

**South Carolina Victim Assistance Network**  
**Victim Information Program**  
*Emergency Assistance Guidelines*

Purpose: The Victim Information Program's Emergency Assistance Fund was established to help victims of crime in South Carolina when local resources and funding programs or private insurance are unavailable. The Program shall serve, on an emergency basis, to supplement existing services when no other means of financial assistance is immediately available to crime victims.

***Funding Source and Organizational Structure***

Financial resources for the Fund are provided through a federal Victims of Crime Act (VOCA) grant awarded to the South Carolina Victim Assistance Network by the South Carolina Department of Public Safety. All Victim Service Providers are eligible to make formal requests for funding consideration on behalf of the victims they serve. **These funds are subject to the availability of Federal money.**

The Emergency Victim Assistance Committee (EVAC) will provide guidelines regarding funding criteria, allowable and unallowable expenses, funding application procedures and the case selection and approval process. The guidelines shall be consistent with VOCA regulations and the project goals. EVAC and the Program Manager will be responsible for reviewing applications for assistance and making determinations regarding those applications.

**Applications to be submitted to:**  
**Nicole Goodwin**  
**S C Victim Assistance Network**  
**1900 Broad River Road, Suite #200**  
**Columbia, SC 29210**  
**Phone (803) 750-1200**  
**Fax (803) 750-3003**  
**For after hour EMERGENCIES call:**  
**803-750-1200**

***Funding Criteria***

The following funding criteria has been established by both committees and shall be considered by service providers when initiating a request for funding:

- The victim must be a victim of crime who suffered physical, psychological or financial harm no more than three months prior.
- The crime occurred within the jurisdiction of the state of South Carolina.

- If the victim is under 18 years of age and unemancipated, then a non-offending parent, legal guardian or custodian must cooperate with the Service Provider during the application process.

If the victim is an adult and unable to assist or cooperate with the application process due to physical or mental limitations then a non-offending spouse, parent, sibling, relative or other person may provide information to the Service Provider.

**All** other services and financial resources must be explored before applying to the Emergency Fund, including application to the State Office of Victim Assistance in appropriate cases.

The maximum award to an individual victim per crime incident shall be \$1,000. Any requests over this amount must be reviewed for consideration by the Emergency Victim Assistance Committee. No minimum amount is required for an application to be submitted.

The Committee may consider additional factors not included in this section of the Guidelines.

### ***Who May Submit an Application to the Committee?***

Applications must be prepared by a Service Provider Agency. This includes Law Enforcement Victim Advocates and Court-Based Victim Advocates (i.e. Non-Profits, Domestic Violence Centers, Rape Crisis Centers, Child Abuse Centers, and DUI Service Providers). It is the responsibility of these Advocates to ensure that all procedures are followed and that the Application Form is submitted.

### ***Allowable Expenses/Costs***

Funding applications must comply with VOCA regulations, be consistent with the stated purpose for the Fund, and be considered an emergency need that is a direct result of the crime. Allowable costs shall include, **but are not limited to**, the following:

Food - Emergency food needs (amount determined by number of family members)

Clothes - Emergency clothing needs

Medicine - Emergency medicine that is needed prior to SOVA's funding. No Schedule II drugs allowed.

Lodging - Emergency lodging:

Domestic Violence - 3 days  
Arson - 7 days  
Elder Abuse - case by case

Door locks - Emergency locks for the safety of a victim.

Doors/Windows - Emergency repair/replacement of windows and doors due to a crime

Crime Scene Clean-up - Emergency clean-up as necessitated by a crime. No suicides!

Transportation - Emergency transportation

### ***Funding Application Procedures***

All applications must be submitted by a Service Provider Agency.

The Service Provider Agency will have consulted with the victim or family members prior to submitting an application form in an effort to explore all available resources prior to submitting an Application Form. These resources should include the State Office of Victim Assistance, local emergency funding, personal insurance policies, and other sources.

The Service Provider Agency is responsible for ensuring that all funding criteria are met (see page 2).

Separate Application Forms are required for each individual victim and each claim.

The Service Provider Agency must complete the Application Form and fax or mail it with the incidence or intake report to the South Carolina Victim Assistance Network (see page 1).

### ***Case Selection Policy and Committee Approval Process***

When an Application Form is received: If the request requires \$500 or less, the VIP Program Manager will review the application and will have authority to approve the request if it meets the applicable guidelines. If the request requires an amount in excess of \$500, the Emergency Victim Assistance Committee members will be contacted to review the application and an affirmative vote of a majority of those members is needed to authorize an award. If the advocate initiating an application is a member of the Emergency Fund Committee, he/she is exempt from voting on that application.

Upon approval of an application, an approval code will be assigned. The VIP Program Manager will contact service provider with approval code. At that time, the Service Provider Agency is responsible for arranging for services to be rendered and ensuring

that the bill is sent to SCVAN within (4) four weeks of service. **All bills received after four weeks will not be paid.** The victim cannot receive direct compensation.

**South Carolina Victim Assistance Network**

**1900 Broad River Road, Suite #200**

**Columbia, SC 29210**

**Toll free: 888-852-1900**

**803-750-1200/803-750-3003 fax**

**e-mail: [nicole@scvan.org](mailto:nicole@scvan.org)**

FOR OFFICE USE ONLY:  
Approved \_\_\_\_\_ Denied \_\_\_\_\_  
APPROVAL CODE: \_\_\_\_\_

**Emergency Fund Application**

TODAY'S DATE: \_\_\_\_\_  
TYPE OF NEED: \_\_\_\_\_

DATE OF CRIME: \_\_\_\_\_

CITY/STATE/COUNTY OF CRIME: \_\_\_\_\_

INCIDENT REPORT AVAILABLE: \_\_\_\_\_ YES \_\_\_\_\_ NO  
If "no", give description of crime events (attach additional paper if necessary):

NUMBER OF PRIMARY AND SECONDARY VICTIMS THAT SERVICES WILL ASSIST: \_\_\_\_\_

**APPLICANT'S INFORMATION:**

NAME (First, MI, Last): \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ SEX: \_\_\_\_\_ Male \_\_\_\_\_ Female

AGE: \_\_\_\_\_ RACE (Optional): \_\_\_\_\_ Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_

CITY/STATE/COUNTY OF RESIDENCE: \_\_\_\_\_

**VICTIM ASSISTANCE PROVIDER INFORMATION:**

NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I have reviewed the Emergency Fund Guidelines and Procedures and certify that this application meets the funding criteria and is not supplanting other resources. I certify that a crime was committed against this applicant (and have provided that information in writing.)

Signature of Victim Assistance Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**\*FAX OR MAIL THIS FORM TO SCVAN FOR APPROVAL - (803) 750-3003\***