



Region 4 Request for Individual Support Funds

The Region 4 office manages a limited pool of Individual Support (IS) Funds for Region 4 CSBs that may be accessed 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 reserved for individuals in an acute care setting, CSU, or other crisis setting, or who have a documented history of entering one of those systems recently, and this period of instability contributed to the reason for the funding request.**

Individuals in state hospitals are not eligible for these funds. Individuals whose care is being provided by a non-Region 4 CSB are not eligible for these funds.

Please submit completed forms via encrypted email to Kirk Morton at mortonk@rbha.org

Request date: _____ **Requestor:** _____

CSB/BHA: _____ **Email:** _____

Individual client name: _____ **CSB ID#:** _____

1. Funds are for:

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

2. Funding is requested for:

- 1 month 2 months 3 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. Is in or nearing crisis and has had a state psychiatric stay in the last 12 months?
 Yes No
7. Has been TDO'd and is waiting on a state psychiatric bed and may be diverted by these services?
 Yes No
8. Has had a private hospitalization in the last 12 months but had been identified on the state hospital waitlist at the time of that admission?
 Yes No
9. Has been admitted to the state facility from jail and is identified to return to jail; however, at jail discharge could benefit from the services provided? The need for these services must be identified while hospitalized.
 Yes No
10. Briefly describe the crisis situation that is prompting this request. **Be sure to include relevant information about the individual's financial resources (SSI/DI, work income, AG eligibility, etc.):**

Disposition: Approved Approved with modification Denied

Date: _____

Signature: _____

Comments:

Post-approval process:

1. Vendors are to submit invoices directly to the Requestor for review and approval. It is recommended that vendors submit a W-9 simultaneously to prevent delays in payment. Current W-9 forms can be found on the IRS website.
2. The Requestor may then forward the invoice and W-9 to the Regional Office invoicing mailbox via encrypted email at region4invoices@rbha.org
3. RBHA processes invoices within a 30-day time frame.