

Mental Health Fund Windom Area Health Foundation



POLICY

SCOPE: Windom Area Health

1. PURPOSE

- 1.1 To establish a process for the allocation of funds contributed to the Windom Area Health (WAH) Foundation Mental Health Fund.

2. POLICY

- 2.1 A fund of the WAH Foundation, called the Mental Health Fund, will be designated to support increased responsiveness to community mental health challenges.
 - 2.1.1 One purpose of this fund will be to financially support community education initiatives related to improved mental wellbeing and reduced stigma around mental illness.
 - 2.1.1.1 Initiatives should demonstrate the ability to respond to a mental health issue in the community, ideally through evidence-based methods.
 - 2.1.1.2 Requests involving collaboration between community partners are encouraged and given preferential consideration.
 - 2.1.1.3 Up to \$5,000 may be granted per request.
 - 2.1.2 A second purpose of this fund will be to support mental health professionals or first responders to receive advanced training that improves responsiveness to mental health crises.
 - 2.1.2.1 Support may include, but is not limited to: train-the-trainer workshops, conference speaker fees, or enhancements to facility resources for improved patient care related to mental health responsiveness.
 - 2.1.2.2 Requests involving collaboration between agencies are encouraged and given preferential consideration.
 - 2.1.2.3 Up to \$5,000 may be granted per request.
 - 2.1.3 A third purpose of this fund will be to support individuals in our community who have an unmet financial need because of a mental health condition or crisis.
 - 2.1.3.1 A qualified condition or crisis must be one in which an individual has sought professional care (ex: emergency department, mental health professional or practitioner, or other professional intervention). The crisis situation cannot be one of long duration or frequent occurrence.

- 2.1.3.2 Support may include: covering costs of travel associated with an inpatient stay, covering bills for therapy sessions, or covering expenses related to mental health treatment.
 - 2.1.3.3 Expenses for medication are not eligible to be funded.
 - 2.1.3.4 Up to \$3,000 may be granted per individual, per incident, per request.
 - 2.1.3.5 Applicants are encouraged to work with their mental health professional in requesting funds to maintain continuity.
- 2.2 The solicitation of contributions for this fund will be the responsibility of the WAH Foundation.
 - 2.3 Awardees may receive only one award every other calendar year (non-consecutive years).

3. PROCEDURE

- 3.1 Funds may be requested by contacting the Director of Foundation for an application packet relevant to the requested area of need. The materials will also be made available on the WAH website.
 - 3.1.1 Applicants must complete an application and provide documentation of cost and financial need to assist the WAH Foundation Board in their decision-making process.
- 3.2 A majority vote of the members present will be required for each request of funds.
- 3.3 The WAH Foundation Board will review applications at regular meetings and determine awards.
 - 3.3.1 All Personal Health Information (PHI) shall be removed from the application, prior to Board review.
 - 3.3.2 If the request is approved, distribution of funds will be paid directly to a specified third-party versus the applicant.
- 3.4 The Director of Foundation will inform applicants of the award decisions and work with vendors to distribute approved payouts.

MENTAL HEALTH FUND DIRECT ASSISTANCE APPLICATION

In order to apply for assistance through the Mental Health Fund, you must meet the following criteria:

1. Reside in Cottonwood County or its adjacent surrounding counties.
2. You/a family member is experiencing a mental health crisis of which you have sought professional care. The crisis cannot be a chronic situation of a long duration or a frequent occurrence.
3. Have documentation of an unmet financial need.

Assistance will be provided by paying bills directly (ex: paying bill of a therapy session or paying toward the balance of an inpatient stay) or providing vouchers/gift cards. Payments made directly to an applicant, for medications, or towards credit card debt are not allowed. Applicants are eligible to receive up to \$3,000. Awarded applicants can receive funds every other year (non-consecutive years). Applications are reviewed through a confidential process by the Mental Health Fund Committee, which is comprised of Foundation Board members.

APPLICANT INFORMATION

Name: .

DOB: .

Address: .

Phone: .

Email: .

REQUEST INFORMATION

Total Amount Requested: .

1. Please describe your situation prompting this request:

2. What have you done to help manage this situation? (ex: used PTO, used up savings, applied for financial assistance, acquired assistance from family or other organizations)

3. What will these funds assist with? (ex: cost of an inpatient hospital stay, travel expenses related to receiving mental health care or treatment)

4. Is there any other information you would like for the committee to know about this situation?

FINANCIAL INFORMATION

All requests must provide the following supplemental documentation to help the Committee best understand your financial situation and consider your request:

- Copy of most recent paystub;
- Confirmation of receiving care related to a mental health crisis (bill, diagnosis from physician, etc.); and
- Copy of overdue bill (if applicable to request) needing payment assistance.

Please complete the following personal and financial questionnaire:

1. Number of dependents and ages:
2. Marital Status: *Single* *Married* *Separated* *Divorced* *Widowed*
3. Have you applied for funds through the Mental Health Fund in the past?
4. What kind of health insurance do you have?:
 - a. Deductible:
5. Annual household income (gross):
6. Have you filed for bankruptcy within the last 7 years? Yes No
7. Other sources of income (disability, child support, food stamps):
8. Total monthly expenses:
9. Total Debt (credit card bills, student loans, mortgage):
10. Last 30 days out-of-pocket medical expenses?
11. Total accessible cash on hand (savings, checking, cash):
12. Total assets on hand (total value of home, cars, boat, etc.):
13. Have you received assistance or donations through other means? (Financial Assistance, GoFundMe, grants, other charitable efforts): Yes No Unknown
 - a. If yes, please list the total income/assistance and their sources:
14. How did you hear about the Mental Health Fund?
 Family Friend Internet Other

If more room is needed to answer questions, an additional page can be included.

By checking this box, I certify that the information provided in this application is true to the best of my knowledge. I acknowledge that falsification of any information will disqualify me from funds consideration. I grant permission for the Foundation's Mental Health Fund Committee to confidentially review the information I have provided.

Signature:

Date: