

Date of request: _____

Funding can be used for medication assisted treatment (MAT) in Washington and Hancock counties. We're able to cover medication and counseling exclusively. *Your recovery coach or other helping professional may be able to help you access funds to cover other important needs.* **Fax this form to: (207) 255-3000, then email penny@healthyacadia.org to notify us that you have sent a request.**

Contact Information - please provide what you can

Name _____

Date of birth _____

Mailing Address _____

Phone Number(s) Cell: _____ Home: _____

Email _____

If you are hard to reach at times, is there someone who will know how to contact you? If so, please share their name, phone number, and relationship to you:

Are you currently working with an addiction specialist, recovery coach, therapist, or other provider? If so, please tell us who and what their role is:

How did you hear about the fund?

Do you currently have health insurance: ___ Yes ___ No

What do you intend to use funding for? (Note: you can change your focus if you need to.)

Medication (suboxone) Counseling Both

Who are you receiving (or planning to receive) MAT from?

_____ Please initial to verify that a Healthy Acadia representative has permission to speak with your chosen service provider and/or pharmacist.

How would this funding make a difference in your recovery? (Tell us about financial barriers to treatment, how you see medication or counseling making a difference for you, and anything else you think is important.)

Person completing the form: _____ Phone: _____

Relationship to applicant: _____

Referring organization / agency: _____

Organization / Agency contact: _____

Is the applicant willing to remain in contact with Healthy Acadia for follow up? yes no

Signature of applicant (verifying accuracy of information contained in this application):
