

3a. Do you work in San Miguel County?

Yes No

3b. Employer Name

3c. Primary Worksite Address

3d. City

3e. State

3f. Zip

Demographics

4a. What gender do you identify as?*

Female
Male
Transgender Female
Transgender Male
Gender Variant/Non-Conforming
Intersex
Queer
Not Listed
Choose not to answer

4b. What race do you identify yourself as?*

American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Pacific Islander
White or Caucasian
More than one race
Not Listed
Choose not to answer

4f. What type of health insurance do you have?*

Medicaid only
Employer-sponsored insurance
Individual insurance
Medicare only/Medicare with supplemental
Medicare/Medicaid dual coverage
CICP
None/uninsured
Don't know
Choose not to answer

4d. What language are you most comfortable speaking?*

English
Spanish
Other
Choose not to answer

4c. Please specify your ethnicity.*

Latinx/Hispanic
Non-Latinx/Hispanic
Choose not to answer

4e. What is your veteran status?*

Active Duty Military
Reservist
Veteran (Prior Service)
Veteran (Retired)
Not a Veteran
Choose not to answer

4g. What is your current employment status?*

Full-time employed
Part-time employed
Seasonal/temporary employment
Self-employed
Contractor
Student
Homemaker
Retired
Unemployed, looking for work
Unemployed, not looking for work
Disabled
Choose not to answer

4h. What is the highest grade or year of school you have completed?*

No formal education
Some formal education, no high school diploma/GED
High school diploma/GED
Trade/vocational school
Associates degree
Bachelors degree
Graduate school
Choose not to answer

4i. How would you rate your personal/family's financial situation?*

Excellent
Good
Fair
Poor
Choose not to answer

4j. What is the total income for your household per year?*

Less than \$9,999	\$35,000-\$49,999
\$10,000-\$14,999	\$50,000-\$74,999
\$15,000-\$19,999	\$75,000 or more
\$20,000-\$24,999	Don't know/Unsteady
\$25,000-\$34,999	I choose not to answer

4k. How many people, including yourself, do you live with?*

4l. What town/city do you live in?*

Financial Information

5a. How many family members, including yourself, depend on your income?*

5b. How many people, including yourself, contribute to your household income?*

5c. What is your total ANNUAL household income?*

5d. Is anyone who contributes to your household income self-employed?*

Yes No

5e. Does your household income fluctuate month-to-month?*

Yes No

5f. If so, please indicate your monthly household income?

*Provide projections as necessary

Jan	Feb	Mar	Apr	May	Jun
Jul	Aug	Sept	Oct	Nov	Dec

5g. Please indicate the reasons why you need financial aid

Proof of Income

You must provide one of the following for EACH person contributing to your annual household income:

- Pay Stubs for the Last Two Months of Work
- Proof of Unemployment, as applicable
- Profit and Loss Statements (if self-employed)

Email these documents along with your application to bhfund@tchnetwork.org.

6a. Yourself	Which type of documentation would you like to provide? Pay Stubs for the Last Two Months of Work Proof of Unemployment Profit and Loss Statements (if self-employed)
6b. Contributor #2	Which type of documentation would you like to provide? Pay Stubs for the Last Two Months of Work Proof of Unemployment Profit and Loss Statements (if self-employed)
6c. Contributor #3	Which type of documentation would you like to provide? Pay Stubs for the Last Two Months of Work Proof of Unemployment Profit and Loss Statements (if self-employed)
6d. Contributor #4	Which type of documentation would you like to provide? Pay Stubs for the Last Two Months of Work Proof of Unemployment Profit and Loss Statements (if self-employed)

7a. Would you like a Tri-County Health Network Care Coordinator to contact you for assistance with other needs? (e.g. health insurance, food assistance, etc.)

Yes No

7b. Please indicate the best method to contact you:

Email Phone

8a. Do you have a current provider/therapist?

Yes No

8b. Provider / Therapist Name

8c. Provider / Therapist Phone

8d. Are you currently a TCHN Teletherapy client?

Yes No

If you would like help locating a local Colorado licensed therapist please visit tchnetworkdirectory.org or email us at BHFUND@tchnetwork.org.

Signature Agreement

I certify, to the best of my knowledge, that all information in this application is true and accurate. Furthermore, I agree to inform Tri-County Health Network if my family income, county of residence, or my place of work changes at any point of the year. I understand that there is no guarantee I will receive a financial scholarship. Finally, I understand that, if I receive a financial scholarship, in order for my care to be paid, I authorize my therapist to release the dates/times of my treatment and reason for visit – for payment purposes only. Any personal information that could identify me will be changed before this information is shared with Solutions.

9a. Signature*



9b. Name*

9c. Today's Date*