

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*)_____

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 \$1000 and a lifetime maximum of \$3,000**. 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 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.

APPEALS:

If you would like to appeal the decision of the committee, please complete another claim form and indicate any additional information that you feel was not adequately taken into consideration. Print APPEAL at the top of this form.

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
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