



OVC CN MMIP VICTIM SERVICES APPLICATION

Anonymous Client ID #: _____

CN MMIP may grant funding to assist family members of a missing person under the following circumstances:

- ☐ The missing person is a known victim of kidnapping or human trafficking.
- ☐ The missing person's disappearance is the focus of a law enforcement investigation.
- ☐ Family members and loved ones believe the missing person is a victim of a crime.
- ☐ The missing person has a history of victimization, such as domestic violence or human trafficking, that may be directly or indirectly related to their disappearance.
- ☐ The victim is deceased as the result of a homicide.

CLIENT INFORMATION

First Name: _____ Middle Name: _____

Last Name: _____

Date of Birth: ____ / ____ / ____

Age: _____

Gender: _____

Marital Status (circle one):

Single / Married / Divorced / Separated / Widowed

Street Address: _____ City: _____

Mailing Address: _____ State: _____ Zip Code: _____

Other Names/Nicknames: _____

Home Phone: _____ SAFE: Y / N

Cell Phone: _____ SAFE: Y / N

Work Phone: _____ SAFE: Y / N

Employed? Y / N

If yes, where: _____

Emergency Contact

Name: _____

Relationship to Client: _____

Phone: _____

Race/ Ethnicity (Check all that apply):

- ☐ American Indian/ Alaska Native
If enrolled, Tribal Affiliation: _____
- ☐ Asian
- ☐ African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Unknown

Select all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Deaf or Hard Hearing | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Immigrant/ Refugee | <input type="checkbox"/> Limited English Proficiency |
| <input type="checkbox"/> LGBTQ+/ 2 Spirit | |

SERVICES

Assistance/ Referrals Requested:

<input type="checkbox"/> Advocacy	<input type="checkbox"/> Legal Assistance- Criminal Case Advocacy
<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Legal Assistance - RO
<input type="checkbox"/> Shelter	<input type="checkbox"/> Legal Assistance- Family Case Advocacy
<input type="checkbox"/> Employment Assistance	<input type="checkbox"/> Support Group
<input type="checkbox"/> Mental Health Assistance	<input type="checkbox"/> Transportation
<input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Other:

MISSING PERSON INFO

First Name: _____ **Middle Name:** _____

Last Name: _____

Other Names/Nicknames: _____

Date of Birth: ____ / ____ / ____ **Age:** ____ **Gender:** _____

Relationship to Client: _____

Street Address: _____ **City:** _____

State: _____ **Zip Code:** _____

Employer: _____ **Vehicle:** _____

Physical Description: _____

Do you believe the missing person may be a victim of a crime?

Types of Crime:

<input type="checkbox"/> Kidnap <input type="checkbox"/> Sex Trafficking <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Rape <input type="checkbox"/> Homicide	<input type="checkbox"/> Harassment <input type="checkbox"/> Stalking <input type="checkbox"/> Substance Abuse Related <input type="checkbox"/> Other: _____
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CRIMINAL CASE AND COURT INFORMATION

***If under investigation by law enforcement**

Does the offender have a criminal record? Y / N Previous Protection Order filed on the offender? Y / N If yes, who filed it? : _____	<input type="checkbox"/> Previous DV Charges <input type="checkbox"/> DV Convictions <input type="checkbox"/> Previous SA Charges <input type="checkbox"/> SA Convictions <input type="checkbox"/> Child Abuse Allegations/ Charges <input type="checkbox"/> Other violent charges/ convictions: _____
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Current Law Enforcement Response to an

Incident? Y / N

Who responded? _____

When? _____

Police Report filed? _____

Case #: _____

Previous Law Enforcement Response?

Y / N

Who responded? _____

When? _____

Police report filed? _____

Case #: _____

Is the offender currently on probation? Y / N

If yes, for what? _____

Probation Officer Name and Contact Information:

Ongoing Family Law Case? Y / N

If yes, what court? _____

Case #: _____

Case Status: _____

BACKGROUND INFORMATION/ INCIDENT OF THE MISSING PERSON

Client Interview:

Does the missing person have a history of being victimized? Please explain the previous incidents.

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Referred by:

- ☐ Medical Provider
- ☐ Therapist/ Counselor
- ☐ Tribal Court
- ☐ Substance Abuse Counselor
- ☐ Victim Witness
- ☐ Indian Child Welfare
- ☐ Tribal Program: _____
- ☐ Other: _____

