



*DV survivor  
with C/O address*

To IDNYC Program,

I write on behalf of \_\_\_\_\_ (Applicant) and her/his application for an IDNYC card. I confirm that I am an executive-level official (or designee thereof) at the organization named below, which is located within New York City; provides services to survivors of domestic violence; and currently receives funding from the City of New York.

<b>Service Provider's Name [Please fill in below]:</b>		
_____		
Address: _____	City: _____	
Zip Code: _____	CARES I.D. # (if exists): _____	
This is a: <input type="checkbox"/> <b>New York City Agency</b> <input type="checkbox"/> <b>Nonprofit Organization</b> <input type="checkbox"/> <b>Religious Institution</b>		

I further confirm that the applicant is a survivor of domestic violence who has received services from this organization for the past 60 days; has security concerns about an address appearing on the card; and is permitted to receive mail In Care Of the organization [**choose one**]:

at the address above, or

at the address below:

Street: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Thank you,

Signature	Print Name	Title
___/___/____ (mm/dd/yyyy)	____-____-____ Telephone	_____ Email Address

\* This letter must be submitted at an IDNYC Enrollment Center no more than 30 days after the date signed.

\*\* A card lacking a street address, or bearing a Care Of address, may not be accepted as valid ID by the New York City Police Department or financial institutions.