



**COVID-19 Behavioral Health Services Scholarship Fund Application
(Miami County)**

Client Name:
 ID Number (if applicable):
 Date of Birth:
 Preferred Contact Info for Notification:
 Date of Application submission:

Person completing form if different from Client:
 Contact info:

Service(s) for which scholarship funding is requested:

Date	Service Type	Provider	Amount of Funding Requested (completed by billing dept.)

Are the following criteria met regarding the services for which funding is requested?

- Miami County resident at the time of COVID-related service delivery
- Service received between March 1, 2020 – December 30, 2020
- Service was COVID-related as determined by ELC’s service provider and as noted in the Electronic Health Record
- Client would benefit from scholarship funding to help offset costs of this service (e.g. direct client fees, co-payments, deductible payments, “spend-down” payments)

**Submit completed application to the ELC Billing Department, Attn: Loree Love
 For more information call 913-557-9096**



COVID Scholarship Application Review

This section to be completed by ELC Billing Dept.

Eligibility Review

- Miami County resident at the time of COVID-related service delivery
- Service received between March 1, 2020 – December 30, 2020
- Service was COVID-related as determined by ELC’s service provider and as noted in the Electronic Health Record
- Client would benefit from scholarship funding to help offset costs of this service (e.g. direct client fees, co-payments, deductible payments, “spend-down” payments)
- Miami County SPARK funding is available for the COVID-19 Behavioral Health Services Scholarship project at the time of eligibility review

Acceptance Decision

- Requested amount fully granted
- Requested amount partially granted
- Requested amount denied

Comment: _____

Total amount of scholarship funding awarded:

Name/Date of Reviewer:

Date of Notification to Service Recipient:

Date of Notification to ELC Treatment Team: