

Attica Fund Prison Visit Program Application

YOU MAY APPLY FOR A REGULAR GRANT AND A PRISON VISIT GRANT. ELIGIBILITY FOR ONE DOES NOT EXCLUDE ELIGIBILITY FOR THE OTHER.

All Attica applications must be submitted with a completed Regular Grant application.

Who Can Apply: Activist parents, custodians, or guardians on behalf of children who have been separated from their parents. The children of targeted activists aged 18 through 24 may apply on their own behalf.

What the Prison Visit Program Funds: The RFC has set aside funds for children to visit activist parents from whom they have been separated because the activist parent(s) has been imprisoned.

Prison Visit Program Limitations: *The Attica Fund can provide for a maximum of three visits per family annually. No family may receive more than \$2,000 per year.* The Attica Fund is only for children and families who do not have sufficient alternative means of support.

ATTICA FUND PRISON VISIT GRANT APPLICATION

(Please type if possible.)

1T. Name, birth date, and gender of child to travel:

Name _____ Date of birth ____/____/____ Gender (circle one) F M

NOTE: Any child over 12 years old is requested to sign this application.

Signed date

2T. Name of additional child(ren) to travel:

Name: _____ Age: ____ Name: _____ Age: ____

| Name: _____ Age: ____ Name: _____ Age: ____

3T. Name and address of travel companion (usually required for all children under age 18.

Name: _____ Phone (area code) day: (____) _____

Address: _____ eve: (____) _____

_____ zip _____ Relationship to child: _____

4T. Name of imprisoned parent(s) or grandparent(s): _____

5T. Travel will be to visit parent/grandparent at: _____
(name of prison)

located in: _____
(city, state)

6T. Travel arrangements:

Mode of travel [Please check appropriate one(s)]

car _____ car rental _____ airplane _____ train _____ bus _____ other _____

Length of stay _____ days Dates (if known) _____ to _____

Please explain how the safety and security of the child will be ensured at all times during the travel and visit. A companion will be required to accompany minor children.

7T. Anticipated travel expenses: \$ _____ (We understand that costs of flights and other expenses may change. Please make an estimate to the best of your ability. We will work with applicants to attain reasonable and appropriate costs.)

Estimate of travel expenses: \$ _____ child \$ _____ companion

Meal and lodging expenses: \$50.00 per person per day for _____ days.

8T. Name and address of person completing this form.

Name: _____ Relationship to child: _____

Address: _____ Phone (area code) day: (_____) _____

_____ zip _____ eve: (_____) _____

Signature of parent or guardian to verify that this visit is appropriate for the age of the child and that the child will have well-supervised travel and visitation.

(Name)

Please submit the Attica Fund Prison Visit Grant Application along with Questions 1 - 5 of the Regular Grant Application form (New or Renewal). Please call us at (413) 529-0063 with any questions you have about how your particular circumstances fit our guidelines or for assistance in completing any RFC application.