

ESU 2 Payer of Last Resort Application for Mental Health Services

Completed by Provider & Parent(s)/Guardian(s)

Is the child in any of these programs?

- ☐ DHHS / State Ward / Foster Care
- ☐ Probation
- ☐ Case Worker
- ☐ Diversion (preventative or reactive)

Does this child have Insurance coverage of any kind?

- ☐ No
- ☐ Yes Please List Your Provider(s) _____
- ☐ Child is a Recipient of Medicaid

Barriers

- ☐ My insurance coverage has a deductible at a level I cannot afford.
Amount of Deductible: _____
- ☐ My Insurance coverage has a co-pay that I cannot afford:
Amount of Copay: _____
- ☐ My insurance does not cover mental health services

Limited Sessions

- 16-20 session max
- 4-6 months average

Other Sources of Funding Probe

Behavioral Health Regions 4, 5, 6

Professional Partner Program

Saunders County Grant (in home program)

Other: _____(Court involvement, etc)

Funding for Therapy Only**Does not include**

- Threat Assessment
- Substance Abuse Evaluation