



Campbell County Suicide Prevention Coalition and Be Well Coalition are a group of volunteers who work together to increase awareness, decrease stigma, and implement programs throughout Campbell and Crook Counties aimed at Suicide Prevention and mental health awareness.

Local organizations hold fundraisers to help with many of the suicide prevention efforts in Campbell and Crook Counties. It is because of these generous organizations we are able to provide assistance for those who are unable to afford mental health care, need assistance with clean up costs after a suicide, other financial obligations after a suicide.

WHO CAN APPLY?

Any Campbell or Crook County resident.

HOW CAN YOU APPLY?

Complete the attached application, then return to our Community Prevention Specialist, Ashley McRae. Please allow up to 10 business days for processing.

WHAT SERVICES ARE YOU APPLYING FOR?

Counseling/Mental Health Services Cleanup Costs Other: _____

BEFORE FILLING OUT THE APPLICATION PLEASE READ AND INITIAL THAT YOU UNDERSTAND

Filling out an application does not guarantee the Campbell County Suicide Prevention Coalition and Be Well Coalition will be able to provide funding for your financial needs. _____

Campbell County Suicide Prevention Coalition and Be Well Coalition has a financial committee that reviews each application, and they make the final determination. _____

Any and all information gathered is to assist in determining eligibility, will only be used for that purpose. _____

If approved for assistance, Campbell County Suicide Prevention Coalition and Be Well Coalition will **not** pay for any past due, late, or missed appointment fees. _____

All information you provide is confidential and will not be shared or sold by the Campbell County Suicide Prevention Coalition or Be Well Coalition. _____

You may be required to provide additional information and/or documentation at the request of the Campbell County Suicide Prevention Coalition and Be Well Coalition including but not limited to insurance or employment information _____

If other services are applied for additional documentation may be required including but not limited to proof of expense, proof of ownership, wage stubs, etc. _____

There are max payment amounts Campbell County Suicide Prevention Coalition and Be Well Coalition will pay for services. These MAX payments can be found on page 2 of this document. _____

There is NO guarantee you will be approved for the MAX payment for the requested Service. _____



Service	MAX Payment	Duration (Expiration)
Counseling	\$750.00	Expires 6 Months after approval or when funds run out whichever comes first
Clean Up Services	\$1,500.00	Paid for after insurance (if applicable)
Mortgage and/or rent	1 Month or \$750.00	Paid for directly to vendor after verification of mortgage/rent amount
Utilities	1 Month or \$250.00	Paid for directly to vendor after verification of utility amount
Other Services	\$150.00	Will be discussed by financial committee

Initial that you have read and understand the MAX payments for services and that there are expiration dates. You are not guaranteed to be approved for MAX payments for services requested. _____

Initial that you read and understand: For us to provide funding ALL other avenues for payment must be exhausted. For example: Health Insurance, Homeowners Insurance, Renters Insurance, ETC.

Initial that you read and understand: You are responsible for any amount due after approved amount of assistance.



PLEASE COMPLETE ALL FIELDS

Applying for: Self only Children under 18 only Household

Name _____

Date of Birth _____ Gender (optional) _____

Address _____

Phone _____ Email _____

Name and contact information of mental health/Clean Up/Other agency: _____

Additional household members

	Name	Date of Birth	Relationship	Gender	Grade
1.					
2.					
3.					
4.					
5.					
6.					

VERIFICATION – Please attach to application.

Are you or your spouse currently employed or self-employed? Yes No

If Yes, Employer: _____ Who is Employed: _____

Income _____ per month week biweekly Do you have Health Insurance? _____

Insurance Company: _____

Do you have a Copay? Yes No Copay Amount: _____

Do you own or rent your home? _____ Do you have homeowners/renters' insurance? _____

Did you check to see if your homeowners/renter's insurance cover clean up? _____

By Signing this application, you agree that all information listed is true and correct to the best of your knowledge, and that you agree with the terms and conditions listed on page 1 of this application. Filling out the application does not guarantee the Campbell County Suicide Prevention Coalition will pay for all or a portion of counseling costs.

Applicant Signature (Required) _____ Date _____
I verify the information stated on this application is true.

Parent or Guardian Signature if applicant is under age 18 _____ Date _____



For Other Expense Only

Amount: _____ Per Month Year Week Other: _____

Lender/Rental Organization/Landlord: _____

Address for Lender/Rental Organization/Landlord: _____

Other: _____

For Counselor or Mental Health Providers Only

Counselor or Mental Health Provider Name: _____

Organization or Business Name: _____

Session/Hourly Rate: _____ Number of Recommended Sessions: _____

As a counselor or mental health provider, I _____ understand the funds, if any, will not cover any past due, late, or missed appointment fees. All invoices will need to be sent to the Community Prevention Specialist, Ashley McRae. Campbell County Suicide Prevention Coalition has a financial committee that reviews each application.

Signature of Counselor or Mental Health Provider: _____

Date: _____

Suicide Prevention Coalition Financial Committee Only

Approved _____ Denied _____

Approval Amount: _____ Approval Terms: _____

Notes: _____

Signature(s) of Suicide Prevention Coalition Financial Committee