



Victim's Assistance Fund Request

All requests made to **The Wayne's Walk Foundation Victim's Assistance Fund** must be approved by the Board of Directors of **The Wayne's Walk Foundation, Inc.** and are subject to further inquiry, if necessary. All information received will be kept strictly confidential. Funds may be distributed directly to a billing company or to the victim(s). This and all other decisions regarding this disbursement of funds will be made entirely by our Board of Directors.

Date: _____

Contact Data

Applicant Name(s):	
Address:	
City, State & Zip:	
Home Phone #:	
Work Phone #:	
Cell Phone #:	
E-Mail Address :	

Crash Data

Victim of crash, Age, & Relationship:	
Date of crash:	
Location of crash (City or Town & County):	
Please briefly describe the details of the crash:	



Criminal Case Data

County & Courthouse:	
Defendant's Name:	
Criminal Charges:	
Is case ongoing?	
Has defendant been sentenced?	
Date of Sentence (if applicable):	
Sentencing Outcome (if applicable):	

Resources Data

Describe your current household situation (number of people, ages, own home or rent, etc.):	
Describe your current sources of income (full or part time employment, other sources, etc.):	
Describe any loss of income directly related to this crash:	
Describe any other expenses, directly or indirectly related to this crash:	



<p>Have you filed a civil lawsuit for this crash? If no lawsuit has been filed, do you plan to file a lawsuit in the future? (Please indicate settlement amount if you have received a settlement.)</p>	
<p>Have you filed for Crime Victim Compensation through the Connecticut Office of Victim Services? In no, do you plan to submit an application? (Please indicate compensation amount if you have received funds from the OVS.)</p>	
<p>Have you contacted your own auto insurance carrier to see whether you have medical payments coverage? (Please indicate amount received from auto insurance for medical bills if a claim has already been processed.)</p>	
<p>Have you contacted your own auto insurance carrier about uninsured or underinsured motorist coverage you may have? (Please indicate amount received from auto insurance if a claim has already been processed.)</p>	

Have you ever been arrested or convicted of a drunk driving offense? _____

If your Victim's Assistance Fund Request is granted, are you willing to share your story at a Wayne's Walk Foundation event either in person or by a letter to be read at the event? _____



Use the following checklist for anticipated financial necessities and expenses.

Burial Expenses		Utility Bill Expenses		Mortgage/Rent Expenses	
Medical Expenses (hospital, drugs, etc.)		Groceries/Clothing/Etc. Expenses		Property Damage Expenses	
Therapy Expenses (physical, emotional, etc.)		Child Care Expenses		Other Expenses (car, cell phone, etc.)	

Please provide details about the checked expenses in the space provided below.

AMOUNT REQUESTED FROM VICTIM'S ASSISTANCE FUND: _____

Please tell us how assistance from the Wayne's Walk Foundation will help you and/or your family. (Please attach a letter to this application if preferred)



The Wayne's Walk Foundation, Inc. would like to provide financial assistance to every victim who requests assistance from our organization; however, due to the numerous requests that we receive this is not possible. Any assistance that you receive is only meant to be a "bandage", to temporarily support you through this very difficult time.

Our Board of Directors will review all requests on a quarterly basis throughout the calendar year. Recipients will be notified via mail or e-mail of the board's decision. All information received will be kept strictly confidential. Your personal information will not be shared without your written permission. Although funds are not required to be paid back, we hope that you will support our efforts by spreading the word about our organization and events.

Disclaimer

The Wayne's Walk Foundation, Inc. does not exclude, deny assistance to, or otherwise discriminate against any person on the ground of age, race, color, creed, religion, sex, sexual orientation, national origin, disability or other protected class or characteristic established under applicable federal, state, or local statute or ordinance.

Acknowledgement

By signing below, I attest that the information contained in this Victim Assistance Fund Request is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or incompleteness will exclude me from receiving financial assistance.

_____ **Applicant Signature** _____ **Date** _____

For office use only: Date received: _____ Date reviewed: _____ Assistance approved: _____ Date, amount, and type of assistance provided: _____ _____
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This application was reprinted and revised with permission from **The Alliance Against Intoxicated Motorists (AAIM), Schaumburg, Illinois** www.aaim1.org