

DefendDignity

SURVIVOR SUPPORT FUND - FOLLOW-UP QUESTIONNAIRE:

Updated May 2018

To be completed by the contact person from the referring church/agency:

Name of applicant who received the fund: _____

Name of church/agency who made the referral: _____

Contact person from the church/agency: _____

Contact person's number: _____ Email: _____

Please answer the following questions to the best of your ability.

1) Were the funds used by the applicant for their intended purpose?

YES

NO

PARTLY

2) In what ways did the fund contribute to supporting the personal goals of the applicant you referred?

3) Was there anything about the fund (amount given, way it was dispersed, timelines) that made it difficult for the applicant to use the funds appropriately?

4) Do you have any suggestions for how we can continue to improve the process of administering the Survivor Support Fund?

Signature: _____ Date: _____