

BALTIMORE COUNTY DEPARTMENT OF HEALTH

BUREAU OF BEHAVIORAL HEALTH

BALTIMORE COUNTY CORE SERVICE AGENCY

6401 YORK ROAD, TOWSON, MD 21212

Tel. 410-887-3828

Fax 410-887-3786

ATTENTION: Melissa Powell
The authorized service will be paid from:
COUNTY FLEX: Miscellaneous Services

Request/Authorization Form for Child and Adolescent (C& A) Flex Funds

\*Please note that funds are limited and should be used as a fund of last resort\*

Camp Socialization Activities/Social Skills Other

For Camp and Socialization Activities:

- 1. Referring agency completes info below and faxes to BBH, along with programs brochure; the cost for the activity must be listed in the printed brochure or an invoice must be sent.
2. BBH faxes signed authorization form back to referring agency.
3. Referring agency provides signed authorization form to program vendor along with child's completed registration form. BBH processes and will mail Baltimore County Government check to program vendor

If the Child's Parent is not eligible for Adult Flex Funds or ADA A Flex Funds then C & A Funds can be requested for the following only:

BGE Eviction Prevention Security Deposit

1) Requestor Information (Person completing the form):

a. Name:

Phone#: Fax #: E-Mail:

b. Agency Name & Address:

c. Professional Relationship to Consumer:

2) C & A Consumer's Information:

a. Name:

DOB: Phone#:

b. \*\*\*\*\*For Eviction Prevention, Security Deposits and BG& E Request Only: complete 2b.\*\*\*\*\*

Name on the Bill: Relationship to the Child: Veteran: Yes/No

c. Address:

d. Child's Mental Health Diagnosis:

d. Is the Child actively in Treatment in the Public Mental Health System? Yes No

e. List name of Child's Licensed Mental Health Provider and Phone #:

f. Describe how the use of this flex fund will assist in promoting the child's mental health and/or assist this child & family to safely remain in the community.

Blank lines for providing detailed information for item f.

g. Describe the plan in place or being developed to prevent recurrence of current need for security deposit, rental or utility assistance; *Question 2g is N/A--- If you are applying for Camp and Socialization assistance.*

h. What other community, private, public, and/or family resources have been accessed to help alleviate current financial situation? \_\_\_\_\_

**3) Vendor Information (example: BG&E, YMCA , Recreation and Parks, CCBC etc.)**

a. Amount Due: \$ \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_ Amount from other sources: \$ \_\_\_\_\_

b. Vendor Name: \_\_\_\_\_

c. Payment mailing Address: \_\_\_\_\_

d. Telephone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

e. Contact Name: \_\_\_\_\_

**INSTRUCTIONS**

***\*Please note that funds are limited and should be used as a fund of last resort\****

- 1) Any member of the consumer's treatment team may submit a request. **A consumer may not submit requests for him/herself.** The requestor takes on the responsibility of providing and verifying accurate information for the purpose of assisting the consumer.
- 2) The requestor completes **ENTIRE** form and provides documentation on amount owed from the vendor. This may be a letter signed by the vendor, a bill or other similar document. Documentation of amount owed must be dated within past 30 days, include the consumer's name and the parent (s) name, address, amount owed, vendor name, vendor address and a current W9 for any vendor that is not already in the purchasing system.
- 3) The requestor should fax the entire request and all supporting documentation for review. Once a decision has been made to approve a request, requestor will be given a copy of the "provisional approval" and must forward original documentation of amount owed to this agency for payment processing. Please allow at least 7-10 business days for processing the request.

**For Evictions**

**\*All evictions require 7 days to process\***

- Copy of application
- Copy of eviction notice and/or letter from landlord
- Money order/check receipt
- Federal Tax ID#
- W9 for new/private vendor

**For Security Deposits**

- Copy of application
- Welcome letter from vendor
- Money order/check receipt
- Federal Tax ID#
- W9 for new/private vendor

**For Utilities**

- Copy of application
- Recent BGE statement (30 days)
- Statement to continue or restore services
- Money order or check receipt

APPROVAL  DENIED  :

Comments: \_\_\_\_\_

Bureau of Behavioral Health staff signature & date: \_\_\_\_\_

Bureau of Behavioral Health Supervisor signature & date: \_\_\_\_\_