

BSAP FUND REQUEST
General Scholarship Fund

Date: _____

All Requests Require Receipts or Documentation

Name of Authorized Person Requesting Funds: _____

Case Manager Phone number and extension _____

Name of facility client is currently residing _____

Amount of Request _____ (weekly cost)

Sober Living Facility name and address and contact person:

Name of person benefitting from BSAP

Funds: _____

Person's drug of choice: _____

Is person homeless: _____

Has person named above been to detox/rehab before: _____

Please list approximate dates and name of facility:

BSAP would like to follow-up on the progress of beneficiary of funds. Please list contact name, email address, and phone number if this is permitted:

Have funds been requested and received and/or pending from a "Go Fund Me" account, or any other addiction related group or organization: _____

Will the client successfully complete treatment of 28 days or more and in not why?

Is the client currently on MAT and if so specify? _____

Mail funds to: _____

What date will the funds be required? _____

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If there any other relevant instructions used please comment below:

By signing below you are, to the best of your ability, acknowledging that no other financial means are available to benefactor of funds:

Signature of Client

Date

Signature of designated Treatment Center Representative

Date

APPROVAL:

All requests must be approved by two board members, excluding a board member that is actively working with benefactor.

Board Member Approval: _____

Board Member Approval: _____

Please scan and send to: BSAPCommittee@gmail.com

Please also include a letter from the intended recipient as well as the case manager/counselor detailing the reasons why they believe this person will be successful. Case manager letters will be used to determine eligibility

Residents of Massachusetts only. BSAP will only accept scholarship applications from designated representative of each facility (normally discharge planner or supervisor of case management) where treatment after detox occurs. Please fill out form completely.