

Youth Consumer Support Service Fund Request Instructions

BHSB provides emergency funds to support youth with mental health diagnoses in some circumstances. Funds are limited and reviewed on an individual basis. Please complete the request form and sustainability form and send via secure e-mail to CAYA@BHSBaltimore.org or secure fax to 410-637-1906.

Section 1: Requestor Information: Please be sure to complete all fields for follow-up communication.

Section 2: Youth Information: All fields and requested demographic information must be completed for processing.

Section 3: Check Addressee/Vendor (*Note: payments cannot be made directly to parents/guardians/caregivers*).

Checks will be mailed directly to the Addressee listed. *A W-9 for the Vendor is required to process payment.*

Section 4: Details of Request

- Include Amount of Request (max of \$1,000). If amount is over \$1,000 maximum, an explanation of how the remaining balance will be covered must be included in the Sustainability Letter form
- A minimum of 3 resources must be reflected in the Sustainability Form, indicating efforts to obtain funding prior to this request (i.e., a church, community program, DSS, Fuel fund, child's school, camp/activity scholarship funds)
- Ensure all required documents are provided based on type of request (i.e. lease, bill, registration information)
- All requests must include an attached completed BHSB Sustainability Form

Section 5:

Required for all Requests: Briefly describe how your request (Section A) is linked to the youth's clinical and/or rehabilitation goals.

Resource Links:

- [Baltimore City Resources | 211 Maryland](#)
- [Network of Care for Behavioral Health](#)
- [Resources for Baltimore City Families | City of Baltimore](#)
- [Financial Assistance - Maryland Department of Human Services](#)

Failure to complete all information and include all required documentation with this application will result in delay in processing or denial of application.



Request for Support

BHSB provides emergency funds to support youth with mental health diagnoses in some circumstances. Funds are limited and reviewed on an individual basis. Please fill out the below information and send via secure e-mail to CAYA@BHSBaltimore.org or secure fax to 410-637-1906.

Requestor's Information

Name/Title: _____ Organization: _____

Phone: _____ Email: _____

Youth Information

Youth Name: _____ Age: _____ SS#: _____

Address: _____ Phone: _____

Parent/Guardian Name: _____

Youth Diagnosis: _____ Youth Treatment Provider: _____

Please circle if the youth is involved with any of the following: DSS DJS CCO

Check Addressee/Vendor *(payments cannot be made directly to parents/guardians/caregivers):*

Name: _____

Address: _____

Phone: _____

Fax: _____

Checks will be mailed directly to Addressee listed

For BHSB Internal Use

Approved (Amount: _____)

BHSB Staff Signature _____

Date _____

Associate Director/Director Signature _____

Date _____

Funding Source: _____

Failure to complete all information and include all required documentation with this application will result in delay in processing or denial of application.

Demographic Information (Section A)

Gender

- Female
- Male
- Unknown
- Declined to answer

Race

- American Indian/Alaskan Native
- Asian
- Black/African American
- Multi-Racial
- Native Hawaiian/Pacific Islander
- White
- Other Race
- Unknown
- Declined to answer

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown
- Declined to answer

Participated in outpatient mental health services this Quarter Yes/No

Participated in substance use counseling this Quarter Yes/No

Housing Status

- Housed
- Transitional Housing
- Unhoused
- Other, not defined above
- Declined to answer

Special Populations

- Pregnant Women
- Women with Children
- Limited English Proficient
- Deaf and Hard of Hearing

Details of Request (Section B)

Amount: _____ (\$1,000 max) 1st Request 2nd Request

Type of request (document resources contacted for assistance):

Medication (Minimum of 3 resources)

- Child does not have medical assistance
- Physician samples not available; applied for pharmaceutical indigent program and other medication assistance programs
- Copy of prescription attached
- Statement of sustainability plan for future payments attached

Transportation (cab, bus, public transportation, voucher) of children and caretaker of minor children to obtain mental health treatment **(Minimum of 3 resources)**

- Transportation required to access mental health treatment
- Medical Assistance does not pay for transportation
- Statement of sustainability plan for future payments attached

Security Deposit/First Month Rent (Minimum of 3 resources)

- Signed lease/housing contract or letter of intent to rent attached Statement of sustainability plan for future payments attached
- Utility turn-on or Deposit (Minimum of 5 resources)
- Statement from utility company with amount required to activate service attached
- Statement of sustainability plan for future payments attached

Past due utility/Rent/Mortgage to prevent loss of community placement (Minimum of 3 resources)

- Utility bill or landlord/mortgage holder statement of balance due attached
- Statement of sustainability plan for future payments attached

Interpretation Services (Minimum of 3 resources)

- Interpretation services required to access mental health treatment
- Statement of sustainability plan for future payments attached

Furniture (Minimum of 3 resources)

- Furniture needed to meet basic household needs and safe sleeping

Recreational supports, i.e. camps, classes, lessons (Minimum of 3 resources)

- Copy of registration invoice or brochure attached
- Statement of sustainability plan for future payments attached

Services not available through PMHS, or while approval being sought, needed to prevent out of home placement or support maintenance in least restrictive community setting. Specify what service is requested:

- Statement from provider of service to be rendered and cost attached

Other (specify): _____

Required for all Requests:

Briefly describe how your request (Section A) is linked to the youth's clinical and/or rehabilitation goals:

SUPPLEMENTAL INFORMATION TEMPLATE

Statement of Sustainability

Please provide a detailed statement explaining your plan to maintain this assistance in the future without returning to financial hardship. (Attach additional pages if needed.)

Resources Attempted and Outcome

This service is intended as a resource of last resort. Before submitting this request, a minimum of three alternative resources must be contacted for assistance. Please provide detailed information regarding each resource contacted in the section below.

Resource Agency Name	Date of Contact	How Does this Agency Assist with this Type of Requested Assistance	Outcome or Reason for Denial
1.			
2.			
3.			