MENTAL HEALTH FUND

Provider Application

Aspen Community Foundation's Mental Health Fund has been established by a community donor to provide financial assistance for individuals and families living from Aspen to Parachute who find themselves in mental health or substance abuse crisis and cannot afford to pay for treatment. The Mental Health Fund is not a resource for long-term therapy.

Mental Health providers eligible to apply for financial aid for needy patients must be: 1) Licensed (in good standing) to practice in the State of Colorado and holding liability insurance; 2) Willing to practice at a reduced rate (see rate table below); 3) Willing to collaborate with ancillary services and community resources to promote patient's well-being after the funded time period.

Providers may request access to the Mental Health Fund by completing this form and faxing it to ***ACF at 970-920-2892.***

Provider Name: ______________________ Credential(s): ______________

Agency (if applicable): ______________

License State: ______________________ License #s: ______________

Degree: ☐ M D ☐ NP ☐ PhD or PsyD ☐ LPC ☐
☐ LCSW ☐ LMFT ☐ Non-board cert. PhD
☐ LSW ☐ MA/MS in Clinical/Counseling Psych*

Health Insurance Plans accepted by Provider: ______________________

Provider Mailing Address: ______________________

Provider Phone: ______________ Email: ______________

☐ I agree to see patients at the rate scale below.
☐ I confirm that I hold liability insurance for my practice and will provide ACF with proof of coverage.
☐ I understand that Mental Health Fund grants are considered taxable income and therefore I will provide ACF with a signed W9.
☐ I agree to connect patients funded through the Mental Health Fund with ancillary services and community resources.
☐ I agree to file a Final Report with ACF detailing dates of actual service provided and patient prognosis.
☐ I agree to return any unused portion of the grant to the Mental Health Fund.

Provider Signature: ______________________ Date: ______________

Service and Rate Schedule

Psychiatric Session	MD	NP	
1/2 hour	$150	$80	
Individual Therapy	Psy. D, PhD	LPC, LCSW, LMFT	LSW
1 hour	$125	$90	$80

For ACF use only ☐ APPROVED ☐ DENIED

Signature: ______________________ Date: ______________