

NORTHWEST MICHIGAN



PEER NETWORK

MENTAL HEALTH RELIEF FUND APPLICATION

REQUIREMENTS:

- 1) Applicant must be an active first responder with a law enforcement agency, corrections office, 911 dispatcher office, fire department, or EMS agency.
- 2) Invoice of sessions with applicants privacy protected.
- 3) Applicants will only be approved for a maximum of \$300.00 (If the funds are available).

APPLICANT INFORMATION

Name: _____ **Date:** _____
First M.I. Last

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip*

Phone: _____ **Email:** _____

Do you have health insurance ? YES NO **If yes, which agency is it through?** _____

AGENCY INFORMATION

Agency: _____ **Agency Contact:** _____

City and State: _____ **Agency Type:** Fire EMS LEO 911 Dispatch Corrections

Phone: _____

Does your agency have a EPA? YES NO Does your agency offer mental health assistance? YES NO

Is your agency aware of this application? YES NO

Note: Agency information is only gathered to confirm your active participation with the agency. No other information will be given to your agency in order to protect your privacy unless you agree otherwise.

FUND INFORMATION

Amount Requested: \$ _____ **Can you provide a copy of the invoice?** YES NO

Do you need assistance with locating appropriate resources? YES NO **Do you want to harm yourself or others?** YES NO

Brief description of assistance needed:
