**Idaho Coalition Against Sexual & Domestic Violence  
OVW Transitional Housing Funds**

With the goal to transition survivors of domestic and dating violence, sexual assault and stalking into permanent housing, the Idaho Coalition Against Sexual & Domestic Violence will provide funds for short-term housing assistance for eligible survivors, including rental payment, utility payments and security deposits (after completing Agreement & Certification Form), and related expenses. Assistance may be available to individuals who are homeless or in need of transitional housing or other housing assistance as a result of fleeing a situation of domestic or dating violence, sexual assault, and/or stalking, and for whom emergency shelter services or other crisis intervention services are unavailable and insufficient.

**The Idaho Transitional Housing Project directs its resources towards individuals with the highest need, with special consideration for survivors of domestic or dating violence, sexual violence, and/or stalking who are from marginalized and/or historically underserved populations, which may include, survivors with limited English proficiency, survivors who have been resettled as refugees, individuals with a physical or mental disability, or individuals from rural communities with little low-cost housing or employment opportunities.**

Survivor names and other identifying information should not be included in any documents sent to the Idaho Coalition Against Sexual & Domestic Violence. Receipts and other supporting documents should be attached to this request form—please **make sure that the survivor’s name and other identifying information has been redacted prior to sending a copy to the Idaho Coalition**. Submitted receipts should include the Idaho Coalition assigned survivor ID # as the only identifying information. Remember to keep a copy of all original receipt(s).

If approved, reimbursement checks will be made to requesting program or organization, or when necessary and appropriate, payment may be made to the utility service or housing provider. Requesting programs and organizations will be reimbursed on a monthly basis for transitional housing funds expended; no funds will be paid in advance.  
  
**Instructions:**

1. Complete Initial Amount Request Form;
2. Complete Support Services Verification Form;
3. Submit forms via email to Lacey Sinn at [lacey@engagingvoices.org](mailto:lacey@engagingvoices.org), attach the Request Amount Form and Support Services Form for review. Please include “Transitional Housing Request” in subject line.

An email response will be sent confirming that your request has been have received and is being reviewed. A follow up call will be made to the identified program or organization contact for all initial requests. If approved, a confirmation email will be sent to the program or organization. The submitting program or organization must then complete and return an invoice, along with supporting documentation (receipts, etc.) for reimbursement to be completed. *Questions should be directed to Lacey at* [*lacey@engagingvoices.org*](mailto:lacey@engagingvoices.org) *or by phone at 208-384-0419 ext. 314.*

Idaho Coalition Against Sexual & Domestic Violence  
**Request Amount Form** for OVW Transitional Housing Funds

**Name of Program or Organization Requesting Funds:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

**Date of Request:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program eligibility priority has been reviewed and survivor meets eligibility:**  Yes  No

**Survivor is a victim of (choose primary reason survivor is in need of transitional housing assistance).** select from drop-down

**Housing is accessible for persons with disabilities:**  Yes  No

**Number of people to be served by this request:**

Survivor/ Victim: \_\_\_\_\_ Children: \_\_\_\_\_ Other dependents: \_\_\_\_\_

**Survivor/Victim ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (to be completed by the Idaho Coalition upon approval). *(For each survivor/victim, the designated ID # should be used on all other transitional housing forms you submit to the Idaho Coalition).*

**Survivor/victim relationship to offender:** select relationship to offender from drop-down list

**Type of Transitional Housing Service**  
*To verify amount below, submit receipts and/or other supporting documents, receipts, check stubs or payment verification* (make sure survivor/victim name and/or other identifying information is not visible)

$\_\_\_\_\_ Rent subsidy/voucher

$\_\_\_\_\_ Rental unit fees   
*(security deposit, application fees, credit report fees)*

$­­­­­­­­­­­­­­­­\_\_\_\_\_ Utilities (only if rental assistance has been provided as well)

$\_\_\_\_\_ Total amount requested

*Complete the Support Services Verification Form only if rental assistance has been provided.*

**Support Services Verification Form** for OVW Transitional Housing Funds  
Submit with Request Amount Form per survivor

Assigned ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Using non-OVW funds, certify if program provided support services to survivor, children and other dependents. Voluntary support services should be provided during the time the survivor is assessing transitional housing services (up to 24 months) and voluntary follow-up services for up to three months and no more than 12 months, after a survivor has secured permanent housing or otherwise exists the transitional housing program. Services must be made available but are not mandatory for survivors to use. All support and follow-up services must be provided on a **voluntary basis**—a survivor may choose which services to access, if any. All services offered should be survivor-driven, promote social and emotional well-being.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Support Services** | **Support services offered** *(check all that apply)* | **Check if survivor was served or partially served** | **# of children served or partially served** | **# of other dependents served or partially served** |
| Case management |  |  | Enter # | Enter # |
| Child care |  |  | Enter # |  |
| Children’s activities |  |  | Enter # |  |
| Civil legal advocacy/court accompaniment |  |  |  |  |
| Civil legal assistance |  |  |  |  |
| Counseling/support group |  |  | Enter # | Enter # |
| Criminal justice advocacy/court accompaniment |  |  |  |  |
| Crisis intervention |  |  | Enter # | Enter # |
| Education (GED, primary, secondary) |  |  | Enter # |  |
| Employment counseling |  |  |  |  |
| Financial counseling |  |  |  |  |
| Housing advocacy |  |  |  |  |
| Job training |  |  |  |  |
| Leadership development opportunities |  |  | Enter # | Enter # |
| Material assistance *(including clothing, food, and personal items)* |  |  | Enter # | Enter # |
| Translation and interpretation |  |  | Enter # | Enter # |
| Transportation *(direct provision of transportation, including vehicle maintenance)* |  |  | Enter # | Enter # |
| Other survivor/victim advocacy *(actions designed to help the victim/survivor obtain other resources or services including heath care, social services, etc.)* |  |  | Enter # | Enter # |