



Behavioral Health Fund Application 2025

Applications for 2025 Behavioral Health Fund Scholarships are now open. If you receive a scholarship, you can begin using it on January 1st, 2025. Anyone who lives or works in San Miguel County is eligible to receive six sessions through the Behavioral Health Fund. Depending on your income, you may be eligible for an additional six. If you would like assistance establishing long-term solutions to accessing behavioral health care, TCHN's Care Coordination team may be able to help. Please reach out to cc-referral@tchnetwork.org or call 970-708-7096. To submit this application, you can scan and email it to bhfund@tchnetwork.org, or drop it off at the TCHN office located at 238 E Colorado Avenue, Ste 8, Telluride.

Name

Date of Birth

First Name

Last Name

Email

example@example.com

Phone Number

Address

Street Address

Street Address Line 2

City

State

Zip Code

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

Do you live in San Miguel County?

Yes

No

Do you work in San Miguel County?

Yes

No

Demographics

Providing information on your demographics provides valuable information on what sectors of our community are utilizing the Fund and seeking behavioral health services. Your answers will not affect the likelihood of your application's acceptance. You may choose not to answer any or all questions. All answers will remain confidential.

What gender do you identify as?

Female

Transgender Female

Gender-variant/Non-conforming

Queer

Choose not to answer

Male

Transgender Male

Intersex

Not listed

What race do you identify as?

American Indian or Alaskan Native

Black or African American

White or Caucasian

Not listed

Asian

Native Hawaiian or Pacific Islander

More than one race

Choose not to answer

Please specify your ethnicity

Latinx/Hispanic

Non-Latinx/Hispanic

Choose not to answer

What language are you most comfortable speaking?

English
Spanish
Choose not to answer
Other

What is your veteran status?

Active duty military	Reservist
Veteran (prior service)	Veteran (retired)
Not a veteran	Choose not to answer

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	

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

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

What town/city do you live in?

How many people, including yourself, do you live with?

Social Determinants of Health Screener

The below questions are asked so that we can provide services and resources in other areas of your life where you may need/want support. Your answers will not affect the likelihood of your application's acceptance and they will not be shared with your behavioral health provider. If you consent, a care coordinator from TCHN may reach out to you with additional resources. You may choose not to answer any or all questions by selecting "Choose Not To Answer" in the drop-down menu. All answers will remain confidential.

What is your living situation today?

I have a steady place to live

I have a place to live today, but I am worried about losing it in the future

I do not have a steady place to live

Choose not to answer

Think about the place you live. Do you have problems with any of the following? Select all that apply

Pests such as bugs, ants, or mice

Oven or stove not working

Lead paint or pipes

Water leaks

I choose not to answer

Smoke detectors missing or not working

Mold

Lack of heat

None of the above

Within the past 12 months, you worried that your food would run out before you got money to buy more

Often true

Sometimes true

Never true

Choose not to answer

Within the past 12 months, the food you bought just didn't last and you didn't have the money to get more

- Often true
- Sometimes true
- Never true
- Choose not to answer

In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting to things needed for daily living (food, job interview, child care)?

- Yes
- No
- Choose not to answer

In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home or where you live?

- Yes
- No
- Already shut off
- Choose not to answer

Do problems getting child care make it difficult for you to work or study?

- Yes
- No
- Choose not to answer

How many times have you received care in an emergency room over the last 12 months?

- 0 times
- 1 time
- 2 or more times
- Choose not to answer

In the last 12 months, have you needed to see a medical provider (doctor, dentist, mental health, optometrist, specialist,) but could not because of how much it cost?

- Yes
- No
- Choose not to answer

How often do you have a problem understanding what is told to you by a medical provider about your health or a medical condition?

Never
Sometimes
Frequently

Rarely
Fairly often
Choose not to answer

How confident are you in filling out medical forms by yourself?

Extremely confident
A little bit confident
Choose not to answer

Somewhat confident
Not at all confident

How often does anyone, including family and friends, insult or talk down to you?

Never
Sometimes
Frequently

Rarely
Fairly often
Choose not to answer

How often does anyone, including family and friends, scream or curse at you?

Never
Sometimes
Frequently

Rarely
Fairly often
Choose not to answer

How often does anyone, including family and friends, threaten you with harm?

Never
Sometimes
Frequently

Rarely
Fairly often
Choose not to answer

How often does anyone, including family and friends, physically hurt you?

Never
Sometimes
Frequently

Rarely
Fairly often
Choose not to answer

In the past 12 months, how often do you participate in group activities like going to church, volunteering, attending a meeting of an organized group (book club, Rotary, veteran's group)?

Never
Several times a year
Every week
I choose not to answer

About once or twice a year
About once a month
Several times a week

If your family suddenly had a crisis or needed money for an unexpected expense, like a car repair or serious illness, would you have someone you could count on for help?

Yes

No

Choose not to answer

How often do you feel lonely or isolated from those around you?

Never

Sometimes

Frequently

Rarely

Fairly often

Choose not to answer

Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

Not at all

Sometimes

Very much

A little bit

Quite a bit

Choose not to answer

Do you have concerns about immigration for you or your family members?

Yes

No

Choose not to answer

Care coordinators can help with food and housing resources, immigration assistance, health insurance, domestic violence resources, and more. Would you like a Tri-County Health Network Care Coordinator to contact you for assistance with other needs?

Yes

No

What TCHN programs have you participated in or used services from?

Behavioral Health

Communities That Care

Eye Health

Insurance Enrollment

Oral Health

I choose not to answer

Care Coordination

Emergency Fund Administration

Food Security

Multi Cultural Advocacy

Transportation

Financial Information

The Behavioral Health Fund accepts anyone who lives/works in San Miguel, regardless of income, for an initial six sessions. Your reported income will not affect your application's acceptance for an initial six sessions. Dependent on income, you may be approved for an additional six sessions.

How many family members, including yourself, depend on your income?

How many family members, including yourself, contribute to your household income?

How would you rate your personal/family's financial situation?

Excellent

Good

Fair

Poor

Choose not to answer

What is the total income for your household per year?

Is anyone who contributes to your household income self-employed?

Yes

No

Does your household income fluctuate month-to-month?

Yes

No

Please indicate the reasons why you need financial aid

If your therapy or counseling is related to substance use challenges or recovery from substances, then you may be eligible for up to 12 additional sessions through our Recovery Access Fund. Please answer the following question for our team to help maximize your scholarship potential: Is your counseling related to substance use or recovery? *

Yes

No

Do you have a current provider/therapist?

Yes

No

If yes, provider name and phone number

Signature

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 the San Miguel Behavioral Health Solutions Panel.

Release of Information Consent

By signing this application, I understand that my information may include protected health information. I authorize the release of my information to any person or agency necessary to meet my service needs, including, but not limited to, vendors and partner agencies. This information will be used solely for the purpose of assessing, arranging, and meeting my individual service needs. I release Tri-County Health Network and its partners from any liability related to the sharing of this information.

Name

Signature

Today's Date