

Region 4 Request for Individual Support Funds

The Region 4 office manages a small pool of Individual Support (IS) Funds that partner CSBs/BHA may access on behalf of individuals who have an urgent/emergent need that can be met with one-time or time-limited financial support that is not available through other means. **This funding should be considered a last resort option and is primarily reserved for individuals in an acute care setting, CSU, or similar, or who have a documented risk of entering one of those systems and the receipt of IS funding would alleviate that risk.**

There are a few circumstances that would make someone ineligible for IS funding, including:

- The individual is currently receiving or is eligible for Discharged Assistance Funding (DAP);
- The individual is currently receiving or is eligible for funding support through the Region 4 Jail Team Re-entry services;
- The individual has no affiliation with a Region 4 CSB/BHA.

To request Individual Support Funds, please complete the form and submit via encrypted email to:
Amy Erb, Director of Regional Programs, erba@rbha.org

Date of request: _____ Requestor: _____ CSB/BHA: _____

Email: _____ Individual needing funds: _____ CSB ID#: _____

1. Funds are for:

- Housing Assistance
- Transportation Assistance
- Other Personal Needs
- Other: (Describe) _____

2. Funding is requested for:

- One-time
- One month
- Three months
- Other: (Describe) _____

3. The total funding request is: \$ _____ and funds are to be paid to (vendor name):

_____.

4. Other resources that have been explored are: _____

5. Has this individual been provided Region 4 IS funding within the last 12 months? Yes No

6. Briefly describe the individual's situation that is prompting this request. Be sure to address the individual's financial resources (benefits eligibility, etc.): _____

Disposition: Approved Approved with modification Denied Date: _____
Comments: _____

****Vendors should be instructed to send invoices to the attention of the Requestor for review and approval. The Requestor will forward the invoice(s) to: region4invoices@rbha.org via encrypted email or fax (804)-819-4248. A new vendor will need to complete and submit a W-9 form along with the first invoice. RBHA processes invoices within a 30-day time frame.**