

**Safe Places Gift Card Policies**

**COVID-19 (coronavirus)**

Due to impact that COVID-19 (Coronavirus) is having on the clients we serve E.g., (loss of jobs, schools closing, reduced wages etc.) Safe Places program is able to provide gift cards to help **current and or new clients that have experienced victimization and that their needs are magnified due to the current health crisis.**

***Safe Places Director provides guidance to social workers when they are requesting gift cards.***

1. Gift cards will only be provided only to families who are experiencing financial difficulty as a result of the COVID-19 pandemic. E.g., loss of job, hours at work have been reduced, unforeseeable medical illness, childcare assistance.
2. Gift cards falls under four categories (Grocery, Household Products, Gas, Prescription)
3. All gift cards will have restrictions on them no Alcohol/Tobacco/Firearms/and Lottery purchases allowed
4. gift certificates fall in 3-dollar amount categories $25, $50, $100.
5. Case managers will fill out the attached form and provide to Safe Places Executive Director for final approval. **(see below)**
6. Before requesting support services, please be sure you have Provided the client information on local food banks and other community food resources

**Gift Card Application**

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| --- |
| Date of Attempt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please allow 24 hours for processing). Return your completed application to lorena@christianrelief.org  |

**Type of Gift Card Requested- Please check**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Amount** | **Food**  | **Household supplies** | **Prescription** | **Gas** |
| **$** |  |  |  |  |

**Justification:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Client Initial** | **Client Contact number** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Case Manager Name** | **Signature** | **Date**  |
|  |  |  |

**Program Executive Director (please circle and or highlight correct entry)**

**\*\* if application is denied please provide justification for such action\*\***

I have reviewed the above application and **Denied**/**Approved** request.

**Justification for Denial:**

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