Gap Funding Exception Request Form

A Gap Funding Exception Request Form should be submitted to the Free Through Recovery gap funding committee if the request is not on the Gap Funding Categories list or if it is on the list but will cost more than $100.

Prior approval from the FTR Gap Funding Committee is required to be considered for reimbursement. If the item is purchased without prior committee approval, it will be denied for reimbursement.

Please select the type:
- ❑ Gap funding requested for an item that exceeds $100 for the 12 month period
- ❑ Gap funding requested for an item not on the approved Gap Funding Category list

Name of participant

SID

Name of provider

Program start date

Total amount requested

Is the participant actively engaged with the Care Coordinator and/or Peer Support Specialist?

Date Care Plan last updated

Date Chronos last updated

* The purpose of Gap funding is to help address barriers and should only be considered after all other community resources have been utilized. If a participant is facing a financial obstacle that is preventing them from meeting their desired outcomes and goals, gap funding may be considered.

Select or more of the following categories in which the requested funds will help support the participant.

- ❑ Housing
- ❑ Transportation
- ❑ Employment
- ❑ Clinical Services
- ❑ Basic Needs
- ❑ Education
- ❑ Communication

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Include a description of the request, why it's needed, how it ties to their goals/outcomes, their employment status, and a detailed plan describing how Care Coordinator and Peer Support are working with the participant to develop a plan moving forward to cover similar expenses.

Include details about the community resources, agencies, or organizations that you have already tried to access resources and funds from. Include name of agency or organization, dollar amount they contributed (if applicable), or reason for denial. Include the amount the participant is able to contribute, if anything, to the cost. If unable, please explain.

Include the following required items when submitting request:

- ❑ Budget
- ❑ Copy of lease (if applicable)
- ❑ Proof of cost (quotes, web links, picture of item, copy of bill, etc.)
- ❑ Documentation of denial from other community resources when applicable (email, denial letter, etc.)

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Gap funding was created to help address barriers and help fill a "Gap" when all other resources/funding have been exhausted in the community. It is the responsibility of the provider to be familiar with local resources and contact those resources prior to submitting a gap funding exception request.

Provider Care Coordinator signature: _____ Date: _____

If the Gap request form is not filled out completely (i.e. sections not filled out or insufficient information) it will be returned, and additional information will be requested.

BHD Admin Only:

Exception Request Approved:

BHD FTR Admin Name: _____ Date Approved: _____

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