

San Miguel Behavioral Health Fund Application

Every section of this application must be completed in its entirety. Incomplete applications will not be considered.

The San Miguel Behavioral Health Solutions Panel (Panel) created the Behavioral Health Fund (SMBH Fund), which is intended to help those living and/or working in San Miguel County to be able to afford individual mental health counseling/therapy services. Please complete the application below to apply for a financial scholarship. Your completed application will be reviewed to determine your scholarship for counseling/therapy based on current yearly household income (see Sliding Scale below). Individuals that live or work in San Miguel County are eligible for up to \$110 per session for up to 6 counseling/therapy sessions per calendar year. If your household income is less than or equal to 400% of the federal poverty level (FPL), you may be eligible for an additional 6 sessions at either \$85 or \$100 per session. Your therapist must be licensed in the state of Colorado and must agree to bill the Panel for services provided through the TCHnetwork website.

This application is good from now until the end of 2023 unless your income, residence, or place of work changes.

SMBHF	\$100 paid	\$85 paid	not eligible
FPL/ Household	less than 260%	261% - 400%	over 400%
1	0 - \$35334	\$35335- \$54360	\$54361+
2	0 - \$47606	\$47607- \$73240	\$73241+
3	0 - \$59878	\$59879- \$92120	\$92121+
4	0 - \$72150	\$72151- \$111000	\$111001+
5	0 - \$84422	\$84423- \$129880	\$129881+
6	0 - \$96694	\$96695- \$148760	\$148761+
7	0 - \$108966	\$108967- \$167640	\$167641+
8	0 - \$121238	\$121239- \$186520	\$186521+

You must either live or work in San Miguel County to be eligible for this fund. For information on other resources that may be available in your area, please contact the Tri-County Health Network office at (970) 708-7096. Thank you.

1a. First Name*

1b. Last Name*

1c. Date of Birth*

1d. Email Address*

1e. Phone Number*

1f. Mailing Address*

1g. City*

1h. State*

1i. Zip*

1j. Please select the option that best describes the type of application you are submitting:*

First time application

Reapplication - have been approved in the past

Reapplication - have not been approved in the past

Other members of household applying for scholarships

11a. Do you have any other household members applying?
Yes No

11b. First Name	11c. Last Name	11d. Date of Birth
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11e. First Name	11f. Last Name	11g. Date of Birth
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11h. First Name	11i. Last Name	11j. Date of Birth
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11k. First Name	11fl Last Name	11m. Date of Birth
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11n. First Name	11o. Last Name	11p. Date of Birth
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11q. First Name	11r. Last Name	11s. Date of Birth
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Addresses

2a. Do you live in San Miguel County?*

Yes No

2b. Is your physical address the same as your mailing address?

Yes No

2c. Physical Address

2d. City

2e. State

2f. Zip

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?*

\$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 Gross 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?

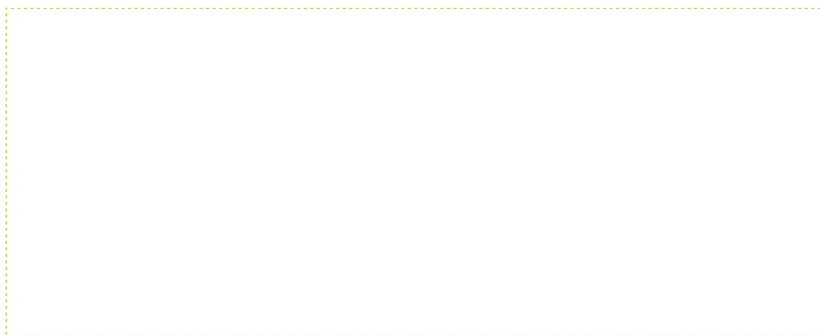
Yes No

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*

10a. How did you hear about this fund?*

- Newspaper advertisement
- Newspaper article
- Poster or flyer
- Social Media
- TCHNNetwork email
- TCHNNetwork website
- Word of Mouth
- Other