

Health Care Provider Stabilization Grant Program¹

Peer Support and Program Pre-approval Certification

DIRECTIONS: Please check the box of the entity for which you are applying. Agency of Human Services (AHS) will only accept one application per entity. You must download this document before filling it, so that the information can save. You only need to complete this pre-approval if you do not have a National Provider Id Number (verify <https://npidb.org/>) OR a Medicaid Billing Provider Id Number (verify <http://www.vtmedicaid.com/#/providerLookup>).

If you have a National Provider Id Number or a Medicaid Billing Provider Id Number, you DO NOT NEED to fill out this form.

DEPARTMENT	PEER GROUPS & PROGRAMS
Department of Mental Health (DMH)	<input type="checkbox"/> Addison County Community Action <input type="checkbox"/> Alyssum <input type="checkbox"/> Another Way Peer support <input type="checkbox"/> Center for Health and Learning <input type="checkbox"/> Community Health Center <input type="checkbox"/> Good Samaritan Haven <input type="checkbox"/> Groundworks – Brattleboro Drop In <input type="checkbox"/> Homeless Prevention Center <input type="checkbox"/> Northeast Kingdom Community Action <input type="checkbox"/> Pathways – Soteria, Wellness Coop and Warm Line <input type="checkbox"/> UVM – VCCYF, VT Center for Children, Youth and Families <input type="checkbox"/> Vermont Federation for Children Youth and Families <input type="checkbox"/> Vermont Psychiatric Survivors Peer support
Vermont Department of Health: Alcohol and Drug Abuse Programs (ADAP)	<input type="checkbox"/> Journey to Recovery Community Center, Newport, VT <input type="checkbox"/> Kingdom Recovery Center, St. Johnsbury, VT <input type="checkbox"/> North Central Vermont Recovery Center <input type="checkbox"/> Turning Point Center of Addison County <input type="checkbox"/> Turning Point Center of Bennington <input type="checkbox"/> Turning Point Center of Central VT <input type="checkbox"/> Turning Point Center of Chittenden County <input type="checkbox"/> Turning Point Center of Rutland, VT <input type="checkbox"/> Turning Point Center of Springfield, VT <input type="checkbox"/> Turning Point Center of Windham County, VT <input type="checkbox"/> Turning Point of Franklin County, VT <input type="checkbox"/> Upper Valley Turning Point
Department of Aging, Disabilities, and Independent Living (DAIL)	<input type="checkbox"/> Green Mountain Self Advocates <input type="checkbox"/> Vermont Center for Independent Living <input type="checkbox"/> Vermont Family Network
Other	<input type="checkbox"/> My entity is not listed and does not have a National Provider Id Number (If you check this box, you must complete the information on the next page as well.)

¹ Version Two. July 22, 2020

DIRECTIONS: You only need to complete this page if your entity was not listed on the previous page. Once you have completed this information: Please save and email to AHS.COVID19Financial@vermont.gov

1. I have verified that I do not have either a [National Provider Id](#) or a [Medicaid Billing Provider Id Number](#).
☐Yes ☐No

2. I provide direct care to individuals.
☐Yes ☐No

3. Please describe the services and supports you provide:

4. Please describe your primary revenue sources (out of pocket from clients, AHS grants, workman's comp, etc.):

5. Please describe the impact on your service delivery from COVID19:

Requester's Information

Name
Email
Role
Date

Agency of Human Services (internal use only)

Approved By
Role
Date