



Meaningful Access Housing Program Application

HOUSING@OAESV.ORG

Applicant Information

Agency Name _____

Contact Name _____

Contact Phone Number _____

Contact Email _____

Does your agency provide 24-hour Advocacy or partner with an organization that provides 24-hour advocacy?

Survivor Information

Survivor Name _____

Preferred Pronouns _____

Date of Birth _____

Phone Number _____

Safe to contact? _____

Preferred Language _____ Interpreter needed? _____

Number of Children _____ Age(s) of Children _____

Survivors last residence (City and Zip Code) _____

Is this individual a Survivor of Sexual Violence? (YES OR NO) _____

Request Type

- Direct Booking
- Reimbursement

Request Reason(s)

Please check reason(s) or describe below if needed

- Cannot find a shelter that is able to house survivor
- Survivor is being moved from a shelter to de-congregate
- Survivor(s) family would be a high COVID-19 risk in a shelter
- Survivor has been diagnosed with COVID-19 or is symptomatic
- Survivor has been exposed to COVID-19 and needs to quarantine
- Other Reason

Please describe why a temporary hotel stay is the best plan for this survivor currently:

What is the housing plan for the survivor after this stay? (approx. average stay is 5-7 days)

Hotel Information

Preferred Hotel: _____

Hotel Address: _____

Nightly & Entire Stay Rate: _____

Check in date: _____ Check out date: _____

Direct Reservation Request Complete Section Below

Section is not needed if requesting reimbursement.

Does the survivor have a form of ID? _____
(If no, booking will be made under alias name)

Alias name needed for reservation? _____

Number of needed beds _____

Check one:

- Smoking Room
- Non-smoking room

Does the survivor have any pets/emotional support or registered service animals? _____
If yes, please describe

Does the survivor have any ADA needs? _____
If yes, please describe

All costs related to damages incurred to hotel property will be covered completely (100%) by the applicant agency. For reimbursement requests, appropriate documentation such as a hotel receipt and agency invoice is needed before a payment can be issued. No fees related to damages nor taxes will be reimbursed.

Applicant/Advocate Signature _____ Date _____

Please submit all request to housing@oaesv.org