

# 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](mailto: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 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. 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.

## 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**

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Service providers that meet the requirements outlined in this document may pay the costs directly for approved purchases and invoice MECASA for reimbursement. Circumstances may arise where a need will require pre-payment prior to the recipient's need being fulfilled. In this case, pre-approval must be obtained from MECASA.

Service providers unable to pay the costs directly can call MECASA (207-626-0034) for phone payment or contact any sexual assault support center (1-800-871-7741) or domestic violence resource center (1-888-834-HELP) for payment assistance.

The agency invoicing MECASA is responsible for adhering to the following steps.

### **Before purchasing:**

- 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](http://mainesten.org/htfund).

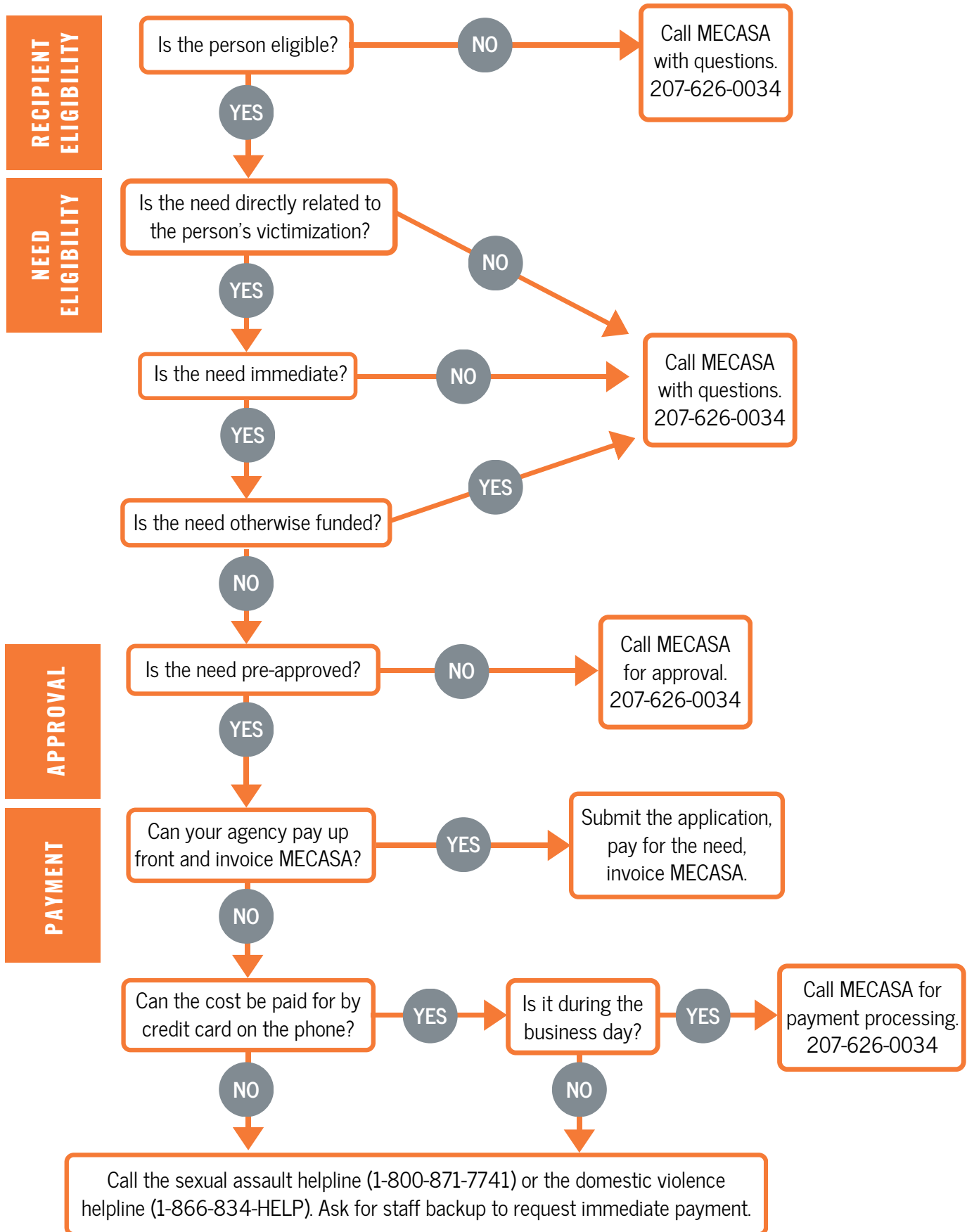
### **Invoicing:**

- Send the following documents to MECASA within two weeks of purchase:
  - the completed application, including the pre-approved needs checklist with the requested needs marked.
  - photos or copies of original receipts. Payment will not be made without proof of purchase.
  
- Documentation can be sent to [htfund@mecasa.org](mailto:htfund@mecasa.org) or by mail to:  
MECASA  
Attn: HT Survivor Fund  
150 Capitol Street, Suite 2  
Augusta, ME 04330

### **Reimbursement:**

MECASA will mail your reimbursement within 2 weeks of receipt of the application.

# MAINE HUMAN TRAFFICKING SURVIVOR FUND PROCESS



# MAINE HUMAN TRAFFICKING SURVIVOR FUND APPLICATION

Name of Service Provider Applicant:

Date of Application:

Phone Number:

Agency:

Agency address:

Make check payable to:

---- Agency listed above.

---- The agency/person listed here:

Mail check to:

---- Agency address listed above.

---- The address listed here:

## 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.**

# MAINE HUMAN TRAFFICKING SURVIVOR FUND APPLICATION

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

- Yes
- No

Is this an immediate need?

- Yes
- No

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/ AVAILABLE	FUNDING SOURCE
<input type="checkbox"/>	Personal resources/insurance
<input type="checkbox"/>	<b>MaineCare</b>
<input type="checkbox"/>	General assistance
<input type="checkbox"/>	<b>Maine Victims' Compensation</b>
<input type="checkbox"/>	<b>TVAP (Trafficking Victims' Assistance Program)</b>
<input type="checkbox"/>	EWAP (Emergency Witness Assistance Program - for federal witnesses)
<input type="checkbox"/>	<b>Other community funds/programs</b>
<input type="checkbox"/>	IF REQUESTING HOTELING: --- Community shelter --- <b>Trafficking safe house</b> --- <b>Domestic violence shelter</b> --- Home of friend/family

Is this need pre-approved? (Checklist of pre-approved items begins on page 7.)

- Yes, all requested needs are on the pre-approved list.
- No, I need to call MECASA staff to approve this need.

Name of person at MECASA who approved need (if applicable):

Date of approval (if applicable):

# MAINE HUMAN TRAFFICKING SURVIVOR FUND APPLICATION

## Can your agency pay up front and invoice for the cost?

- \_\_\_ Yes, our agency will pay for the need and invoice MECASA within 2 weeks of application. Payment will be made within two weeks of invoice.
- \_\_\_ No, our agency cannot cover the costs and invoice MECASA.

## If requesting MECASA payment of item(s), can the cost be paid for by credit card on the phone?

- \_\_\_ Yes, it is during business hours and MECASA paid for this on the phone.
- \_\_\_ Yes, but MECASA is closed.
- \_\_\_ No, it needs to be paid for in person.
- \_\_\_ N/A, my agency already paid for the need.

## Name of person at MECASA who paid for the need (if applicable):

## Date of payment:

## Amount paid: \$

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.

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Signature

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Date

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Printed Name

## PRE-APPROVED NEEDS

Check the box next to the need(s) you're requesting.

## MAINE HUMAN TRAFFICKING SURVIVOR FUND APPLICATION

### TRANSPORTATION

	NEED	PRE-APPROVED LIMIT	NOTES
<input type="checkbox"/>	Bus pass - city/local	Single rides (up to 4) Day pass (up to 4) Month pass (1 max per application)	
<input type="checkbox"/>	Bus pass - statewide	One-way	
<input type="checkbox"/>	Bus pass - out of state	One-way	
<input type="checkbox"/>	Rideshare app	\$50 maximum	Uber gift cards are allowed.
<input type="checkbox"/>	Taxi	\$50 maximum	Public transport preferred.
<input type="checkbox"/>	Gas	\$50 maximum	
<input type="checkbox"/>	Car repair	\$500 maximum	
<input type="checkbox"/>	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: - registered to the recipient. - inspected. - insured.
<input type="checkbox"/>	Airfare	One-way (\$300 maximum)	Must demonstrate that the most affordable flight was selected.

### SHELTER

	NEED	PRE-APPROVED LIMIT	NOTES
<input type="checkbox"/>	Rent	Existing Apartment Rent – 1 month New Apartment – Security Deposit, First/Last Month	
<input type="checkbox"/>	Electric bill	\$100 maximum	
<input type="checkbox"/>	Heat bill	\$100 maximum	
<input type="checkbox"/>	Hotel	Up to 3 nights Nightly cost cannot exceed federal rates for that city and month.	Must create ongoing safety plan with individual. Federal rates found at <a href="https://www.gsa.gov">gsa.gov</a> .

## PRE-APPROVED NEEDS

Check the box next to the need(s) you're requesting.

## MAINE HUMAN TRAFFICKING SURVIVOR FUND APPLICATION

### MEDICAL

	NEED	PRE-APPROVED LIMIT	NOTES
<input type="checkbox"/>	Prescription drugs	1 month of prescription drugs covered	Includes birth control
<input type="checkbox"/>	Prescribed medical equipment	\$250 limit	
<input type="checkbox"/>	Over the counter medicine	\$50 limit; includes emergency contraception up to \$75	
<input type="checkbox"/>	MAT* for SUD**	1 month of MAT	
<input type="checkbox"/>	Inpatient SUD treatment	\$1000 maximum	
<input type="checkbox"/>	Partial inpatient SUD treatment	\$1000 maximum	
<input type="checkbox"/>	Outpatient SUD treatment	\$1000 maximum for up to two months of outpatient appointments	
<input type="checkbox"/>	Inpatient MH*** treatment	\$1000 maximum	
<input type="checkbox"/>	Partial inpatient MH treatment	\$1000 maximum	
<input type="checkbox"/>	Outpatient MH treatment	\$1000 maximum for up to two months of outpatient appointments	

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



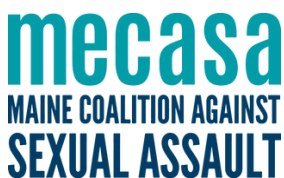
## PRE-APPROVED NEEDS

Check the box next to the need(s) you're requesting.

## MAINE HUMAN TRAFFICKING SURVIVOR FUND APPLICATION

### OTHER BASIC NEEDS

	NEED	PRE-APPROVED LIMIT	NOTES
<input type="checkbox"/>	Groceries/food	\$100 maximum Food only – no alcohol or cigarettes	Gift cards must be designated as usable for food purchases only. Agency must show proof that a food-only card was purchased.
<input type="checkbox"/>	Hot food	Up to 3 meals/day Up to 3 days Each meal cost cannot exceed federal per diem limit.	Federal rates found at gsa.gov.
<input type="checkbox"/>	Clothes	\$150 maximum	
<input type="checkbox"/>	Outerwear (coat, boots, hat)	\$150 maximum	
<input type="checkbox"/>	Cell phone	\$50 maximum for phone hardware plus 1 month phone plan or equivalent minutes	
<input type="checkbox"/>	Furniture	Bed set-up (Mattress, Box Spring, Frame) - \$400 Couch/chair - \$400	
<input type="checkbox"/>	Childcare costs	\$1000 maximum for up to 1 month Not to exceed \$30/hour	
<input type="checkbox"/>	Paperwork replacement costs	License fee Passport fee Birth certificate fee Medical and court records	
<input type="checkbox"/>	Housewares (Dishes, bedding, kitchenware, towels)	\$300 maximum	



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.