

Hennepin County Children's Mental Health Collaborative (CMHC)

COVID-19 Children's Mental Health Family Relief Fund Description

OVERVIEW

Over the past several months, the COVID-19 pandemic has had a profound impact on the daily life, health and social, emotional and economic well-being of children, youth, families and organizations in Hennepin County. In effort to support families and children's mental health providers during these unprecedented times, the Hennepin County Children's Mental Health Collaborative has created COVID-19 Emergency Relief Funds for families and providers in Hennepin County.

The Hennepin County Children's Mental Health Collaborative (CMHC) is accepting applications for:

- **COVID-19 Children's Mental Health Family Relief Fund:** A total of \$50,000 is available to support Hennepin County families caring for children/youth living with a mental health diagnosis or condition. A single family can apply for a maximum of \$500 in one-time relief funding.

Please see below for information on eligibility & the application process for the **COVID-19 Children's Mental Health Family Relief Fund**. If you have any questions or difficulties submitting your application, please contact etonde@lacroixdalluhnconsulting.com.

COVID-19 Children's Mental Health Family Relief Fund

Families of color, Indigenous families, undocumented families, families of low-income, families experiencing homelessness and other vulnerable families are encouraged to apply.

Eligibility:

- **One applicant is permitted per family.**
 - Applicants must live in Hennepin County and must include at least one child (age 0-20) with a mental health diagnosis or condition.
 - Youth age 16-20 may apply independently (without parent/caregiver consent).

Application Requirements:

- Applicants need to describe how funding would help address the needs resulting from the COVID-19 pandemic.
- Funds can be used for the following:
 - Basic needs (groceries, rent/mortgage, utilities, transportation, etc.) as a result of unemployment or reduced hours due to COVID-19,
 - Respite activity or program (e.g. games, art/activity supplies, summer program, etc.)
 - Respite care (a babysitter if you need a break)
 - Cleaning supplies
 - Technology needs due to distance learning/telehealth services (e.g. headphones, educational games, etc.)
 - Therapy tools for home (e.g. sensory toys, sensory swing, weighted vest, etc.)
 - Therapy, medication or medical fees
- To ensure that relief funds are going to families care for children/youth with a mental health diagnoses/condition, applicants are required to do one of the following:
 1. Have child's mental health provider, case manager, or school social worker submit a letter in support of child's need. (An example is included in this application description.)
 2. Have child's mental health provider, case manager, or school social worker submit an application on family's behalf.

If you/your family does not have a children’s mental health provider, case manager, or school social worker, please contact the CMHC’s Parent Catalyst Leadership Group (PCLG) at hcplcg@yahoo.com for assistance.

APPLICATION PROCESS:

- Please submit your application through either of the following ways:
 1. Complete your application using this form: **INSERT LINK TO SURVEYMONKEY**. **You will not be able to save your progress on the form, so save your answer in a Word document or email first.**
 2. Submit video application to etonde@lacroixdalluhnconsulting.com. In the video, please answer the application questions listed below. Please send using a link we can access easily (e.g. YouTube, Vimeo, etc.)
- The application period opens on **INSERT DATE**. Applications will be accepted until there is no money left.
- Unfortunately funding is limited. The Collaborative wants to support as many families as possible. Please request only what you need.
- Money will be sent in the form of a gift card or a check.

APPLICATION QUESTIONS: COVID-19 Children’s Mental Health Family Relief Fund

- **Name**
- **Mailing Address**
- **Email**
- **Phone Number**
- **COVID-19 Impact**
 - How has COVID-19 affected your family?
 - What issues for your child/youth have come up? What needs are not being met these days?
- **Grant Request**
 - How much are you requesting in relief funding? (up to \$500)
 - Please describe how this grant will address specific challenges for your child/youth.
 - Please briefly describe the mental health symptoms your child is experiencing and/or their mental condition or diagnosis.
- **Attachments** (email to etonde@lacroixdalluhnconsulting.com)
 - Please attach a budget that shows how you will use your funds (include cost of item/good/service you plan to use it on, and links to the item/good/service if available)

[Example budget]

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

- 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 hcpclg@yahoo.com for assistance.

[Letter 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]

Are you a case manager, mental health provider, school social worker applying on behalf of the family?

If yes, please include the following:

- **Name**
- **Email**
- **Organization**
- **Role at Organization**
- **Phone Number**

Please confirm the following:

- “I certify that I have received either verbal or written permission to apply on behalf of the applicant.”
- “I confirm that applicant is either a youth (age 16-20) or a primary caregiver of a child or youth (age 0-20) experiencing mental health symptoms, or with a mental health diagnosis or condition.”

SUBMISSION PAGE

“I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may result in being determined ineligible to receive funding.”