

Victim Emergency Relief Intake

Referring Agency: _____ Date: _____

Victim's Name: _____ Phone: _____

Victim's Address: _____

Victim's gender _____ Age _____ Ethnicity _____ Primary Language _____

Police Case No.: _____ Type of Case _____

Awareness of Victim's Rights YES _____ NO _____ Disability YES _____ NO _____

Awareness of Public Safety YES _____ NO _____

Type of Assistance Requested:	Requested Amount:	Approved Amount:	Victim's Signature
Housing (rent, deposit, etc)	\$ _____	\$ _____	
Emergency Hotel ()	\$ _____	\$ _____	
Transportation (local/out of State)	\$ _____	\$ _____	
Property Loss Reimbursement ()	\$ _____	\$ _____	
Relocation Expenses ()	\$ _____	\$ _____	
Towing Expenses ()	\$ _____	\$ _____	
Emergency Shelter ()	\$ _____	\$ _____	
Other (explain):	\$ _____	\$ _____	
Total Amount Disbursed	\$ _____	\$ _____	

Narrative: (Please give a brief explanation as to why the funds are needed):

Victim's Signature: _____ Date: _____

Authorized North Miami Police Department Personnel:

NCIC/FCIC Background Check: NO _____ YES _____ Date _____ Findings _____

Staff Signature:

Victim Advocate _____ **Supervisor** _____