Survivors of Violence Foundation Treatment Application

All applications are reviewed on a case-by-case basis to support the Foundation's mission of providing reduced cost or no cost treatments and care for individuals in need.

Checklist for submitting an application:

- ☐ Ensure all sections of the application are completed.
- ☐ A copy of your previous year tax return for all in household.
- ☐ Your signature/date is required on the last page.
- ☐ Enclose a copy of government issued ID (Driver's License, State ID, Military ID, etc).

Mail the completed application and documentation to:

Survivors of Violence Foundation 501c3 Organization
9002 North Meridian Street, Suite 205
Indianapolis, IN 46260

Consideration is only given to individuals who complete this application. Online forms requesting treatment will not be considered. Submitting this application does not guarantee treatment.

You will be notified by phone and email if the Foundation is able to fund or provide partial funding for your treatment.

Survivors of Violence
FOUNDATION

Survivors of Violence Foundation Treatment Application

APPLICANT INFORMATION

Applicant Name: _____ **SSN: (Last 4 digits only)** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Date of Birth:**_____/_____/_____ **Gender:** ❑ **Male** ❑ **Female**

Number of people in household (include self):_____ **Total monthly income:**_____

****Include the most current copies of income documentation for you and all dependent persons.**
Acceptable documents include: tax returns, pay stubs, or benefits award letters.

HEALTHCARE PROVIDER INFORMATION

Physician Name:			
Address:	**City:**	**State:**	**Zip:**
Office Contact:		**Phone:**	**Fax:**

TREATMENT YOU ARE SEEKING

☐ Scar Improvement (please describe) _____

☐ Non-Healing Wound Care (please describe) _____

☐ Other (please explain) _____

BACKGROUND

List any previous treatment you have received for the condition you are seeking financial assistance through the foundation.

_____

_____

_____

Please list the circumstances that have caused you to apply for treatment through the foundation.

Be as detailed as possible; use an additional sheet of paper if necessary, or write on the back of this application. A committee reviews your application and the more information you can provide for better understanding of your need, will assist in making a determination for your treatment.

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PLEASE ANSWER THE FOLLOWING QUESTIONS

1) Have you ever been in a physically abusive relationship? YES NO

2) Are you currently in a physically abusive relationship? YES NO

3) Are you currently working with a shelter, social worker, or therapist? YES NO

Provide the name and contact information for your shelter, social worker, or therapist:

_____

_____

_____

4) Have you ever been affiliated with a gang? YES NO

The foundation will not accept individuals currently affiliated with a gang and will require a sworn affidavit of non-affiliation.

5) Are you currently on probation? YES NO

If yes, please provide the name and contact information of your probation officer:

_____

_____

_____

AGREEMENT

By signing this form, I represent to the Survivors of Violence Foundation, the information provided is current, complete, and accurate to the best of my knowledge.

Additionally, I agree that if I am approved for treatment through the foundation, my information (photos, video, and story) will be listed publically on the Survivors of Violence website, in publications, on television, and on social media. By signing below, I agree to those terms and the use of my information.

Signature _____ Date_____

Printed Name _____