

Human Trafficking Victim Services Fund: Reimbursement

Reimbursement Request Form
HT Fund Reimbursement Process
Reimbursement Points of Clarification



— NORTH DAKOTA —
HUMAN TRAFFICKING TASK FORCE

NDHTTF Human Trafficking Victim Services Fund

Reimbursement Request

Agency _____

Contact Person _____

Address _____ City _____

Telephone _____ Email _____

Amount Requested: \$ _____

Victim ID: _____ <i>(Victim's Initials, DOB MM/DD; example: SK0821)</i> _____	Age: <input type="checkbox"/> Minor (up to 18 years old) <input type="checkbox"/> Adult (over 18 years old)
Dates of Service: _____	
Trafficking Classification (as defined by the TVPA on Pages 3-4): <input type="checkbox"/> Labor Trafficking <input type="checkbox"/> Sex Trafficking <input type="checkbox"/> Labor and Sex Trafficking	
Purpose of Request (check one): <input type="checkbox"/> Housing <i>Describe housing:</i> _____ <input type="checkbox"/> Education/Job Training/Employment Assistance <input type="checkbox"/> Medical <input type="checkbox"/> Mental Health Assessment/Treatment <input type="checkbox"/> Dental <input type="checkbox"/> Transportation <input type="checkbox"/> Substance Abuse Assessment/Treatment <input type="checkbox"/> Interpreter/Translator Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Immigration Services <input type="checkbox"/> Life Skills (finances, self-care, etc.)	
Trafficking Status (check one): <input type="checkbox"/> Confirmed Trafficking Survivor <input type="checkbox"/> Suspected Trafficking Survivor <i>Agency must be working in collaboration with the task force for confirmation of a victim. Suspected victims will be reassessed every six months regarding 'suspected' status.</i>	
Please provide a brief description of the client's need(s) related to trafficking to support the approval of funding for requested services, and a description of requested services to be provided (in-house or on contract): _____ _____ _____ _____ _____	

As a representative of the agency submitting this reimbursement request, I hereby verify the client's eligibility to receive services and verify that the services provided meet the program guidelines outlined below:

1.) I understand that in order to be eligible to receive services under the Enhanced Collaborative Model Task Force Award and the North Dakota Office of the Attorney General, the person must meet the definition of a victim of a “severe form of trafficking in persons,” as defined in 22 U.S.C. § 7102(9), or I must have reason to believe the person is likely to be a victim based on specific indicators of human trafficking. A victim of a “severe form of trafficking in persons” means:

a. sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age; or

b. the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

2.) I understand that activities of the law enforcement agencies and victim service providers supported through this project should be victim-centered, trauma-informed.

***Trauma-Informed:** Approaches delivered with an understanding of the vulnerabilities and experiences of trauma survivors, including the prevalence and physical, social, and emotional impact of trauma. A trauma-informed approach recognizes signs of trauma in staff, clients, and others; and responds by integrating knowledge about trauma into policies, procedures, practices, and settings. Trauma-informed approaches place priority on restoring the survivor’s feelings of safety, choice, and control. Programs, services, agencies, and communities can be trauma-informed.*

***Victim-centered:** Placing the crime victim’s priorities, needs, and interests at the center of the work with the victim; providing nonjudgmental assistance, with an emphasis on client self-determination, where appropriate, and assisting victims in making informed choices; ensuring that restoring victims’ feelings of safety and security are a priority and safeguarding against policies and practices that may inadvertently re-traumatize victims; ensuring that victims’ rights, voices, and perspectives are incorporated when developing and implementing system- and community-based efforts that impact crime victims.*

3.) I understand that my organization may be reimbursed for a comprehensive array of services that are necessary to promote the safety, dignity and self- sufficiency of victims, improve their access to resources, and create options for victims to the maximum extent possible. At a minimum, these services may include shelter; intensive case management; safety planning; crisis intervention; victim advocacy; legal assistance; mental health treatment, including individual and group counseling; support in family reunification and preservation; medical care; dental care; substance abuse treatment; assistance with educational needs or GED; life skills training; transportation; and other necessary services. The NDHTTF may decide not to reimburse my organization for services that they deem un-allowable or un-reimbursable.

4.) To the extent other resources or public benefits are available, I will deliver services to victims of human trafficking in coordination with other existing local, state, and federal resources for which the victim may be eligible. Therefore, I will not request reimbursement for services from NDHTTF, when I am able to access these services through another source.

5.) I understand that I must provide NDHTTF sufficient documentation to support this request for reimbursement, including the name of the victim, information about the number and types of services that were provided, the dates of service, and documentation to verify the cost of those services. I understand that NDHTTF may not reimburse my organization for services that cannot be verified.

6.) I understand that NDHTTF will maintain confidentiality of all identifiable information about victims served under this program.

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7.) I understand that I can contact the NDHTTF at info@ndhttf.org for any questions related to this reimbursement request.

8.) Requests over \$250.00 require further approval through the Reimbursement Committee of the Victim Service Provider Subcommittee. ALL requests, including those over \$250.00, are to be completed, signed, and returned with attached receipt(s) and/or documentation to info@ndhttf.org.

9.) If the form is not completed in full, with supporting documentation, the request will not be considered until it is submitted completely with supporting documents in place. If requests do not fall into grant funding categories, please still submit as the NDHTTF works with partner organizations who are able to fulfill requests outside the scope of items billable to the grant. Please keep all supporting documentation on file with your agency for later review.

Agency Director/Advocate Representative

Date

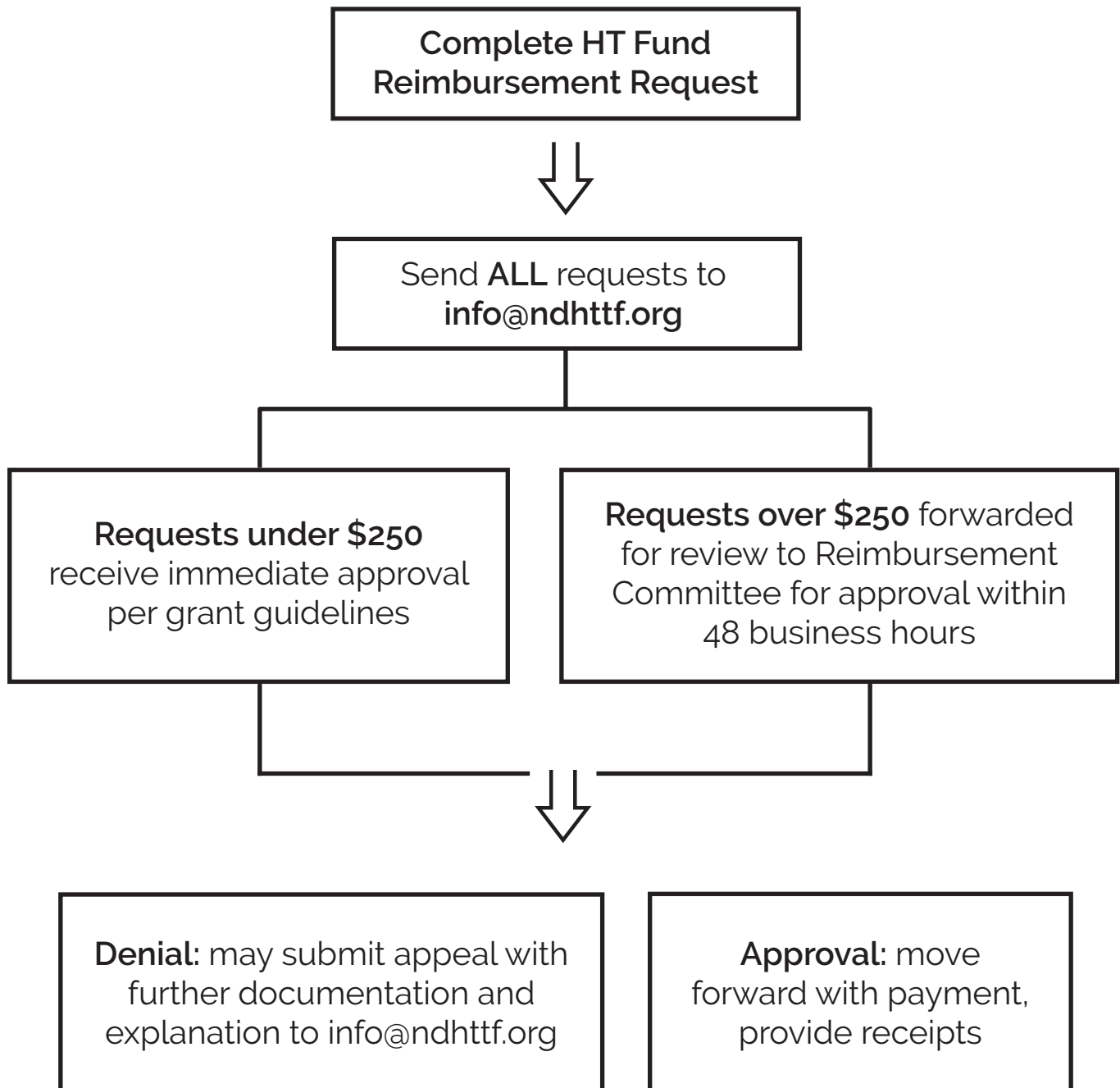
NDHTTF Pre-Approval & Receipt of Documents

Date

Victim Service Fiscal Host Approval

Date

Human Trafficking Fund Reimbursement Process



Reimbursement Points of Clarification

All requests MUST be accompanied with a completed HT Victim Services Reimbursement Form

Examples of Documentation Include:

- Itemized receipts/invoices
- Itemized receipts for transportation services for victims
- If invoices are not available for rent for victims, then a copy of the rental agreement must be provided, or a letter on the rental company's letterhead indicating the amount and what it was for
- Please provide calculation for pay and rate of pay for any classes, services rendered by the hour, etc.

Examples of Allowable Victim Service Expenses:

- Mental health treatment programs
- Rent/shelter
- Medical/dental
- Essential clothing
- Toiletries
- Transportation
- Phone
- Reasonable* meals/food

*Examples of unreasonable would be steak/lobster, continuous fast food instead of groceries, etc.

Unallowable Expenses:

- Live animals
(unless a doctor's note is provided)
- Live animal supplies
(unless the supplies are for an animal that a doctor's note has been provided)
- Tobacco/alcohol and accessories
(i.e. lighters, flasks, etc.)
- Entertainment
(i.e. movie tickets, bowling, televisions, etc.)
- Food/beverages for employees
- Construction/remodel
- Promotional merchandise
- Lobbying
- Research
- Fundraising
- Providing services or training out of state

