innocence freed

Help A Child, Heal A Soul

STABILITY GRANT APPLICATION

The *Innocence Freed Stability Grant* provides a one-time short-term financial support to help **survivors of trafficking and exploitation** build stability, independence, and hope. Grants may assist with essential needs such as housing, transportation, child-related expenses, or other recovery-related expenses.

Note: *Grant amounts and approval timelines vary based on available funding and individual needs. Grants* ***are not guaranteed*** *and are limited in availability. To be considered, applicants must complete the entire application and participate in an interview with an Innocence Freed staff member. If you are being referred by an agency or law enforcement officer, our staff will also speak with the referring partner before deciding.*

Depending on the situation, participation in classes or support groups may be required before financial assistance is approved. We encourage all grant recipients to attend Innocence Freed support groups online or in-person, or classes regularly, and to work with a case manager to review finances and budgeting goals.

Our goal is to remove barriers that may prevent survivors from moving forward in their journey of restoration, freedom, and independence. This support is intended to be **a hand up, not a handout.** At Innocence Freed, we believe in empowering survivors, not enabling dependency. Every grant is designed to encourage progress, accountability, and personal growth on the path toward lasting freedom.

I. FINANCIAL INFORMATION

(Confidential – For Program Use Only)

Employment & Education

1. **Are you currently employed?**
   ☐ Yes ☐ No
   - Employer Name: _____
   - Job Title / Hours per week: _____
   - Monthly Take-Home Pay: $_____

   Include the most recent paystub

2. **Are you currently enrolled in school or a training program?**
   ☐ Yes ☐ No
   - School or Program Name: _____
   - Type of Program or Degree: _____
   - Graduation Date: _____

Monthly Income Sources

Please check any that apply and list the monthly amount received.

Income Source	Amount (per month)
Social Security (SSI / SSDI)	$_____
Child Support	$_____
Employment Income	$_____
SNAP / Food Assistance	$_____
TANF / Cash Assistance	$_____
Medicaid (Yes / No)	_____
Other (please describe)	$_____
Total Monthly Income: $_____	

Monthly Expenses (Estimate)

Expense	Amount (per month)
Rent / Housing	$_____
Utilities (Total Cost)	$_____
Transportation (Fuel, Uber, Lyft, Bus)	$_____
Childcare	$_____

Expense	Amount (per month)
Food / Groceries	$_____
Medical / Medication	$_____
Other	$_____
Total Monthly Expenses: $_____	

Assistance Requested

Please check all areas in which you are requesting help:
☐ Rent / Housing ☐ Utilities ☐ Food ☐ Transportation
☐ Childcare ☐ Medical Expenses ☐ Other (please describe):

_____

Briefly describe your current need for assistance:

Applicant Certification

I certify that the information provided above is true and complete to the best of my knowledge. I understand that this information will remain confidential and will be used only to determine eligibility for financial assistance through Innocence Freed.

Applicant Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Sign below only if approved

Staff Approval: _____ **Date:** _____

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