**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: ( ) -**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Number Or Affiliation with York:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you learn of SASSL’s Survivor Emergency Fund? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Request (you may wish to explain how your experiences have affected you financially):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Dependants (e.g. children, spouse, parents):\_\_\_\_\_\_\_**

**Amount Requested: $\_\_\_\_\_\_\_\_\_**

**Breakdown of use:**

|  |  |  |  |
| --- | --- | --- | --- |
| **🞎 Housing/shelter expenses** | **$\_\_\_\_\_\_\_** | **🞎 Food, groceries** | **$\_\_\_\_\_\_\_\_\_** |
| **🞎 Medical expenses** | **$\_\_\_\_\_\_** | **🞎 Tuition/education expenses** | **$\_\_\_\_\_\_\_\_\_** |
| **🞎 Transportation expenses** | **$\_\_\_\_\_\_\_** | **🞎 Legal expenses** | **$\_\_\_\_\_\_\_\_\_** |
| **🞎 Childcare** | **$\_\_\_\_\_\_\_** | **🞎 Counselling expenses** | **$\_\_\_\_\_\_\_\_\_** |
| **🞎 Other (please specify) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_** |

**Have you accessed any other services or resources? If so, please outline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would you be interested in learning about other resources that pertain to your situation?**

**🞎 Yes 🞎 No**

**To determine any additional funding opportunities, do you feel comfortable with SASSL sharing your information with other supportive organizations? Please see page 3 for release to OSCR.**

**🞎 Yes 🞎 No**

**Applicant’s Signature: Staff Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you very much for sharing this information with us, please note that everything disclosed will be kept confidential. We will contact you with a response to your request.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE USE:**

**APPROVED FOR: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHEQUE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REASON FOR APPROVAL:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COORDINATOR SIGNATURES:**

**1.**

**2.**

**3.**

**REFERRAL TO OFFICE OF STUDENT COMMUNITY RELATIONS:**

***OPTIONAL***

**(YORK UNIVERSITY STUDENTS ONLY)**

Office of Student Community Relations (OSCR)

W128 Bennett Centre for Student Services

Telephone: (416) 736-5231

Fax: (416)736-5565

Email: oscr@yorku.ca

SASSL partners with the Office of Student Community Relations (OSCR) to offer survivors additional services. At your request, SASSL can send this form with your information to OSCR to seek additional academic, and financial supports. OSCR will require your name, student number and a brief synopsis of your situation. This information will be kept confidential. It will only be released to Debbie Hansen and Joanie Cameron Pritchett, and will not be relayed to any other community agency or partner. Upon release of your information you will be contacted by Debbie Hansen and/or Joanie Cameron Pritchett, and work with OSCR for these additional supports. SASSL will not communicate with OSCR regarding the status of supports you are seeking, or other information once this form has been released. We will only do so upon your request, with signed consent. You may still seek peer support from SASSL during this time.

**SASSL WILL NOT RELEASE ANY OF YOUR INFORMATION TO OSCR, YORK UNIVERSITY OR ANY OTHER SERVICE WITHOUT YOUR CONSENT.**

*If you would like SASSL to send this form with your information to OSCR on your behalf, please sign the release below.*

\*\*\*

I consent to the release of this form and the information it contains to be sent to Debbie Hansen and Joanie Cameron Pritchett at the Office of Student Community Relations (OSCR). I understand that upon my consent to release, the contents of this form will be kept confidential to SASSL and Debbie Hansen and Joanie Cameron Pritchett. I understand that I will be contacted by Debbie Hansen and/or Joanie Cameron Pritchett and work alongside OSCR to receive additional supports and services. I consent to SASSL sending this form on my behalf. I understand that SASSL is not connected, liable, or responsible by actions taken by OSCR and its members.

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

Applicant Name (PRINT) Date

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

Applicant Signature