

NLIRH Emergency Assistance Fund

Application for Assistance

Background

The National Latina Institute for Reproductive Health (NLIRH) Emergency Assistance Fund was created in January of 2018 to provide direct financial assistance to individuals in need in order to help cover the costs of bail and/or legal representation stemming from criminalization for alleged abortion-related acts, detention and/or deportation proceedings. The fund is meant to support individuals of limited income who would otherwise be unable to immediately cover the expenses (both legal and ancillary, such as childcare expenses, lost wages, travel expenses, etc.) related to criminalization, detention and or deportation proceedings.

Individual Application Criteria

The fund is meant to support individuals who:

- 1- Would not otherwise be able to immediately cover expenses arising out of their criminalization, detention or deportation proceeding;
- 2- Have attended or participated in a public NLIRH event or activity; And
- 3- Who reside in one the following counties, by state:
 - a. Arizona: Pima
 - b. Florida: Miami-Dade, Broward
 - c. New York: Bronx, Brooklyn, Manhattan, Staten Island, Queens
 - d. Texas: Cameron, Harris, Hidalgo, Starr, Willacy
 - e. Virginia: Arlington, Loudoun, Fairfax, Prince William
 - f. District of Columbia (Washington, DC)

Assistance range - \$500-5,000 per person/household

In order to request help from the NLIRH Emergency Assistance Fund, please submit your completed application to humanresources@latinainstitute.org or by mail to:

National Latina Institute for Reproductive Health
Re: NLIRH Emergency Assistance Fund
50 Broad Street, Suite 1937
New York, NY 10004

All applications will be reviewed by an independent panel, and decisions of assistance will be communicated back to the applicant and/or proxy in an expedient manner. Grants of assistance will be determined on a first come, first serve basis, in accordance with the above criteria, until the funds are depleted. We reserve the right to request any documentation we deem necessary in order to make funding decisions. (Please note that: 1) Your eligibility will not be determined by your immigration



status. 2) NLIRH will not request documentation of your status. 3) NLIRH will not share your application with any outside parties unless legally compelled to do so. 4) NLIRH will destroy your application once a determination has been made. 5) NLIRH will use its best efforts to maintain the confidentiality of applicants and grantees.)

Application

Name: _____

Mailing Address: _____

Phone: _____

Email address: _____

Amount requested: _____

What is your preferred method of communication? (ie., phone, email, via proxy's phone, etc)

Proxy (person authorized to act on your behalf re: application if applicable)

Name: _____

Mailing Address: _____

Phone: _____

Email address: _____

Have you attended or participated in a public NLIRH event (including events hosted by the New York Latina Advocacy Network (LAN), Virginia LAN, Florida LAN, Texas LAN and Arizona LAN)? _____

Describe the reason for the request (Please keep this section general - explicit details of your case are not necessary): _____

Please use the following worksheet to describe what expenses the financial assistance will cover (if available, submit supporting documentation as separate attachments – invoices, receipts, bond, etc):

Number	Description	Total
ex.	(Attorney fee OR Childcare)	\$XXX.XX
1		
2		
3		
4		
5		
6		
7		
Total		

Statement of financial need (Please provide your annual household income and approximate net worth (ie: value of checking/savings accounts, cars, equity in house), and explain why you need financial assistance. Submit any documentation demonstrating your current income and/or assets – if no documentation is available please explain why not below):

Please initial each line to indicate the statement is true:

- _____ I understand I must not give false information in preparing this application and that I will be ineligible to receive any assistance if NLIRH finds I have intentionally given false information or withheld relevant facts.
- _____ I agree to cooperate with NLIRH in securing any information NLIRH may need in order to determine my eligibility for assistance.
- _____ I agree to pay back any payment I receive from the NLIRH Emergency Assistance Fund that was made by mistake or as a result of any false or misleading statement I make.
- _____ I understand NLIRH may contact NLIRH staff members in order to determine my eligibility for assistance and whether any payment is appropriate.
- _____ I understand that all decisions concerning whether to provide assistance and the amount of any assistance are within NLIRH's sole discretion.

Certification and Signature

By signing below, I certify that all information is true and correct to the best of my knowledge:

Name: _____

Signature: _____

Date: _____