**Paint the City Purple Campaign (PTCP) Victim Assistance Application**

**Introduction:**  
The Paint the City Purple Campaign (PTCP) is committed to providing support, resources, and assistance to victims of domestic violence and gender-based violence (GBV). This application is designed to help us understand your needs and offer the best possible support. All information provided will be treated with the utmost confidentiality.

Please fill out the form as thoroughly as possible. If you need assistance completing this form, please contact us at 336.300-1333.

**Personal Information**

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City, State, Zip Code)

**Preferred Method of Contact:**  
o Phone o Email o Text Message o Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is it safe to contact you via the provided methods?**  
o Yes  
o No

**Relationship and Incident Information**

**Are you currently in a relationship with the abuser?**  
o Yes  
o No  
o Separated  
o Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How long were/are you in the relationship?**  
o Less than 6 months  
o 6 months to 1 year  
o 1–3 years  
o 3–5 years  
o More than 5 years

**What type of abuse have you experienced? (Check all that apply):**  
o Physical abuse  
o Emotional/psychological abuse  
o Sexual abuse  
o Financial abuse  
o Stalking/harassment  
o Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you reported the abuse to authorities?**  
o Yes  
o No

**If yes, what actions were taken (e.g., restraining order, police report)?**

**Support Information**

**Do you have children or dependents affected by the situation?**  
o Yes  
o No  
If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What type of assistance are you seeking from PTCP? (Check all that apply):**  
o Emergency shelter or housing  
o Legal support (restraining orders, custody issues, etc.)  
o Emotional support (therapy, counseling, etc.)  
o Financial support  
o Safety planning and advice  
o Job training or employment assistance  
o Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently receiving any support from other organizations or services?**  
o Yes  
o No  
If yes, please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safety and Future Plans**

**Do you have a current safety plan in place?**  
o Yes  
o No  
o I need assistance creating one

**What are your immediate needs for ensuring safety for yourself and your dependents?**

**What are your long-term goals after receiving assistance?**

**Do you require relocation assistance?**  
o Yes  
o No  
If yes, where would you like to relocate? (Please specify city or region): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information**

**Is there anything else you would like us to know about your situation or how we can support you?**

**Declaration and Consent**

I, the undersigned, declare that all the information provided in this application is accurate to the best of my knowledge. I understand that PTCP will use this information solely for the purpose of offering assistance and support, and it will be kept confidential.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_

**For PTCP Use Only:**  
Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_  
Application Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Case Manager Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application form is designed to gather critical information to help the PTCP provide targeted and effective support for victims of domestic and gender-based violence. It ensures the process is streamlined, respectful, and confidential.