

Aspen Community Foundation’s Mental Health Fund provides 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.

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**. A copy of their W-9, CO license to practice and liability insurance must be submitted as well. Email any questions to directassistance@aspencommunityfoundation.org

PROVIDER INFORMATION

Provider Name: _____

Credential(s): _____

Agency (if applicable): _____

License #(s): _____ License State: _____

Degree(s): MD NP PhD or PsyD Non-board cert. PhD
 LPC LCSW LSW LMFT
 MA/MS in Clinical/Counseling Psych

Health Insurance Plans Accepted: _____

Mailing Address: _____

Phone: _____ Email: _____

- I agree to see patients at the rate scale below.
- I confirm that I hold liability insurance for my practice (please provide proof of coverage with the application).
- I understand that Mental Health Fund grants are considered taxable income and 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 submit an annual report describing how the funding was used, include the number of clients served, behavioral health issues addressed, and demographic information (ages, gender, town of residence, etc.)
- I agree to return any unused portion of the grant to ACF’s Mental Health Fund.

Signature: _____

SERVICE 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

ACF Signature: _____ Date: _____