DAVIS BEHAVIORAL HEALTH
Community • Commitment • Change
801.773.7060 www.dbhutah.org

DBH GRANT APPLICATION

Request for Funds Form

☐ Basic Needs ☐ OTHER_____

Client Name: _____ Credible # _____

Person Making the request: _____ Date _____

☐ CHECK (paid to) _____

Does the Client have Medicaid? ☐ Yes ☐ No

What are you requesting?

Amount requesting $_____

Explanation of the need

Who ~~C~~an provide this item or service? Will this be a reimbursement to the client?

Who will make the arrangements? Client? Case Manager? Other?

Attempts have been made to see if ANY OTHER resources can provide this? ☐ Yes ☐ No

_____

Authorized Signature