

Domestic Violence Services

OF BENTON & FRANKLIN COUNTIES

3311 W. Clearwater Avenue, Suite C140 • Kennewick, WA • 99336 • Phone: 509.735.1295 • Fax: 509.736.0649

24-Hour Crisis Line: (509) 582-9841 • Toll Free 800-648-1277

Moving Forward Funds Procedure

The purpose of Moving Forward Program is to help move families towards increased safety, stability self-sufficiency and empowerment. Funds are to be utilized to get survivors of domestic violence into stable housing as quickly as possible, maintain stable housing and help provide the necessary support as they rebuild their lives.

Guidelines:

- Clients must be active with the agency – e.g. you are currently working with them.
- Advocates and/or client must eliminate other timely potential funding sources, i.e., DSHS, CES, Crime Victims Compensation, etc.
- Advocate should help client complete the budget worksheet. This is to serve as a guide to a discussion about their financial situation.
- Requests must be approved by any leadership OR team of two additional advocates.
- Requests for on-going assistance(2 consecutive months or two or more individual forms of assistance) must be approved by any leadership AND team of two additional advocates.

Eligible Items/Activities

Note: *This list is not all inclusive; all requests are determined on a case-by-case basis and there is no guarantee of funding.*

DVHF Survivor Resilience (Barriers to Permanent Housing)

- Rent or Mortgage Assistance ** *Additional forms required for rental or mortgage assistance.*
- Utility Assistance
- Home Security
- Childcare
- Work Clothes and Supplies
- ESL or GED Classes / Job Training
- College books, application or testing fees
- Transportation (i.e.: bus fares, taxi fares, gasoline cards, minor car repairs, new tires)
- Driver's license, other forms of identification and legal document fees

Youth and Family Edification (Barriers to Strong Families and Community Engagement)

- Counseling and Therapy Services
- School Clothes & Supplies, Activity Fees & Equipment, Educational Incentives, Tutoring
- Art, Music or Dance Lessons
- Family Activities (i.e. Movie Passes, Swimming Pool Passes, Camping, etc.)
- Necessary Household Items
- Infant and Toddler Safety & Care Items (i.e.: diapers/wipes, clothing, car seats, cribs, strollers)
- Other types of support deemed necessary by the staff that will help a family raise their level of self-sufficiency and meet program goals.

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Process:

1. Client must be an active client with agency, and must already be entered into InfoNet.*
2. Requests must be approved by any leadership OR team of two additional advocates; or, by any leadership AND team of two additional advocates for on-going assistance(2 consecutive months or two or more individual forms of assistance)
3. Advocate completes Application Narrative and Budget. Work with client to complete the budget worksheet and to make sure that all other means to pay for the purchase have been explored.
4. The ROI should be completed with the agency/business where the purchase is going to be made out to. A contact person and phone number could be helpful, but is not necessary to complete the form.

Note: *Signing ROI is a requirement to receive this service if a check is being provided to someone other than the client. Clients are eligible for other DVS services that do not require a signed ROI. An ROI is not required if the check is made out to the client.*

5. Staff will complete the 'Moving Forward Funds Form' and **bring a copy to:**
 - a) Admin (Janet or Dan) for a check,
 - b) Any leadership for a credit card purchase.

Note: *Staff is responsible for getting receipt back to bookkeeper. Ideally this should be done the same day.*

6. If rental assistance is being provided then the Landlord Agreement must be completed.
7. The original 'Moving Forward Funds Form' is turned into the Support Services Coordinator.

Note: *You **must** provide correct client ID number and your client must be currently entered in InfoNet, as Support Services Coordinator will enter info regarding receiving financial assistance into InfoNet and DVHF google doc.*

8. The ROI should be kept in the client file.

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BUDGET WORKSHEET

Client: _____

Date: _____

MONTHLY INCOME					
Include all persons who assist with expenses in the home. Attach another page if necessary.					
Name(s):	Type of income (work, TANF, child support, etc.)			Amount	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
TOTAL MONTHLY INCOME:				\$	
MONTHLY EXPENSES					
Rent	\$	Child Support	\$	Laundry	\$
Phone	\$	Childcare	\$	Cleaning Supplies	\$
Cell Phone	\$	Diapers	\$	Legal Expenses	\$
Electricity	\$	Food	\$	Credit Cards/Debt	\$
Other Utilities	\$	Formula	\$	Entertainment	\$
Car Payments	\$	Medical	\$	Daily Expenses	\$
Car Insurance	\$	Clothing	\$	Cigarettes/Alcohol	\$
Gas	\$	Personal Hygiene	\$	Other:	\$
TOTAL MONTHLY EXPENSES:					
List other resources tried:					

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Moving Forward Funds Form

Today's Date: _____ Advocate: _____

Client Name _____
First Middle Last Date of Birth

Check Made Out To: _____

In the amount \$ _____

Client Signature

Date

Staff complete: Check # _____ Credit Card - Staff Name: _____

Purchase Location: _____ In the amount \$ _____

Staff Signature

Date

A copy of this form is to be turned into the issuer or bookkeeper.

The original form is to be turned into the Support Services Coordinator.

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LANDLORD FORM

Payment for:

- Rent
- Deposit
- Application Fee

Kids: _____

Unit Size:

- Single Room / Studio (1-2 individuals, \$526)
- One Bedroom (1-2 individuals, \$602)
- Two Bedroom (2-4 individuals, \$770)
- Three Bedroom (4-6 individuals, \$1029)
- Four Bedroom (6-8 individuals \$1327)

Client Name: _____

Rental Location: _____
Address *City/State/Zip*

Rent due date: _____

Requested Amount: \$ _____ **(Not to exceed the Fair Market Rate for the unit size.)**

Payable to: _____

- Please Mail Client will Return Landlord will Pick-up

Landlord contact information:

Name: _____ Phone: _____ Cell: _____

Address: _____
Address *City/State/Zip*

EIN#: - OR SS#: - -

(must have for tax purposes – cannot issue check without #!)

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RELEASE OF INFORMATION

Staff will not disclose information you have given us to anyone outside of our program unless you have signed a release. *Exceptions are:*

- An incident of child abuse or neglect, which we are required by law to report to Child Protective Services.
- Behavior we believe demonstrates that a client is suicidal, self-injuring, abusive in nature, homicidal, or threatening imminent bodily harm to another.
- If mandated by a lawfully obtained court order, pursuant to RCW 70.123.075.

Los Empleados no revelaran la información que usted nos ha dado a nadie fuera de nuestro programa a menos que usted haya firmado un comunicado. Las excepciones son las siguientes:

- *Un incidente de abuso o descuido de niños, que están obligados por ley a informar a Servicios de protección de los niños.*
- *Comportamiento que creemos que demuestre que una cliente se suicida, hiriéndose, de carácter abusivo, homicida, o la amenaza inminente de daño corporal a otra.*
- *Si el mandato por un legalmente obtenido en una orden judicial, de conformidad con RCW 70.123.075*

You do not have to give permission or sign a release of confidential information in order to receive services. It is completely your decision. You can withdraw your permission (in writing or orally) at any time. If you sign a release of information, you do not give up your right to have any of this information protected under other laws or rules.

Usted no tiene que dar permiso o firmar un documento de información confidencial con el fin de recibir los servicios. Es totalmente su decisión. Usted puede retirar su permiso (por escrito o verbalmente) en cualquier momento. Si usted firma un documento de información, no renuncia a su derecho de tener este tipo de información protegida en virtud de otras leyes o normas

Client Name: _____ **Date of Birth (DOB):** _____

Child(ren): 1. _____ DOB: _____

2. _____ DOB: _____ 3. _____ DOB: _____

4. _____ DOB: _____ 5. _____ DOB: _____

6. _____ DOB: _____ 7. _____ DOB: _____

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I hereby authorize Domestic Violence Services of Benton & Franklin Counties (DVS) staff to share the following information with the following agencies/persons.

Yo autorizo a los Servicios de Violencia Doméstica de Benton y Franklin (DVS) personal para compartir la siguiente información con las siguientes agencias y personas.

Please list specific agency/person to be contacted:

1. Person: _____

Agency: _____ Phone: _____

For payment of: _____

I understand:

1. I may revoke this authorization at any time.
2. This authorization expires in ninety (90) days, or as specified here _____ .
3. I do not have to sign this authorization as condition of receiving assistance from DVS.
4. I understand this consent form does not release medical, HIV/AIDS related information, or Alcohol/Drug related information unless I have specifically stated so above.

Yo entiendo:

1. *Puedo revocar esta autorización en cualquier momento.*
2. *Esta autorización expira en noventa (90) días, o se ha especificado aquí _____.*
3. *No tengo que firmar esta autorización como condición de recibir asistencia de DVS.*
4. *Yo entiendo que esta forma de consentimiento no exime a médicos, el VIH / SIDA más información o Alcohol/Drogas información relacionada a menos que específicamente se han declarado de manera más arriba.*

Client Signature / Firma

Date / Fecha

DVS Staff Signature

Date

FOR REVOCATION OF CONSENT ONLY

Release revoked on this date: _____

La liberación revocó en esta fecha

Client Signature / Firma

Revoked Verbally

Signature of Staff: