

DAC Intervention Scholarship

The DAC Intervention Scholarship is designed to increase the accessibility, affordability, and quality of continuing care in substance abuse treatment beyond government –provided services in Allen County. The grant is designed to meet the needs of those adults 18 years and older who are economically challenged, are actively involved in recovery and who are employed.

Who is eligible for the scholarship?

- Active DAC member organizations who have an annually signed agreement as a DAC grant recipient.
- Economically challenged individuals who have a substance abuse issue and have received treatment for **at least** 30 days from an eligible organization (“Statement of Need” requires detailed explanation of financial need)
- Counseling organizations who are JCAHO, CARF, or Department of Mental Health certified
- Half-way houses who are assisting in active recovery, are certified as a Residential Services Provider (Group Living Facility) from the State of Indiana, have a Board of Directors, are utilizing good business practices and have ethical standing in the community (please contact DAC if you need assistance in becoming certified)
- DMHA or Medicare/Medicaid assisted clients who can prove that they are in need of additional assistance for uncovered services
- Physically able clients who are employed outside of the treatment facility or halfway house at which they receive services and have received at least one paycheck. Proof of full time employment (i.e. paycheck stub) must be submitted along with the application in order to be eligible. Full time employment is a minimum of 30 hours per week.
- Disabled persons who submit proof of disability with their application.
- Verified full time students who are employed part-time (college receipt and pay-stub)
- Previously awarded DAC scholarship recipients who have waited at least 18 months to re-apply for repeated treatment or housing assistance.

What can scholarships be used for?

- Counseling/Treatment at a public or private (non-governmental) agency
- Residential Services for recovery at a public or private (non-governmental) Half-way House

What does the agency need to do?

- Complete and submit to DAC an application on behalf of the client after the client has been with the agency and in recovery for at least 30 days. This application is comprised of pages 2 and 3 of this document. Incomplete applications or applications on any form other than the most current will not be accepted.
- Insure statement of need is **specific** to the financial situation and personal recovery needs of the client (inability to pay is not acceptable)
- Communicate directly with DAC regarding status of applicants. DAC will not respond to requests from an individual client. Client status will only be discussed with the agency from which DAC received the application.
- Expect 60 day processing time to receive review and payment.

What does the client need to do?

- Complete appropriate sections of the application with assistance as needed from the agency
- Provide a check stub to prove full time employment

How does the agency apply and remain eligible for an Intervention Scholarship?

Step 1: An agency must complete an annual memorandum of understanding in order to be eligible. This agreement documents agency requirements, including the requirement to attend the Intervention Committee meetings at least seven times during a grant year.

Step 2: An agency must complete an Intervention Scholarship on behalf of their client. Applications are available at the Drug and Alcohol Consortium (532 W Jefferson Blvd, Fort Wayne) or at www.dacac.org.

Step 3: An agency must submit the application form (pages 2 and 3 of this document) to DAC via mail at the above address or via fax at 423-1733.

Step 4: DAC Intervention Committee designated members recommend an acceptance or denial of the application to the DAC Finance Committee, which makes the final decision. Intervention and Finance Committees will not discriminate in regards to age, gender, or race/ethnicity.

Step 5: Very agency certificate.

Step 6: If accepted, the agency will receive the first payment of \$300 after 60 days.

Step 7: If the client has received a first payment and finishes the treatment plan accordingly to agency guidelines in good standing, the agency may complete and submit the verification form (page 4 of this document) and will be eligible to receive an additional \$300 after 60 days.

Step 8: DAC may at its discretion conduct periodic audits of the agency records of any and all clients submitted for this scholarship.

DAC Intervention Scholarship Request

Organization Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Position: _____

Phone Number: _____ Fax: _____ E-mail: _____

DAC Participation

Scholarship Request Client Information

Name: _____ Date of Admission: ___ / ___ / 20___

Attendance Compliance: Y / N Level of Treatment: _____

Financial Assistance

DMHA Assistance Y / N

Medicare/Medicaid Assistance: Y / N

Disability Y / N

ATR Y / N

Other Assistance Y / N

Remarks Checklist:

Signature of Agency Representative

Title

Date

Printed Name

Mail To: Drug & Alcohol Consortium of Allen County
Attn: Mrs. Jerri Lerch
532 West Jefferson Boulevard
Fort Wayne, IN 46802
Fax: 260-423-1733

DAC Intervention Scholarship Request

Client Name: _____
Last First M.I.

DOB: _____ Age: _____

Sex: Male Female Status: Single Married Divorced Separated Widowed

Ethnic Origin: Asian _____ Black _____ Hispanic _____ Native American _____ White _____

Home Address: _____

City State Zip

Work Telephone Number: _____ Gross Income: \$ _____ per month

Current Employment Status: Full-Time Part-Time Unemployed Disability

Date Started? _____ Employer: _____

Employer Address: _____
City State Zip

My signature indicates my consent to release information regarding my application for a scholarship from the DAC Intervention grant. I am knowingly and voluntarily waiving the Indiana Law Provision (IC 16-4-8) that states that this consent would normally expire in 60 days. I acknowledge that this consent remains in effect until my scholarship status is established and, if accepted for scholarship, the consent will expire after the conditions for scholarship have been fulfilled. I also understand that any disclosure made between DAC and referring agencies is bound by Part 2 of Title 42, CFR Part 2 of the code of Federal Regulations governing confidentiality of Alcohol and Drug Abuse Patient records and that recipients of this information may re-disclose it only in connection with their official duties.

Client Signature: _____ Date _____

Witness Signature: _____

DAC Intervention Verification of Completion

Agency: _____

Scholarship Recipient: _____

Date of Completion: _____

_____ Attendance Compliance

_____ Drug Screens Negative

_____ Regular Self-Help Attendance

Signature

Title

Date

Printed Name