



Independent Living Assistance Program



MISSISSIPPIANS AGAINST
HUMAN TRAFFICKING



Dear Sponsor Agency,

In addition to assisting victims of human trafficking, MSAHT also supports the agencies and organizations that assist them. MSAHT’s Independent Living Assistance Program provides financial support to prevent high risk youth and survivors from being put in situations where they may be trafficked. In addition to your agency funds, these funds can be used to ensure safety in times of emergency.

Our program is designed for people who are at high risk of being trafficked, including:

- *A history of human trafficking.*
- *History of domestic violence or sexual abuse*
- *Youth 18-24 with a history of child welfare or juvenile justice system.*
- *Homeless or facing homelessness.*

Depending on the type of funds requested, participants can apply twice a year for assistance for up to three months each time. In addition to rental assistance, funds can be used for short term housing solutions, rental deposit assistance, utility deposits, past due utilities, food and hygiene items, medical and dental emergencies, car maintenance and repairs, and other unforeseen emergencies.

Types of Assistance:						
Duration	Housing Assistance	Utilities	Groceries/Misc	Medical or Dental	Vehicle Maintenance	Other
Month 1	\$1000	\$500	\$500	up to \$1,000	up to \$2,000	up to \$2,000
Month 2	\$500	\$350	\$350			
Month 3	\$500	\$250	\$150			

MSAHT requires applicants be counseled that the following responsibilities and expectations must be met by applicants if they are to receive funds:

1. In cases where MSAHT provides financial assistance **longer than thirty (30) days**, participants must deposit a portion of their monthly salary into savings. Preferably an amount equal to 30% of MSAHT's contribution to expenses but this will be based on a case-by-case basis.



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2. A sponsor/partner agency case worker must meet with the participant at least once a month (such as a 30/60/90-day review). If sponsor is **unable to provide a caseworker**, MSAHT staff, volunteers, or a mentor will work with the individual for these reviews, *when verification of employment, monthly savings deposit, and budget report are required.*
3. All participants agree not to keep weapons, alcohol (if they are under 21), or drugs of any kind in their home, vehicle, or on their person.
4. Rent or utility assistance recipients will not allow guests to stay more than five days in their homes or apartments.
5. As part of the program, the participant will adhere to all house rules and lease terms required by their landlord.

If the terms outlined in the signed contract are breached, MSAHT reserves the right to discontinue assistance. The contract may be violated if the participant fails to pay their share of the agreed-upon rent, makes threats towards staff members or other individuals, or commits a crime. In such cases, the participant is considered in breach of contract and may have their participation discontinued.

Please feel free to contact me at info@msaht.org or call (601) 941-8082 if you have any questions about this application.

Sincerely,

Heather Bradley, Executive Director

MSAHT



Application Check List

<input type="checkbox"/> Signed and dated Intake Application ____/____/____	
Required Documentation:	
<input type="checkbox"/> Sponsoring partner agency must submit letter explaining: <ol style="list-style-type: none"> 1.) what the applicant's need is, 2.) why applicant(s) is at risk of human trafficking, 3.) cause of hardship, 4.) current income/support, 5.) Total amount owed (if applicable). 6.) Any other assistance applicant is receiving for this need. 	
<input type="checkbox"/> A completed budget* showing applicant will be able to establish independence within 30, 60, 90 days	
<input type="checkbox"/> Financial Plan	
<input type="checkbox"/> Total amount of request,	
<input type="checkbox"/> Vendor Information/W-9	
<small>*See budget worksheet</small>	
<input type="checkbox"/> Short-term Housing Assistance	Referral letter from partner agency, shelter or transitional housing program explaining need.
<input type="checkbox"/> Long-term Housing Assistance	<ul style="list-style-type: none"> ○ Proof of Employment or proof seeking employment ○ Copy of last two (2) pay stubs. ○ Employer's contact information ○ Most recent bank statements. ○ Partner agency assigned caseworker follow up 30/60/90 days after initial award to ensure applicant it is fulfilling agreed upon eligibility requirements
<input type="checkbox"/> First Month's Rent	<ul style="list-style-type: none"> ○ Copy of lease to include monthly rental amount; ○ First month rent verification form; ○ Lease must be in Participant's name; ○ Referral letter from shelter or transitional housing program showing current residency in Program.
<input type="checkbox"/> Utilities/Past Due Utilities	<ul style="list-style-type: none"> ○ Copy of Bill ○ Account information ○ Vendor information
<input type="checkbox"/> Deposits for Housing/Utilities	<ul style="list-style-type: none"> ○ Proof of Income ○ Employer's contact information
<input type="checkbox"/> Food/Hygiene	<ul style="list-style-type: none"> ○ Partner agency will be issued a gift card to go shopping with applicant to ensure they get what they require, if partner is unavailable a MSAHT staff member or volunteer will be assigned to go shopping with applicant.
<input type="checkbox"/> Medical/Dental	<ul style="list-style-type: none"> ○ Practice payment information ○ Copy of Invoice
<input type="checkbox"/> Vehicle Maintenance/other	<ul style="list-style-type: none"> ○ Estimate ○ Copy of Invoice
<input type="checkbox"/> Other	<ul style="list-style-type: none"> ○ Please explain (prescriptions, etc.)



Independent Living Assistance Application

Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

Phone: _____ Email: _____
City State ZIP Code

Is Applicant New Returning? If returning original Date Referred: __/__/__ How many in the household? #

Referred by: State Agency Private Agency Church/Religious Organization Friend Other _____

What are the reasons for the applicant's need for assistance with independent living?

- | | |
|---|---|
| <input type="checkbox"/> Recently left Foster Care | <input type="checkbox"/> Short-term Housing |
| <input type="checkbox"/> Recently left Human Trafficking or Domestic Violence Program | <input type="checkbox"/> Long-term Housing (3 months assistance) |
| <input type="checkbox"/> Medical/Dental Emergency | <input type="checkbox"/> Rent (past due) |
| <input type="checkbox"/> Eviction/foreclosure | <input type="checkbox"/> Rent (deposit) |
| <input type="checkbox"/> Automobile Maintenance | <input type="checkbox"/> Deposits Utility (electric, gas, water, sewer) – establishing new residence. |
| <input type="checkbox"/> Interruption of income | <input type="checkbox"/> Utility (past-due) |
| <input type="checkbox"/> Natural/Man-made disaster | <input type="checkbox"/> Other (specify) _____ |

List the financial Needs of Participant

Amount delinquent (if applicable)	\$ _____
Amount other parties may be contributing:	_____
Late fee(s)	\$ _____
Total Amount Requested*	\$ _____

Most recent Employer Contact information			
Business Name	_____		
Address	_____ _____		
Contact Name	_____	Job Title	_____
Phone #	_____	Email:	_____



Budget Worksheet

Housing Expenses	
Mortgage/Rent	
Utilities (electric, gas, water, sewer)	
HOA fees	
Home Insurance Repairs	
Repairs	
Total 1	
Living Expenses	
Groceries	
Internet	
Car Payment	
Gas	
Auto Insurance	
Health Insurance	
Cell Phone	
Internet	
Child Care	
Gifts	
Entertainment	
Giving	
Miscellaneous 1	
Miscellaneous 2	
Miscellaneous 3	
Total 2	
Income	
Salary 1	
Salary 2	
Miscellaneous	
Total Income	

Total Income	_____
Total 1 + Total 2 = Total Expenses -	_____
Surplus/Deficit	_____ \$



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MSAHT

P.O. Box 12292 - Jackson, MS - 39236
info@msaht.org

VENDOR APPLICATION FORM (or Vendor W9)

COMPANY / FIRM NAME as shown on Federal Tax Return		VENDOR ID. if applicable
ALTERNATE NAME if applicable / (doing business as)		TAX ID NUMBER FEIN OR SSN
POINT OF CONTACT NAME	TITLE	
VENDOR ADDRESS		
PAYMENT ADDRESS if different from address above		
PHONE	FAX	VENDOR EMAIL
TAX EXEMPT? Y or N <input type="checkbox"/> Yes <input type="checkbox"/> No	VENDOR WEBSITE	

ORGANIZATION TYPE

<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual / Sole Proprietor	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership / Limited Partnership	<input type="checkbox"/> Non-Profit

Separate checks?

<input type="checkbox"/> YES
<input type="checkbox"/> NO

Accept purchasing card? ie. Visa, MC

<input type="checkbox"/> YES
<input type="checkbox"/> NO

BANKING INFORMATION

ACCOUNT NO.	
ROUTING NO.	

REQUESTOR / VENDOR'S NAME	SIGNATURE	DATE REQUESTED / SENT	
INTERNAL USE ONLY	VENDOR ID	DATE RECEIVED	DATE PAYMENT PROCESSED



Release of Information

READ FIRST: Before you decide whether to let Mississippians Against Human Trafficking (MSAHT) share some of your confidential information with another agency or person, an advocate at MSAHT will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want MSAHT to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that **Mississippians Against Human Trafficking (MSAHT)** has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow **MSAHT** to release some of my personal information to certain individuals or agencies.

I, _____, authorize Mississippians Against Human Trafficking (MSAHT) to share the following specific information with:

Name:		Specific Agency:	
Email:		Phone #:	

This information may be shared: in-person phone fax mail e-mail

Reaffirmation and Extension: If additional time is necessary to meet the purpose of this release): I confirm that this release is still valid, and I would like to extend the release until the ____ day of _____, 20 ____.

Signed: _____ Date: _____

Witness: _____ Date: _____



Contract

I, _____, understand that I will adhere to all pages of this application as a contract. Any refusal or failure to follow through with the above items will be considered a breach of contract.

Additionally, the following items may affect my participation in the program:

1. Failure to pay my portion of rent.
2. Verbal or physical threats to any staff member, volunteer, case worker, apartment staff, or other tenants.
3. Involvement in a crime.

MSAHT reserves the right to terminate assistance at any time if the terms of this contract are not followed. If MSAHT terminates this contract, a 14-day written notice with reason for decision will be provided.

Printed Name

Signature of Participant

MSAHT Staff Printed Name

Date

Date