**CUPE 3903 Claims for Sexual Assault Survivors Fund**

**DEADLINES: January 31, May 31, September 30**

**Contact Information:**

|  |  |
| --- | --- |
| Name: | Phone: |
| Email: | Date: |
| Address: | Dates of last contract: |
| Employee #: | Unit: |

Is this a first time application?

Yes

No (Please specify total amount received**\***)\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment type (circle): E-Transfer (via Plooto) | Cheque pick up | Cheque via mail

Please complete total amounts for each item listed below. Receipts must be submitted for all claims. **\*\***

|  |  |  |
| --- | --- | --- |
|  | **Description** | **Amount** |
| Legal Fees |  |  |
| Counseling/Health support |  |  |
| Lost Wages |  |  |
| Other (Please Specify) |  |  |
|  |  |  |
|  |  |  |
|  | TOTAL |  |

***IMPORTANT:* Please attach a statement with an explanation of the need for which funding is being requested. If you have any documentation to support this claim, such as an advertised price or a note from a health practitioner, please include copies of these as well. If you have received funding previously through Ways and Means please include this information in your statement.**

**Claim Information**

This is a fund of **$10,000** administered throughout the year.

The Sexual Assault Survivor Fund Committee understands that sexual assault can impact many areas of your life. The fund supports survivors offset costs such as counseling, legal support and lost wages. The Committee will do its best to review each claim within two weeks of its submission and recognizes that some claims may be time sensitive. Members can draw on this fund to an **annual maximum of $2,000 and a lifetime maximum of $5,000**. The Committee recognizes that legal support can be very expensive and will consider adjusting the yearly maximum based on need.

The Sexual Assault Survivor Fund is administered three times per year except in ***emergency situations*** where members can apply to the committee on an on going basis. If you are applying on an emergency basis, make sure that you email the Committee at [sasfund.cupe3903@gmail.com](mailto:sasfund.cupe3903@gmail.com) to let them know you have dropped off an emergency application for their consideration.

**EXPECTED RESPONSE TIME:**

The committee will do its best to review each claim within two weeks of its submission, and recognizes that some claims may be time sensitive. Please bear with us as we learn how to make this process work, and be assured that we will do our absolute best to resolve claims in as rapid a manner as possible.

|  |
| --- |
| I certify that all information presented herein is accurate to the best of my knowledge.  Signature: |
| Date: |

All information given on this form is strictly confidential. You will be notified of the committee’s decision by email or telephone. Applications are to be submitted in a sealed envelope marked “**personal and confidential**” and should be addressed to:

CUPE 3903 TFAC  
143 Atkinson College Building  
York University  
4700 Keele St.  
Toronto, Ontario  
M3J 1P3