



WINDOM AREA HEALTH

Foundation

Mental Health Fund

The Mental Health Fund was established in 2024 and has three goals:

1. Support local initiatives related to improved mental wellbeing and reduced stigma around mental illness;
2. Support mental health professionals to received advanced training that improves responsiveness to mental health crises; and
3. Support Windom Area Health patients who have an unmet financial need because of a mental health condition or crisis.

This Fund aligns with the Foundation's Mission: *Together with Windom Area Health, our mission is to promote exceptional quality care and wellbeing for rural communities in southwest Minnesota.*

If you fit within one of those Fund parameters, consider applying. Review the application and Fund policy on the next pages. Fill out the application in its entirety, and return to me either electronically or via mail. Applications are scrubbed to remove personal information and reviewed by our Foundation Board on a monthly basis. You will be notified of a funding decision within 1-2 weeks of the Board's review.

Please contact me with questions or to submit an application: Kathryn.greener@windomareahealth.org or 507-831-0633.

Sincerely,

Katie Greener
Foundation Director

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. Have a documented qualified condition or crisis in which you are receiving mental health professional care at Windom Area Health (ex: emergency department, mental health professional or practitioner, or other professional intervention).
3. Have justification for financial need with copy of a bill.

Assistance will be provided by paying bills directly (ex: paying bill of a therapy session or paying toward the balance of a bill at Windom Area Health). Medications are not unallowable expenses. 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: Email:
Phone:

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: unpaid therapy bill)

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:

- Confirmation of receiving care related to a mental health crisis (bill, diagnosis from physician, etc.); and
- Copy of overdue bill 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 met with the Patient Financial Counselor at WAH?: Yes No
14. How did you hear about the Mental Health Fund?
 Family Friend Therapist 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:

Windom- Windom Area Health: Foundation:	Mental Health Fund - Windom
	APPROVED BY: DIR OF FOUND/AUXILIARY
DATE REVIEWED/REVISED: 04/30/2026	FORMULATED BY: DIR OF FOUND/AUXILIARY

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 in tandem with Windom Area Health’s response.
 - 2.1.1 One purpose of this fund will be to financially support 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 educational methods and projects.
 - 2.1.1.2 Requests must show clear connection to or benefit to Windom Area Health.
 - 2.1.1.3 Requests involving collaboration between community partners are encouraged and given preferential consideration.
 - 2.1.1.4 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, instructor trainings, conference speaker fees, related to mental health responsiveness.
 - 2.1.2.2 Requests must show clear connection to or benefit to Windom Area Health.
 - 2.1.2.3 Requests involving collaboration between agencies are encouraged and given preferential consideration.
 - 2.1.2.4 Requests for advertising, equipment, office furnishings, supplies, or professional licensure are not eligible.
 - 2.1.2.5 Up to \$5,000 may be granted per request.
 - 2.1.3 A third purpose of this fund will be to support Windom Area Health patients who have an unmet financial need to obtaining care for a mental health crisis.

- 2.1.3.1 An unmet financial need may include a lack of insurance coverage or inability to pay. Applicant must demonstrate that other resources have been exhausted before applying to the Fund, such as meeting with the WAH Patient Financial Counselor
 - 2.1.3.2 A qualified condition or crisis must be one in which an individual has received or is receiving professional care (ex: emergency department, same-day clinic, or mental health professional or practitioner WAH).
 - 2.1.3.3 Support may include: covering costs of travel associated with an inpatient stay, covering bills for therapy sessions, or covering expenses for mental health treatment.
 - 2.1.3.4 Expenses for medication are not eligible to be funded.
 - 2.1.3.5 Up to \$3,000 may be granted per individual, per incident, per request.
 - 2.1.3.6 Applicants must demonstrate commitment to the process and are encouraged to work with their mental health professional in requesting funds to maintain continuity of care.
- 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), regardless of award amount.
 - 2.4 The award is good for up to one year after the time of announcement. Unused awards cannot be paid out beyond one year.

3. PROCEDURE

- 3.1 Applicants must reside in Cottonwood County or its adjacent surrounding counties.
- 3.2 Funds may be requested by contacting the Foundation Director for an application relevant to the requested area of need. The materials will also be made available on the WAH website.
 - 3.2.1 Applicants must complete an application and provide documentation of cost and financial need to assist the WAH Foundation Board in their decision-making process.
- 3.3 A majority vote of the members present will be required for each request of funds.

- 3.4 The WAH Foundation Board will review applications at regular meetings and determine awards.
 - 3.4.1 All Personal Health Information (PHI) shall be removed from the application, prior to Board review.
 - 3.4.2 If the request is approved, distribution of funds will be paid directly to a specified third-party after applicants have provided receipts or proof of expense.
- 3.5 The Foundation Director will inform applicants of the award decisions and work with vendors to distribute approved payouts on a reimbursement basis.