



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