



Mental Health & Recovery Services Board
Serving Coshocton, Guernsey, Morgan, Muskingum, Noble & Perry Counties
ACCESS TO WELLNESS FUNDING REQUEST

Name	Agency Name
DOB	Clinician/Case Mgr.
Address	County of Residence
Email/Phone	

Eligibility Requirements

Applicant had (check all that apply):

- Two or more inpatient psychiatric hospitalizations within the previous 12 months, or
- Two or more Crisis Stabilization Unit stays within the previous 12 months, or
- Involved in an Outpatient Competency Restoration Program (Inpatient hospitalization and/or CSU stays requirement waived, Involvement in another system requirement waived), or
- Currently incarcerated in jail and in need of supports upon release (Inpatient hospitalization and/or CSU stays requirement waived, Involvement in another system waived, must be diagnosed with a significant mental illness by a licensed clinician)

Applicant touched by one or more identified systems:

- Aging (over 65)
- Criminal Justice
- Developmental Disabilities
- Homeless
- Veterans

Funding Category	Amount
Housing	
Utilities	
Transportation	
Medication or copays	
Guardianship fees	
Peer support	
Behavioral Health services	
Psychiatric home health needs	
Recovery gap supports	
Maximum per client \$8000.00	TOTAL REQUEST



Mental Health & Recovery Services Board
Serving Coshocton, Guernsey, Morgan, Muskingum, Noble & Perry Counties
ACCESS TO WELLNESS FUNDING REQUEST

List details to support request. Include services/supports such as type of housing provided, recovery gap supports (clothing, employment supports, furniture, cleaning supplies, ID, SS cards) and psychiatric home health needs (med monitoring, peer support). Also include the time frame that funds are requested for:

--

List Agency contact for person

Contact Person	Date
Email	Phone
Provider Representative Approval	Date of Approval
Board Staff Approval	Date of Approval