
How to Access CCASA's Emergency Medical Exam Fund

CCASA has received grant funding from STOP VAWA to administer an Emergency Medical Exam Fund "EME" for Colorado sexual assault victims. The goal of the program is to provide emergency funds for sexual assault victims who are not reporting to law enforcement or if the local law enforcement agency has no other means to pay the cost of the examination. Procedures for accessing the Fund are as follows:

1. All requests must come from a professional and/or advocate in the field or the victim themselves. Professionals are non-profit employees who work with sexual assault victims, community-based advocates, district attorney victim-witness coordinators, probation victim advocates, law enforcement. The victim themselves may contact CCASA.
2. All traditional resources for funding (Victims Compensation, Denver Victim Service Center, Interfaith Task Force for Community Service, Inc.) should be exhausted before the time of the Emergency Medical Exam Fund request.
3. The request for funds should be for the cost of the forensic medical exam..
4. No amount over \$500 will be released without approval from either the Executive Director or the Associate Director of CCASA and least one member of the Executive Committee of the CCASA Board of Directors.
5. Funds should be paid, whenever possible, to the vendor or service provider, not directly to the victim.
6. Documentation (invoices, receipts, etc.) must be provided to CCASA for the funded services or products.

For further information or to request funds, contact Tamika D Payne at 303-861-7033 or 1-877-37-CCASA

**COLORADO COALITION AGAINST SEXUAL ASSAULT
EMERGENCY MEDICAL EXAM APPLICATION**

Please Complete and Fax to CCASA 303-832-7067, Attn: Emergency Medical Exam Request

Date of Application: _____ Received by: _____

Referring Agency: _____

Agency Contact: _____

Agency Contact Telephone Number: _____ Fax: _____

Amount of time referring agency has worked with the victim or the victim's family _____

Victim's name: _____ (last name only necessary if required to make payment)

Type of victimization: _____

County where victimization occurred: _____

Date of incident: _____ Ongoing: YES NO Reported to Law Enforcement: YES NO

Has victim applied for Victim Compensation? YES NO Status: _____

Has victim received information concerning their constitutional rights? YES NO

Has the victim received funds from CCASA before: YES NO If yes, when _____?

Amount requested (exact): \$ _____ Approved by: _____ Amount Approved: _____

Describe specifically what the funds will be used for:

Why does the victim need emergency financial assistance from CCASA at this time?

List sources, if any, already contacted for emergency assistance funds:

Has victim received emergency assistance funds from other sources? YES NO

If yes, list date(s) and from what organization(s)?

FOR OFFICE USE ONLY:

Date of Check	Check Number	Check Amount	Payable to: