affordable flight was selected.
Train ticket	Round trip	

SHELTER

NEED	PRE-APPROVED LIMIT	NOTES
Rent	Existing apartment rent - 1 month New apartment - security deposit, first/last month	
Electric bill	\$100 maximum	Account must be in the client's name.
Heat bill	\$100 maximum	Account must be in the client's name.
Hotel	Up to 3 nights Nightly cost cannot exceed federal rates for that city and month.	Must create an ongoing safety plan with individual. Tipping is not allowed. Federal rates found at gsa.gov .

PRE-APPROVED NEEDS

Each applicant can only be pre-approved for each need once per year.

OTHER BASIC NEEDS

NEED	PRE-APPROVED LIMIT	NOTES
Groceries/food	\$100 maximum Food only - no alcohol or cigarettes	Gift cards must be designated for food purchases only. Agency must show proof that a food-only card was purchased. Please submit a photo of the front and back of the card with the receipt.
Hot food	Up to 3 meals/day for up to 3 days Each meal cost cannot exceed federal per diem limit.	Tipping is not allowed. Federal rates found at gsa.gov .
Clothes	\$150 maximum twice a year	Clothes need to be purchased in different seasons. This includes shoes.
Children's clothes	\$150 maximum per child Can be used twice a year.	Clothes need to be purchased in different seasons. This includes shoes.
Outerwear (coat, boots, hat)	\$150 maximum	
Outerwear for children (coat, boots, hat)	\$150 maximum per child	
Cell phone	\$50 maximum for phone hardware plus 1 month phone plan or equivalent minutes	
Furniture	Bed set-up (mattress, box spring, frame) - \$400; Couch/chair - \$400	
Bed for child	Bed Set-Up (Mattress, Box Spring, Frame) - \$400	
Childcare costs	\$1000 maximum for up to 1 month Not to exceed \$30/hour	
Baby supplies	\$300 for items such as a crib, clothes, bottles, and diapers	
Paperwork replacement costs	License fee Passport fee Birth certificate fee Medical and court records	
Housewares (dishes, bedding, kitchenware, towels)	\$300 maximum	

PRE-APPROVED NEEDS

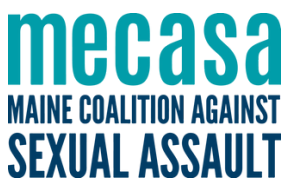
Each applicant can only be pre-approved for each need once per year.

MAINE HUMAN TRAFFICKING SURVIVOR FUND

MEDICAL

NEED	PRE-APPROVED LIMIT	NOTES
Prescription drugs	1 month of prescription drugs covered	This includes birth control.
Prescribed medical equipment	\$250 limit	This includes eyeglasses.
Over the counter medicine	\$50 limit - includes emergency contraception up to \$75	
MAT* for SUD**	1 month of MAT	
Inpatient SUD treatment	\$1000 maximum	
Partial inpatient SUD treatment	\$1000 maximum	
Outpatient SUD treatment	\$1000 maximum for up to 2 months of outpatient appointments	
Inpatient MH*** treatment	\$1000 maximum	
Partial inpatient MH treatment	\$1000 maximum	
Outpatient MH treatment	\$1000 maximum for up to 2 months of outpatient appointments	
Hygiene products	\$30	

*MAT: Medication Assisted Treatment | **SUD: Substance Abuse Disorder | ***MH: Mental Health



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.

MAINE HUMAN TRAFFICKING SURVIVOR FUND APPLICATION

SERVICE PROVIDER APPLICANT INFORMATION

Name of person filling out this form:

Date of Application:

Phone Number:

Agency Name:

Agency Address:

Total cost of the need(s): \$_____

(This is a sum of the cost for all the individual needs.)

Total Amount of Needs Request Forms: _____

(Each need requires a separate Need Request Form)

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

Recipient ID: *

Race/Ethnicity:

Age:

Gender:

County of Residence:

* (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.)

MAINE HUMAN TRAFFICKING SURVIVOR FUND APPLICATION

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).

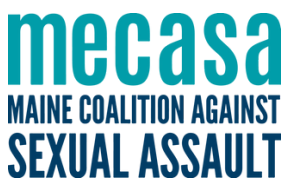
- ___ **Recipient Not Eligible.**

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



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