



Request for Support

BHSB provides emergency funds to support youth with mental health diagnoses in some circumstances. Funds are limited and reviewed on an individual basis. Please fill out the below information and send via secure e-mail to CAYA@BHSBaltimore.org or secure fax to 410-637-1906.

Requestor's Information

Name/Title: _____

Organization: _____

Phone: _____

Email: _____

Youth Information

Youth Name: _____

Age: _____

SS#: _____

Address: _____

Phone: _____

Parent/Guardian Name: _____

Youth Diagnosis: _____

Youth Treatment Provider: _____

Please circle if the youth is involved with any of the following: DSS DJS CCO

Check Addressee/Vendor *(payments cannot be made directly to parents/guardians/caregivers):*

Name: _____

Address: _____

Phone: _____

Fax: _____

Checks will be mailed directly to Addressee listed

Failure to complete all information and include all required documentation with this application will result in delay in processing or denial of application.

For BHSB Internal Use

Approved (Amount: _____)

BHSB Staff Signature _____

Date _____

Associate Director/Director Signature _____

Date _____

Funding Source: _____

Details of Request (Section A)

Amount: _____ (\$500 max) 1st Request 2nd Request

Type of request (document resources contacted for assistance):

Medication (Minimum of 3 resources)

- Child does not have medical assistance
- Physician samples not available; applied for pharmaceutical indigent program and other medication assistance programs
- Copy of prescription attached
- Statement of sustainability plan for future payments attached

Transportation (cab, bus, public transportation, voucher) of children and caretaker of minor children to obtain mental health treatment **(Minimum of 3 resources)**

- Transportation required to access mental health treatment
- Medical Assistance does not pay for transportation
- Statement of sustainability plan for future payments attached

Security Deposit/First Month Rent (Minimum of 3 resources)

- Signed lease/housing contract or letter of intent to rent attached
- Statement of sustainability plan for future payments attached

Utility turn-on or Deposit (Minimum of 5 resources)

- Statement from utility company with amount required to activate service attached
- Statement of sustainability plan for future payments attached

Past due utility/Rent/Mortgage to prevent loss of community placement (Minimum of 5 resources)

- Utility bill or landlord/mortgage holder statement of balance due attached
- Statement of sustainability plan for future payments attached

Interpretation Services (Minimum of 3 resources)

- Interpretation services required to access mental health treatment
- Statement of sustainability plan for future payments attached

Furniture (Minimum of 3 resources)

- Furniture needed to meet basic household needs and safe sleeping

Recreational supports, i.e. camps, classes, lessons (Minimum of 3 resources)

- Copy of registration invoice or brochure attached
- Statement of sustainability plan for future payments attached

Services not available through PMHS, or while approval being sought, needed to prevent out of home placement or support maintenance in least restrictive community setting. Specify what service is requested:

-
- Statement from provider of service to be rendered and cost attached

Other (specify): _____

Required for all Requests:

Briefly describe how your request (Section A) is linked to the youth's clinical and/or rehabilitation goals:

Briefly document the required number of community organizations indicated above that have been contacted for assistance and the result of the request (other resources must be contacted prior to approval of BHSB funding):
