**Northwest Colorado Health**

**Individual Assistance Fund Request**

*To help individuals in need of financial assistance for health related needs. Money is to be paid prior to a service being provided, and no money may be paid directly to the individual. Some funding sources may require additional information. Return completed forms to Suzi Mariano at* [*smariano@northwestcoloradohealth*](mailto:smariano@northwestcoloradohealth.org)*.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client Name: | |  | | | | | | | DOB: |  | | Phone: |  | |
|  | | | |  | | |  | | |  | |  | |  |
| Client Address: | | |  | | | | | | | | | | | |
|  | | | |  | | |  | | |  | |  | |  |
| Name of Employee/Referring Agent: | | | | | |  | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| Amount Requested: | | | |  | | | Date Needed: | | |  | | Today’s Date: | | 3/26/2020 |
|  | | | |  | | |  | | |  | |  | |  |
| Assistance Funding Payable to: | | | | |  | | | | | | | | | |
|  | | | | | | | |  | |  |  | | | |
| Address: |  | | | | | | | | | | | | | |

**Explain request including all known circumstances, impact on health, and expected outcome:**

**What was the individual’s level of stability prior to this need?**

**How will the individual achieve stability after request is granted?**

**Have all other community resources (list attached) been exhausted?  Yes  No – Explain**

**Client is enrolled in the following programs:**

Medicare  Medicaid/CHP +  CICP  CAP Card  Private Insurance

**If individual is not enrolled in any of the programs above, is an application in place? Explain:**

**Would this client be willing to share their story with the Northwest Colorado Health Marketing Team? Yes No**

**Northwest Colorado Health**

**Community Resource List**

***For an up to date, full directory of community resources, DIAL 2-1-1. This number provides access to health and human services resource information and referrals.***

|  |  |  |  |
| --- | --- | --- | --- |
| 14th Judicial District Probation Department | Services for Youth, community service, classes | Moffat | 970-824-7304 ext 307 |
| Advocates Building Peaceful Communities | Domestic Violence Support Services | Moffat | 970-824-9709 |
| Advocates Building Peaceful Communities | Domestic Violence Support Services | Routt | 970-879-2034 970-879-8888 |
| Ask a Lawyer | Law | Moffat | 970-824-8254 |
| AV Hunter Trust | Financial Assistance |  | www.avhuntertrust.org |
| Colorado SHIP | Assistance with Medicare |  | 970-819-6401 |
| Community Budget Center | Assistance | Moffat | 970-824-7898 |
| Crisis Line Suicide Prevention | Phone assistance | Routt | 970-846-8182 After Hours 970-846-8182 |
| Food Bank of the Rockies | Food Bank | Moffat | 970-870-8804 |
| Food resource Hotline | Assistance with food |  | 855-855-4626 |
| Friends of Man | Covers different needs |  | www.friendsofman.org/ |
| Heartfelt Destinations | Transportation | Moffat | 970-824-7898 |
| Horizons | Specialized services | Moffat | 970-824-7381 |
| Integrated Community | Immigrant Integration | Routt | 970-871-4599 |
| Interfaith Food Bank | Food Bank | Moffat | 970-824-7355 |
| ISST | Different assistance for families | Moffat | 970-871-7684 |
| LEAP | Energy assistance Program |  | 1-866-432-8435 |
| Lift Up | Food, clothing, appliances | Routt | 970-276-4212 |
| Love INC | Assistance | Moffat | 970-826-4400 |
| Meals on Wheels | Food Distribution |  | 970-824-7898 |
| Mind Springs Health | Mental Health | Moffat | 970-824-6541 888-207-4004 |
| National Suicide Hotline | Phone assistance |  | 1-800-784-2433 |
| Northwest Colorado Center for Independence | Transportation |  | 970-620-3897 |
| Poison Control | Phone assistance |  | 1-800-332-3073 |
| REPS | Suicide prevention |  | 970-819-2232 crisis number:970-846-8182 |
| Routt County Council on Aging | Food assistance | Routt | 970-870-8804 |
| County Department of Human Services | Medicaid, Food Stamps | Routt | (970) 879-1540 |
| Section 8 Housing / Garfield County Housing | Affordable housing | Moffat | 970-625-3589/ 970-824-8127 |
| St Michael's Kitchen | Meals | Moffat | 970-824-5330 |
| TEFAP | Food Distribution |  | 970-824-8282 |
| Transportation Program | Transportation | Moffat | 970-824-3660 |
| Victim's Compensation Program | Financial Assistance | Moffat | 970-824-7041 |