

**Keweenaw Bay Indian Community (KBIC)
Office of Violence against Women (OVW)
Program for Housing Assistance and Safety Emergencies (PHASE) Application**

Please note: If you need any assistance with interpreting or completing this application please do not hesitate to tell the person who gave you the form. Staff can read the form to you and you have the option of verbally dictating your answers.

Miigwech for your interest in applying for the KBIC OVW Program for Housing Assistance and Safety Emergencies (PHASE). The mission of the KBIC OVW PHASE is to assist survivors of domestic or dating violence, sexual assault or stalking in gaining economic stability and independence, increasing safety, and achieving their personal goals. KBIC OVW strives to meet this mission by providing support to obtain and maintain safe and affordable housing and other emergency needs.

PHASE can provide:

- Financial assistance for rent, security deposits, utilities, new household items.
- Assistance with fixing a primary vehicle.
- Assistance with home safety needs such as locks or an emergency phone.
- Assistance with securing identification and/or court/service fees.
- Food and/or clothing (for Niimigimiwang Transition House).

The PHASE application is used to determine whether you are eligible for PHASE and whether this program can offer you the support and assistance you require.

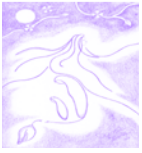
Please read the KBIC OVW PHASE Policies and Procedures that are attached to this application. The Policies and Procedures define eligibility, elaborate on what PHASE can and cannot fund, explain confidentiality, and provides the accounting process of the program.

To expedite the approval process, please complete this application with an advocate and return it to KBIC OVW Team Lead or designee. Once the application is received, it will be reviewed by the Team Lead or designee. You will be contacted if additional information is needed. Once the application is complete, it will be reviewed and you will be contacted with a decision within the next 3 business days. If you are eligible, the Team Lead or an Advocate will set up a time to meet and discuss the next steps in the process.

Thank you for your interest in PHASE. We look forward to hearing from you soon!

KBIC OVW Contact Information:

Keweenaw Bay Indian Community
Office of Violence against Women
16429 Beartown Road
Baraga, MI 49908
Ph: (906) 353-4598
(906) 353-4599 (24 Hour Crisis Line)
Fax: (906) 353-HELP (4357)



KBIC OVW ~ Niimigimiwang

Program for Housing Assistance & Safety Emergencies (PHASE) Application

(Please note: OVW PHASE assistance can only be used for survivors of domestic or dating violence, sexual assault, or stalking and their dependents.)

Sex: Female Male Today's Date: _____

Name: _____ Birth Date: _____

Are you at least 18 years of age or a legally emancipated minor? Yes No

Tribal Affiliation: _____ Tribal ID #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

If we contact you by phone, is it safe to leave a message? Yes No

If no, when would be the best day and time to call? _____

Preferred method of contact
(for application status update): _____

Are you currently staying in a safe place? Yes No

If No, would you like assistance accessing emergency shelter? Yes No

Eligibility for OVW Services

Are you currently dealing with or need services as a result of one of the following issues?

- Domestic Violence Dating Violence Sexual Assault/Abuse Stalking

Please Explain: _____

How has the above situation directly resulted in your current request for PHASE services?

Support & Services

Please describe the type of assistance you are applying for:

If applying for assistance to secure housing, please list all other people who would reside with you in housing. If children will be residing with you, please note who has custody of the children. Also indicate if each person listed below is a tribal member or descendent of a tribe, and which tribe.

Name	Sex (M or F)	Age	Custody (if a child)	Relationship to you	Tribal Affiliation

Other

Please include any other information you feel would be helpful to us when considering your application:

By signing below, I am stating that the information provided by me to the KBIC OVW Program for Housing Assistance & Safety Emergencies (PHASE) is true to the best of my knowledge. I have also been given and understand the KBIC OVW PHASE Confidentiality Policy that protects my information.

Signature of Applicant

Date:

Please note that this is a PHASE application and does not constitute acceptance. If you are eligible, a follow-up meeting will be scheduled and additional information may be requested. Miigwech!

Office Use Only

Was applicant accepted? Yes No

If no, state reason for denial: _____

Date of acceptance or denial: ____/____/____

Date applicant was notified: _____

Referrals or other assistance given? _____

Notes:

Please list the amounts approved

Security Deposit	\$	Primary Vehicle Emergency Repair or Purchase Assistance	\$
Up Front Rent	\$	Security Needs: Lock replacement, emergency cell phone	\$
Utility Deposit:_____	\$	Identification Replacement or court/PPO service fees	\$
Utility Deposit:_____	\$	Food	\$
Household Items:_____	\$	Clothing	\$
Other:_____	\$	TOTAL	\$

Reviewed and approved or denied by:

KBIC OVW Administrative Staff (signature & print name)

Date

Date Release of Information Signed	Vendor	Service	Check #	Date Sent	Staff Initials

