

PROPOSAL FOR USE OF DISCHARGE FUNDS

Agency submitting proposal:

Agency contact person for this proposal:

Phone number:

Date submitted:

LMHA

Statement of need: (why the client(s) requires services over and above those provided by the current DMHAS service system):

Amount of money being requested:

Agency with whom you will be contracting (if any):

Has the agency agreed to provide the specific services requested? Yes No

The dollars will be used specifically for these services:

Services	Rate	# per week	Weekly cost	Yearly cost
Recovery Assistant				
Peer Support				
Short term crisis support				

All other services are considered in-kind and should be provided by supporting organizations

With these dollars the following client(s) will be discharged:

Client Name (or initials and MPI)	Location where housed	Length of stay	Anticipated Date of Discharge

If these clients are currently in a residential program, which hospital patients will be coming out into their sites?

Name	Hospital Site	Unit	Date of Discharge

Details of proposal: (Since we are looking at annualized \$, include the amount FY'2010 and FY '2011. Include information such as specific start up costs, number of hours for staff using the rates ascribed in the discharge memo..

Has the client agreed to this discharge?