

Sexual Assault Kit Initiative (SAKI) Therapeutic Treatment Application

Funded by the Bureau of Justice Assistance
U.S Department of Justice

DO NOT WRITE IN THIS SPACE

File # _____

Victim/Secondary Victim Needing Treatment

Name (First/Middle/Last):	Last 4 of SSN:	Birth Date:	Address:
Phone Number(s):	Sex (M/F):	Race(s):	Email Address:

Applicant Information (If different)

Name (First/Middle/Last):	Last 4 of SSN:	Birth Date:	Address:
Phone Number(s):	Sex (M/F):	Race(s):	Email Address:

Insurance Information

Does the Victim/Applicant have Health Insurance or Medicaid? (Y/N):	Name of Insurance Provider:	Policy Number:
If the victim/applicant has Health Insurance or Medicaid, but would like the requirement to use Health Insurance or Medicaid waived, please provide a detailed explanation supporting the waiver request:		

PLEASE REQUEST ASSISTANCE FROM YOUR VICTIM ADVOCATE BEFORE COMPLETING THE SHADED PORTIONS OF THE SAKI THERAPEUTIC TREATMENT FUND APPLICATION!

Crime Information

Date of Crime:	Local LE Agency:	Local LE Case Number:	County Where Crime Occurred:
Crime Type:	Date of Notification:	SAKI Case? (Y/N):	

Referred By

Individual's Name:	Agency:	Contact Information:
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Crime Victim Reparations Program (CVR)

Claim Number:	Status of Claim:
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IMPORTANT – PLEASE READ CAREFULLY

I hereby authorize the release of any information deemed necessary by the Utah Office for Victims of Crime for a determination of the eligibility of this claim for benefits including information or documents that are classified as private or controlled under the Government Records Access and Management Act. Such information will be used to evaluate the eligibility of your application and your eligibility for the Sexual Assault Kit Initiative Therapeutic Treatment Fund may be provided to law enforcement agencies, prosecuting agencies, and mental health providers.

Victim or Applicant Signature _____

Date _____

APPLICATIONS SUBMITTED FOR CHILD VICTIMS UNDER THE AGE OF EIGHTEEN MUST BE COMPLETED AND SIGNED BY THE CHILD'S PARENT OR LEGAL GUARDIAN.

**For Americans with Disabilities Act Accommodations,
please contact the Utah Office of Victims of Crime at (801) 238-2360 allowing three working days notice.**

For additional therapy resources, please contact your Victim Advocate.