

Applicant Name: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_ Date: \_\_\_\_\_

As of the date listed above, I, the applicant, attest the following information is correct:

\_\_\_\_\_ I do not currently have insurance benefits that cover the mental health care I need **OR** the mental health professional I desire to see does not accept my insurance plan.

\_\_\_\_\_ I have no dependents and my annual taxable income is equal to or less than \$45,000/year **OR** I have dependents and my annual taxable income is equal to or less than \$60,000/year.

\_\_\_\_\_ I understand that the mental health professional I choose must have an active professional liability policy and have completed reputable education and training programs. Grounded32 will cover 50% of session costs, up to \$50 per session, paid directly to the therapist upon proof of attendance.

\_\_\_\_\_ I understand the maximum amount of financial support granted to me cannot exceed \$200 per person every month (\$50 per week for 4 weeks).

\_\_\_\_\_ I agree to remain sober from mind-altering substances the day before and the day of my counseling/coaching session. If I struggle with substance use disorder, sex addiction, gambling addiction, or eating disorder, I agree to attend at least one support group per week.

\_\_\_\_\_ I understand that all therapists, coaching, and other mental health professions are self-employed and maintain their own liability insurance; I will not hold Grounded32 responsible for any harmful actions or inactions committed by the therapist, coach, or any other professional I choose to see as a result of this receiving this scholarship.

\_\_\_\_\_ I understand that the total balance in the G32 Scholarship Fund varies every month; scholarships are granted in 6 month increments; if Grounded32 must terminate my scholarship due to low funding, I will be given 30 days' notice **UNLESS** my therapist, counselor, or coach refuses to continue sessions sooner.

\_\_\_\_\_ I give Grounded32 permission to receive proof of my session attendance from the professional I choose to see. This professional will not release any information about me except for that which pertains to attendance.

\_\_\_\_\_ I understand that Grounded32 does not pay therapists, coaches, or other mental health professionals for missed appointments. I will be responsible for any cancellation or no-show fees owed to the therapist or coach I choose to see. I understand that failure to attend scheduled appointments on a routine basis will result in loss of my scholarship.

Applicant Signature: \_\_\_\_\_

Grounded32 Representative Name + Signature: \_\_\_\_\_

Name + Phone + Email of Preferred Professional: \_\_\_\_\_

Other Notes: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

As of \_\_\_\_\_, I, the provider, attest the following information is correct:

\_\_\_\_\_ I understand the clients I see (referred by Grounded32) must make less than \$45,000/year **OR** \$60,000/year if they have dependents. If I become aware the client’s income exceeds these amounts, I will encourage them to be honest with Grounded32 so other arrangements can be made to assist them with finding supportive mental healthcare within their financial means.

\_\_\_\_\_ I attest that I have an active professional liability policy and I have completed reputable education and training programs. I will email proof of these items before seeing clients referred by Grounded32 clients.

\_\_\_\_\_ I understand I will only receive compensation for sessions actually attended by clients referred by Grounded32. Grounded32 will not pay for any cancellation fees or missed session fees accrued by clients.

\_\_\_\_\_ I understand Grounded32 will cover 50% of session costs, up to \$50 per session. I understand the maximum amount of financial support granted on behalf of each referred client cannot exceed \$200 per person every month (\$50 per week for 4 weeks).

\_\_\_\_\_ I understand Grounded32 will pay the amount invoiced by me, the provider, once per month. Proof of attendance must be provided with the invoice in order to receive payment. Invoices and proof of attendance should be mailed to [finance@grounded32.org](mailto:finance@grounded32.org). Invoices must include the client’s full name and the date of each session.

\_\_\_\_\_ I agree to enforce the following policy with clients: (1) clients must remain sober from mind-altering substances the day before and the day of their counseling/coaching session (unless their session involves therapeutic psychedelic integration); (2) if they struggle with substance use disorder, sex addiction, gambling addiction, or eating disorder, they must agree to attend at least one peer support group per week (12-Step, Dharma, SMART Recovery, book study group, group therapy, etc.). If they fail to complete these goals on a regular basis, I (the provider) will inform Grounded32 so the scholarship can be suspended or revoked.

\_\_\_\_\_ I agree that I will not hold Grounded32 responsible for any harmful actions or inactions committed by the client or any other person I interact with as a result of this working with this scholarship program.

\_\_\_\_\_ I understand that the total balance in the G32 Scholarship Fund varies every month; scholarships are granted in 4 week increments; if Grounded32 must terminate the client scholarship due to low funding, I, the provider, will be given 30 days’ notice **UNLESS** my client refuses services sooner.

Provider Signature: \_\_\_\_\_

Grounded32 Representative Name + Signature: \_\_\_\_\_

Other Notes: \_\_\_\_\_

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