

# Health Care Provider Stabilization Grant Program<sup>1</sup>

## Peer Support and Program Pre-approval Certification

**DIRECTIONS:** Please check the box of the entity for which you are applying. The Agency of Human Services (AHS) will only accept one application per entity. You must download the 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. You can verify [this site](#).

**If you have a National Provider Id Number, you DO NOT NEED to fill out this form. You are already approved.**

DEPARTMENT	PEER GROUPS & PROGRAMS
<b>Department of Mental Health (DMH)</b>	<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
<b>Vermont Department of Health: Alcohol and Drug Abuse Programs (ADAP)</b>	<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
<b>Department of Aging, Disabilities, and Independent Living (DAIL)</b>	<input type="checkbox"/> Green Mountain Self Advocates <input type="checkbox"/> Vermont Center for Independent Living <input type="checkbox"/> Vermont Family Network
<b>Other</b>	<input type="checkbox"/> My entity is not listed (If you check this box, you must complete the information on the next page.)

Name

Role

Date

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

1. I provide direct care to individuals.

Yes No

2. Please describe the services and supports you provide:

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

4. 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