

Sanctuary of Hope-Review of Services

Dear Applicant,

Welcome to A Safe Place,

We are the sole provider of services exclusively addressing domestic violence in Lake County, Illinois. Through this comprehensive program, we assist survivors in transforming their lives after domestic violence, providing supportive services that will benefit the whole family. Individual and family counseling, support groups, life skills workshops, and more are just a few of the services we provide through this program and at A Safe Place. This program has wrap around services to help survivors in their journey to live a violence free life. The Sanctuary of Hope program will support you in both your financial needs one year at a time, with ongoing services for your mental and emotional needs.

Thank you for your interest in applying to our Sanctuary of Hope program at A Safe Place. To be involved in the SOH Program, a survivor must participate in services to be a part of our program. Detailed services will be customized to each participant's wants and needs. This will be further discussed at the initial assessment once the application process has been completed.

The application process involves various steps which include but not limited to intake, meeting domestic violence eligibility, clear background checks. Submitting an application and having a meeting does not mean that acceptance into our program will be approved. Notification will be provided once the entire process is complete.

Often our dedication to survivors of domestic violence, their children, and their safety, our program abides by policies that you may not be accustomed to but must be adhered at all times. Please take these conditions under consideration as you apply for services. Here are a few of them:

- A Safe Place Sanctuary of Hope Program is not housing, we are a program that assists with a monthly subsidy for household participants based on their income upon acceptance into the program.
- To participate in this program, residents and their children must participate in services per their individualized service plan.
- A savings plan will be created to assist resident with future financial needs. This will be based on each resident's personal financial status upon acceptance in to program.
- Tenant cooperation and participation will be reviewed monthly between ASP advocate and Landlord. If not in line, possible lease termination may be determined.

I hope you will continue to pursue the SOH Program and the support that is available through our program as you pursue a violence free life.

I agree on the information listed on this letter, I understand some of the policies that I will need to follow if I am accepted into the SOH program. At this point in time I wish to continue ___ or not continue___ the application process.

Client Signature _____

Date _____

ASP Signature _____

Date _____



2710 17th Street
Zion, IL 60099
Business Line: 847-731-7165

Mission and Vision

A Safe Place provides services to survivors of domestic violence that support them in their efforts to transform their lives after domestic violence.

Mission

A Safe Place is the leading advocate for eliminating domestic violence in northern Illinois.

Vision

We will lead the nation in breaking the cycle of violence, thus creating safe and healthy communities.

Philosophy

A Safe Place provides emergency shelter, affordable housing, advocacy, and individual and group supportive services to abused women in transition and their children; intervention services for abusers to learn accountability for their choices and actions; and education programs to build awareness of domestic violence among professionals who encounter survivors and abusers, students in classrooms, and the community-at-large. A mission focused work is guided by our philosophy.

Monthly Budget Worksheet

A Safe Place-Sanctuary of Hope Program

Income	Actual Amount	Notes
Income Total (after taxes)		
Other Income		
Expenses		
Mortgage/Rent		
Household Maintenance		
Taxes		
Medical Insurance		Insurance Type:
Electricity		
Water		
Sewage		
Gas		
Trash		
Cable		
Cell Phone		
Groceries		
Entertainment		
Charity/Donations		
Car Fuel		
Auto insurance		
Car payment		
Child care		
Credit Cards/Debt		
School Loans		
Child Support		
Clothing		
Other		
Other		
Savings		
Retirement		
College		

Other		
Checking account		
Savings Account		
TOTALS		
Total Income - Total Expenses =		

Please leave notes for any uncertainties or special situations that did not fit in the space provided above:
