

NAMI Mobile Care Fund Application

NAMI Care Funds are used to assist individuals living in Mobile or Baldwin County living with a mental health condition and/or a family member with financial need. The application is the first step to receiving NAMI Mobile Care Funds. You will be contacted after the Care Fund Committee receives your application.

DATE RECEIVED BY NAMI: _____

APPROVED _____ **DATE** _____ **AMOUNT APPROVED**

DISAPPROVED (Reason for denial) _____

REFERRED BY:

Self Mental Health Professional Parent/legal guardian/family member NAMI member

DATE OF APPLICATION: _____

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Address: _____ City, State, Zip _____

Name and contact information of person referring applicant, if other than "Self":

Name _____ Email _____

Phone _____

PLEASE CHECK THE BOX BELOW FOR THE FUND YOUR ARE REQUESTING:

- General Fund** (These funds are to be used only for an individual living with a mental illness and may be used to provide for the following: clothing, personal care items, household goods, food or special needs as recommended by a clinician.)
- Dental Fund** (These funds are to be used only for an individual living with a mental illness. Applicant must provide proof that the dental procedure is necessary and **must also provide a copy of the treatment plan with estimated fees from one of NAMI's preferred providers if individual has NO dental insurance.** The granted funds will be used to pay for the procedure or to offset the cost. Cosmetic procedures are not included.)
- Transportation & Lodging** (These funds are to provide financial assistance with travel and, if needed, lodging so that family members/guardians can visit a relative receiving psychiatric treatment in an inpatient treatment facility.)
- Educational Grant** (These funds may be used for an individual living with a mental illness or a family member. The workshop/conference must be related to mental illness. The person should be a NAMI Mobile member in good standing & should participate in NAMI meetings, activities, etc. The applicant should be willing to present the information at a future NAMI meeting. Please provide in writing the reason the grant should be awarded.)

If this request is for dental assistance, please complete the following information:

Are you living with a mental illness? ___Yes ___No (If no, you do not qualify for dental funds)

Do you have any dental insurance? ___Yes ___No

What is the amount of your request? _____(Please attach a copy of estimated charges/treatment plan from the dental provider)

Contact information of the dental provider:

NAME OF DENTIST: _____

ADDRESS: _____ CITY: _____

PHONE: _____

Please provide a brief description of your request and why financial assistance is necessary:

Amount requested _____ (Please attach a copy of bill or estimate from provider, to whom payment will be made directly upon approval.)

NAMI Care Fund Committee Use Only:

NAMI Care Fund Committee Determination (Limit \$500)

Amount Requested _____ Approved _____ Disapproved _____ Date _____

If disapproved, reason for denial _____

Sent for full board approval (All Requests Over \$500) Date _____

Amount Requested _____ Approved by full board _____ Disapproved _____ Date _____

If disapproved, reason for denial _____

Please complete application, scan and email with a copy of necessary documents to:
NAMIMobile1@gmail.com or send by mail to **NAMI Mobile, P.O. Box 161522, Mobile, AL 36616**

Preferred Dental Providers

These are some of NAMI Mobile's preferred dental providers.

- Northcutt Dental (All locations)
- Dixie Dental – Daphne (dentures and extractions)
- U Save Dentistry
- Franklin Clinic
- Victory Health Partners