

Hennepin County Children's Mental Health Collaborative (CMHC)  
 COVID-19 Children's Mental Health Family Relief Fund  
**SAMPLE APPLICATION**

Please complete the application below and submit to [etonde@lacroixdalluhnconsulting.com](mailto:etonde@lacroixdalluhnconsulting.com). Contact [etonde@lacroixdalluhnconsulting.com](mailto:etonde@lacroixdalluhnconsulting.com) with any questions.

| <b>YOUR INFORMATION</b>  |  |
|--|--|
| <b>Name</b>  | Bianca Johnson   |
| <b>Mailing Address</b>   | 5555 Abcd Avenue, Apt 1<br>Minneapolis, MN 55414   |
| <b>Email</b>   | example@gmail.com  |
| <b>Phone Number</b>  | 612-123-4567   |
| <b>COVID-19 IMPACT</b>   |  |
| <b>How has COVID-19 affected your family?</b>  | We are very stressed. My husband was laid off and we are struggling with distance learning.  |
| <b>What issues for your child/youth have come up?<br/>What needs are not being met these days?</b>                               | My 9-year old son is not making any progress in school. He has too much energy to focus. The playground near our apartment complex that he really liked is closed now. It's hard for him to focus on school when he has to share his tablet with his sister. |
| <b>GRANT REQUEST</b>   |  |
| <b>How much are you requesting in relief funding? (up to \$500)</b>  | \$500  |
| <b>Please describe how this grant will address specific challenges for your child/youth.</b>                                     | We are hoping to help him with ways to burn off some energy and calm down. We'd like to get him his own iPad so he can focus better on summer school work. If there is any money left over, we will use the rest to buy healthy food.                        |
| <b>Please briefly describe the mental health symptoms your child is experiencing and/or their mental condition or diagnosis.</b> | He is diagnosed with ASD and anxiety.  |

**BUDGET**

Please attach a budget that shows how you will use your funds. An example is at the end of this document. Include cost of item/good/service you plan to use it on and links to the item/good/service, if available.

|  | ITEM                     | COST  | LINK TO ITEM  |
|--|--------------------------|-------|---|
|  | iPad                     | \$250 | <a href="https://www.bestbuy.com/site/apple-ipad-latest-model-with-wi-fi-32gb-space-gray/5985609.p?skuld=5985609">https://www.bestbuy.com/site/apple-ipad-latest-model-with-wi-fi-32gb-space-gray/5985609.p?skuld=5985609</a>     |
|  | AppleCare+ (2 year plan) | \$70  | <a href="https://www.bestbuy.com/site/applecare/applecare-plus-for-ipad/pcmcat748300454374.c?id=pcmcat748300454374">https://www.bestbuy.com/site/applecare/applecare-plus-for-ipad/pcmcat748300454374.c?id=pcmcat748300454374</a> |
|  | Groceries                | \$180 |   |

|                   |  |              |  |
|-------------------|--|--------------|--|
| <b>TOTAL (\$)</b> |  | <b>\$500</b> |  |
|-------------------|--|--------------|--|

### LETTER OF SUPPORT

Please attach a letter from your child’s mental health provider, case manager or school social worker in support of your child’s need. If you cannot provide this, please contact [hcpcfg@yahoo.com](mailto:hcpcfg@yahoo.com) for assistance.

### APPENDIX

#### 1. Example Budget

|                   | <b>ITEM</b> | <b>COST</b>                                | <b>LINK TO ITEM</b>   |
|-------------------|-------------|--|---|
|                   | Headphones  | <b>\$20</b>                                | <a href="https://www.target.com/p/kids-altec-lansing-bluetooth-headphones-mzx250/-/A-79991421">https://www.target.com/p/kids-altec-lansing-bluetooth-headphones-mzx250/-/A-79991421</a> |
|                   | Babysitter  | <b>\$200</b><br>(10 hours @ \$20 per hour) |   |
|                   | Rent        | <b>\$280</b> (total rent is \$1000/month)  |   |
| <b>TOTAL (\$)</b> |             | <b>\$500</b>                               |   |

#### 2. Letter of Support Template

**[DATE]**  
To the Hennepin County Children’s Mental Health Collaborative:

This letter confirms that **[APPLICANT NAME]** is either a youth (age 16-20) or the primary caregiver to a child or youth (age 0-20) that meets the eligibility requirements for this funding. I am in support of their application for financial support.

Signed,  
**[NAME]**  
**[TITLE]**  
**[ORGANIZATION]**  
**[Email & Phone Number]**