

Defend Dignity Survivor Support Fund – Application

This document is private and confidential

ABOUT DEFEND DIGNITY:

Defend Dignity (dD) works to end all sexual exploitation in Canada. dD is a justice initiative of The Christian and Missionary Alliance.

Commercial sexual exploitation includes: pornography, strip clubs, escorts, massage parlors and prostitution. All involve the selling of sexual services which undermine the dignity of women, men and children and are detrimental to a healthy society.

Defend Dignity works to end all sexual exploitation through:

- Raising awareness on the realities of all forms of sexual exploitation through events and resources.
- Advocacy for law and policy reform
- Aiding individuals, non-profits and faith organizations to come alongside victims and at risk youth, through resources and training.

APPLICATION:

PLEASE NOTE: This application must be submitted along with: (1) a letter from the survivor applying for funding, (2) a referral letter from the pastor or staff member from the referring church or non-profit agency, respectively.

The letter from the survivor applying for funding can be 1-2 pages long. The applicant is welcome to have assistance in composing their letter if needed. It should explain the following:

- A brief history of the applicant's story (no details required)
- Why the applicant is in need of funds, and what he or she is needing funds for specifically
- An explanation of how the fund will enable the applicant in his/her journey towards healing from sexual exploitation
- Why the applicant believes they are an appropriate candidate to receive this fund
- An explanation of the accountability the individual will hold themselves to should they receive the fund
- Anything else the individual feels is pertinent to their application for funding

The referral letter from the church or non-profit agency can be 1-2 pages long and should explain the following:

- How the person making the referral knows the person in need
- A brief understanding of how the individual in need has experienced sexual exploitation
- Why the person making the referral believes the applicant is an appropriate candidate to receive this fund
- How the fund is intended to be used and by when
- Any additional information you find relevant to this individual's application for funding

PLEASE ENSURE you have all of the following included in your application:

- ✓ Referral letter from the referring church/non-profit agency (see above)
- ✓ Letter from the survivor (see above)
- ✓ Completed Funding Application form (pages 3-4 of this document)
- ✓ Completed Waiver Form (page 5 of this document)

* Please note, the Follow-Up Questionnaire (page 6) must be sent within 30 days of receipt of the funds *

Please email all completed applications to Glendyne Gerrard, Director of Defend Dignity at: glendyne.gerrard@cmacan.org

DEFEND DIGNITY SURVIVOR SUPPORT FUND APPLICATION FORM

To be filled out by the church/non-profit agency making the referral:

Name of person in need: _____

Name of church/agency making the referral: _____

Contact person from the church/agency: _____

Number: _____ Email: _____

Mailing address: _____

How did you hear about the Defend Dignity Survivor Support Fund?

Where does the person in need currently reside? _____

Is this person an official Canadian citizen? Please circle. Yes No

If this person is not a Canadian citizen or has immigrated to Canada, what is their status in the country (e.g. on a visitor visa, work/study permit, refugee status, permanent resident, immigrate, etc.)?

Is the person in need of Aboriginal descent? _____

If yes, does he/she have official Treaty status? _____

What is the person in need's date of birth? _____

What is his/her gender? Please circle. Male Female Other

In what way(s) has he/she experienced sexual exploitation of any kind? Please circle all that apply.

Prostitution Sex trafficking Strip club involvement Massage parlor involvement
Survival sex (trading a sexual favor for ride, money, drugs, etc.) Escorting Pornography
(including porn used as a recruitment tool)

Other (please briefly describe): _____

If this individual has been trafficked for the purpose of sexual exploitation, was he/she domestically or internationally trafficked? Or both?

Is this person on social assistance from the provincial government (i.e. Ontario Works, Alberta Works, etc.)?

Please use as little or as much space as needed to answer the following questions. You may attach a separate page if needed.

For what purpose is the person you are referring in need of access to this fund? (e.g. tuition fees, fines, grocery gift card, rent assistance, clothing, etc.)

...

Please describe why you feel the person you are referring would benefit from accessing this fund at this time and by when they need to access the fund?

...

Please describe the relationship you have with the person you are making the referral for, including length of relationship and examples of how you have supported this individual in his/her journey.

...

Please describe what other attempts the person you are referring has made to find funding for this specific need. i.e. Funding from other agencies, welfare, local churches, etc.

...

Please describe how the person you are referring plans to use the fund and how they plan to stay accountable to its intended use.

...

Please include any additional information you feel may be relevant to this application for funding.

...

WAIVER FORM:

I, _____ (staff person), on behalf of _____ (non-profit/charity/ church), agree that if we are awarded the requested funds, that within 30 days of dispersal of the funds to _____ (survivor), our organization will submit to Defend Dignity:

- a) a completed Follow-Up Questionnaire
- b) copies of the receipt(s) for purchase(s) made with the funds.

Signature

Witness

Name

Name

FOLLOW-UP QUESTIONNAIRE:

Name of person who received the fund:

Name of church/agency who made the referral:

Contact person from the church/agency: _____

Number: _____ Email: _____

Mailing address: _____

Please answer the following questions to the best of your ability.

1) Were the funds used by the survivor for their intended purpose? Please circle:

YES NO PARTLY

2) In what ways did the fund contribute to supporting or enhancing the personal goals of the survivor you referred?

_____ ...

3) If you feel that the fund did not contribute to supporting or enhancing the personal goals of the survivor, what would have made it more useful for them?

_____ ...

4) Would you make an application to the dD Survivor Support Fund again in the future, should the need arise?

_____ ...

5) What would make your experience in applying for this funding more easy and accessible?

_____ ...

6) Do you have any other suggestions for dD as we continue to develop and improve the dD Survivor Support Fund?

_____ ...

Signature: _____

Name: _____