



Hope Source Financial Assistance Policy

A program of NEW Community Health Foundation

Hope Source represents hope for all individuals grappling with mental health challenges and the providers dedicated to supporting them. By investing in the well-being of our community, we pave the way for a healthier, more resilient society.

OBJECTIVE

The goal of Hope Source is to support the needs for improved access to mental health and counseling resources. Through donated funds, local licensed providers could apply for funding on behalf of their clients who are in need of additional services. Funding shall be granted to the provider to offset expenses to the client.

WHO QUALIFIES

Hope Source is committed to assisting as many Campbell County residents (and other surrounding counties as approved) as possible who are seeking counseling/ therapy and in need of financial assistance. Applying providers must be licensed in the state of Wyoming with no sanctions.

1. Providers must have one of the following accepted licenses: LCSW, LMFT, PCSW, PMFT, LPC, PPC, Provisional Addiction Therapist, Licensed Addiction Therapist, Psychologists. The provider must provide a copy of the Providers State of Wyoming License.
2. The client must be a resident of Campbell County. Clients from surrounding counties will be reviewed by the committee.
3. The client must already be established in the provider's practice.
4. The provider must provide a detailed declaration of need for their client to receive financial support. This could be a short statement or determination of need. Please tell us how you plan on using the money if you receive grant funding.

FINANCIAL ASSISTANCE

At the beginning of each calendar year, based on available funds, the committee will establish a disbursement limit for any individual applicant per treatment year. To receive financial help, the following conditions of the client must be met:

1. Upon approval, each client may receive up to a maximum of One Thousand Five Hundred (\$1500.00) once within a 12-month period. Please note, you can request the maximum amount but that is not a fixed amount that you are guaranteed. *Funds will not be granted to cover past due balances.*
2. Once funding is approved, payment will be made every 30 days per invoice from the provider. The invoice must include dates and charges for each session.

PROCEDURE FOR ASSISTANCE

1. Provider to complete application on behalf of his/her client. The provider must have his/her client's approval to release personal information. Application must be submitted to NEW Community Health Foundation for HOPE Source committee review.
2. Hope Source committee will review the application at designated monthly meeting. If additional information is required, the provider will be notified.

3. Applications meeting the eligibility criteria will be notified in writing of the receipt of an award for financial assistance. Please allow 4-6 weeks for processing and disbursement by the Foundation.
4. Provider is responsible for submitting an invoice for reimbursement. *Reimbursement will only be paid to the provider.*
5. Provider must keep a Release of Information (ROI) form on file.
6. If funds are awarded and treatment continues beyond one year from the original date of approval or if counseling or therapy becomes necessary at a later date, providers may reapply for financial assistance after one year from the date the application is received by the committee. *There is no guarantee the provider reapplying will be funded.*

For more information about Hope Source and the NEW Community Health Foundation, visit our website at www.newcommunityhealth.org

