

Defend Dignity Survivor Support Fund – Application

This document is private and confidential

ABOUT DEFEND DIGNITY:

Defend Dignity (dD) works to end all sexual exploitation in Canada. dD is a justice initiative of The Christian and Missionary Alliance.

Commercial sexual exploitation includes: pornography, strip clubs, escorts, massage parlors and prostitution. All involve the selling of sexual services which undermine the dignity of women, men and children and are detrimental to a healthy society.

Defend Dignity works to end all sexual exploitation through:

- Raising awareness on the realities of all forms of sexual exploitation through events and resources.
- Advocacy for law and policy reform
- Aiding individuals, non-profits and faith organizations to come alongside victims and at risk youth, through resources and training.

APPLICATION:

PLEASE NOTE: This application must be submitted along with: (1) a letter from the survivor applying for funding, (2) a referral letter from the pastor or staff member from the referring church or non-profit agency, respectively.

The letter from the survivor applying for funding can be 1-2 pages long. The applicant is welcome to have assistance in composing their letter if needed. It should explain the following:

- A brief history of the applicant's story (no details required)
- Why the applicant is in need of funds, and what he or she is needing funds for specifically
- An explanation of how the fund will enable the applicant in his/her journey towards healing from sexual exploitation
- Why the applicant believes they are an appropriate candidate to receive this fund
- An explanation of the accountability the individual will hold themselves to should they receive the fund
- Anything else the individual feels is pertinent to their application for funding

The referral letter from the church or non-profit agency can be 1-2 pages long and should explain the following:

- How the person making the referral knows the person in need
- A brief understanding of how the individual in need has experienced sexual exploitation
- Why the person making the referral believes the applicant is an appropriate candidate to receive this fund
- How the fund is intended to be used and by when
- Any additional information you find relevant to this individual's application for funding

PLEASE ENSURE you have all of the following included in your application:

- ✓ Referral letter from the referring church/non-profit agency (see above)
- ✓ Letter from the survivor (see above)
- ✓ Completed Funding Application form (pages 3-4 of this document)
- ✓ Completed Waiver Form (page 5 of this document)

* Please note, the Follow-Up Questionnaire (page 6) must be sent within 30 days of receipt of the funds *

**Please email all completed applications to Debbie Pond to
survivorsupportfund@cmacan.org**

DEFEND DIGNITY SURVIVOR SUPPORT FUND APPLICATION FORM

To be filled out by the church/non-profit agency making the referral:

Name of church/agency making the referral: _____

Name of contact person from the church/agency: _____

Church/agency website: _____

Contact person's phone number: _____

Contact person's mailing address: _____

Contact person's email address: _____

How did you hear about the Defend Dignity Survivor Support Fund?

Church/agency has applied before

From another church/agency

In an email from Defend Dignity

Via Defend Dignity website

Other

Note: The following questions pertain to the applicant him/herself.

Name of the person in need (the applicant): _____

Applicant's date of birth: _____

Where does the person in need currently reside? _____

Is this person an official Canadian citizen?

Yes

No

If this person is not a Canadian citizen or has immigrated to Canada, what is their status in the country (e.g. on a visitor visa, work/study permit, refugee status, permanent resident, immigrate, etc.)?

Is this applicant of indigenous descent?

Yes

No

If yes, does he/she have official Treaty status? _____

What is the applicant's gender?

Male

Female

Other

In what way(s) has the applicant experienced sexual exploitation of any kind? Please check all that apply.

Prostitution

Human trafficking for the purpose of sexual exploitation

Strip club/exotic dancing

Escorting

Massage parlor involvement

Pornography (including porn used as a recruitment tool)

Survival sex (trading a sexual favor for ride, money, drugs, etc.)

Other

If this individual has been trafficked for the purpose of sexual exploitation, was he/she trafficked?

Domestically

Internationally

Is the applicant on social assistance from the provincial government (i.e. Ontario Works, Alberta Works, etc.)?

Yes

No

For what purpose is the person you are referring in need of access to this fund? IMPORTANT: Please include specific dollar amounts for ALL needs that are submitted. If there are multiple needs that the individual has, please itemize the needs in order of highest to lowest priority. In the case that funds are being requested for a time sensitive need, please indicate so here. As per our policy, any individual can only receive **up to** \$2500 per calendar year from the Survivor Support Fund. Please make your requests accordingly.

Please describe why you feel the applicant would benefit from accessing this fund at this time?

Please describe the relationship between the applicant and the supporting church/agency. Please include information on the length of the relationships as well as some examples of how you have supported this individual on his/her journey.

Please describe what other attempts the person you are referring has made to find funding for this specific need. i.e. Funding from other agencies, social assistance, food bank, scholarships, loans etc.

Please describe how you will oversee the applicant's use of any received funds, and how the applicant plans to stay accountable to the intended use of their funds.

Please include any additional information you feel may be relevant to this application for funding.

Before submitting your application form, please note:

***** As per our policy, along with your completed form, all applications also require a copy of the following emailed to Debbie Pond (mailto: survivorsupportfund@cmacan.org), Survivor Support Fund Coordinator. *****

- 1) A signed [waiver form](#)
- 2) A letter from the applicant
- 3) A referral letter from the supporting church/agency

→ For more information on what to include in the application and referral letter please read [HERE](#).

