



DEPARTMENT OF PUBLIC SAFETY
OFFICE OF JUSTICE PROGRAMS
EMERGENCY FUND
Crime Victim Application Form



The request must be made as a direct result of a crime. The statement of need should be specific and itemized.

Emergency Fund Grantee Agency: Cornerstone Advocacy Services Fax: (612-722-2146)

Referral Agency: _____

Advocate Name: _____ Advocate Phone/Email: _____

Date of Application (M/D/YYYY): _____ Date of Offense (M/D/YYYY): _____

Victim information:

Name/ID number: _____ Address: _____

Phone number: _____ Birthdate: _____

Amount of Request \$ _____ Check here if the request was made over the phone.

Please complete:

Type of crime _____

Was the crime reported to law enforcement? Yes No Report verified? Yes No

Would Reparations cover this expense? Yes No Police report #:

If unsure, or yes, please call Reparations at 651-201-7300 or toll free at 1-888-622-8799

Explain what the money will be used for (please itemize and be specific). Attach invoices, estimates, supporting documentation. Cornerstone General Crime Program staff may contact you to request additional information prior to approval.

In general, payment is made directly to the supplier of services on the victim's behalf, not directly to the victim.

Vendor's Name: _____

Vendor's Address: _____

This statement is true and correct to the best of my knowledge.

Signature of Victim or Advocate: _____

Note: Applicant must agree to reimburse the fund if they receive any reimbursement from another source. Staff should verify whether other forms of financial assistance might be available. Staff may verify facts stated on the application form.

Cornerstone Use Only:

Cornerstone General Crime Staff Approval Signature: _____

Receipts attached if costs exceed \$100